



July 2, 2019

Ms. Kimberly G. Adams
Executive Director, Interim
Ruth M. Smith Center
407 South Main Street
Sheffield, Pennsylvania 16347

RE: Ruth M. Smith Center
Building B
Certificate #: 445960

Dear Ms. Adams:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 17, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

RECEIVED

MAY 09 2019

Violation Report: 44596 - 01/17/2019 - Mulick, Cindy
 PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 5/14/18, does not include medical diagnoses or cognitive functioning. These areas of the form are left blank.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1's medical evaluation was sent back to the VA doctor for completion. Updated and completed medical evaluation is in his file.

Building Supervisor and Administrator will review medical evaluation forms to make sure they are fully completed.

Administrator will periodically review files for accuracy and completion.

Resident #1 had a new medical evaluation completed on 4/23/19.

JW 6/10/19

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly G. Adams, Executive Director* Date *5/9/2019*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/10/18
 (Date)

The above plan of correction was approved by *JW*
 (Initials)

Plan of correction implementation status as of 6/10/19
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented