



MAILING DATE: November 12, 2019

Ms. Kimberly G. Adams
Executive Director
Ruth M. Smith Center
PO Box 576
407 South Main Street
Sheffield, Pennsylvania 16347

RE: Ruth M. Smith Center
Building C
Certificate #: 445980

Dear Ms. Adams:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 16, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig". The signature is written in a cursive style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
<Licensing Inspection Summary>

Violation Report

RECEIVED
OCT 31 2019
WEST REGION FIELD OFFICE
Human Services Licensing

Facility Information

Name: RUTH M. SMITH CENTER
Address: 407 SOUTH MAIN STREET,, BUILDING C,, SHEFFIELD, PA 16347
County: WARREN Region: WESTERN

License Number: 44598

Administrator

Name: Kimberly Adams Phone: 8149683238 Email: RMSCKADAMS@WESTPA.NET

Legal Entity

Name: RUTH M. SMITH CENTER
Address: 407 SOUTH MAIN STREET, P.O. BOX 576, SHEFFIELD, PA, 16347

Certificate(s) of Occupancy

Type: Other Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 5 Waking Staff: 4

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

10/16/2019 - On-Site: Josh Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 15 Residents Served: 5

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 2
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 0 Have Physical Disability: 0

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RUTH M. SMITH CENTER

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65a - FS Orientation 1st Day

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Direct care staff A, hired 6/12/2019, did not receive orientation training in any of the required topics under §2600.65(a).

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.)

Direct Care staff A did receive her training on 6/12/2019 according to regulation 2600.65a. Unfortunately the record was not immediately put in her Personnel File. After a thorough search it was located in the Supervisor's Office and placed in her file. (see attached) All new staff will be trained according to 2600.65a and the documentation will be put in their file upon completion. The Assistant Director or Executive Director will be responsible.

Legal Entity Representative

Kimberly J. Adams
Signature

Kimberly Adams, Executive Director
Printed Name and Title

10/31/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of
(Date)

11/7/19
(Date)

Plan of correction implementation status as of
X Implemented

11/7/19
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Not Implemented

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RUTH M. SMITH CENTER

65b - Rights/Abuse 40 Hours

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff A, hired 6/12/2019, did not receive orientation training in any of the required topics under §2600.65(b).

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.)

Direct Care Staff A did receive orientation training on 6/12/2019 according to regulation 2600.65b. The record was not immediately put in her file. After a search the documentation was found in the Supervisor's Office and placed in her file. All new staff will be trained according to 2600.65b and the documentation will be put in their file upon completion. The Assistant Director or Executive Director will be responsible. (see attached)

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121a - Unobstructed Egress

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 10:00a.m., there was a box fan blocking the egress from the house in the foyer of the front emergency exit. There was only approximately 3 1/2 feet of space to get through this area.

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.)

The box fan was immediately removed. The foyer will be kept clear of any obstructions according to regulation 2600.121.a. The building Supervisor and/or Assistant Director will check the foyer daily to ensure there is no obstruction of the egress.

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141b1 - Annual Medical Evaluation

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The most recent medical evaluation for resident #1 was completed on 3/28/2018.

The most recent medical evaluation for resident #2 was completed on 6/10/2019. The previous medical evaluation for resident #2 was completed on 4/2/2018.

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 #2 has her medical evaluation scheduled for Oct. 31. Her family prefers to schedule her appointments and take her

We have made a new tracking form for staff to use to ensure timely medical evaluations. That families (if applicable) schedule appointments in the correct time frame according to Regulation 2600.141.b.1

The Assistant Director and/or Executive Director will review monthly to make sure medical evaluations are scheduled and completed at the appropriate time.

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185a - Implement Storage Procedures

OCT 31 2019

WEST REGION FIELD OFFICE
HEALTH SERVICES LICENSING

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is ordered blood glucose testing twice a day, before breakfast and dinner. The resident's blood sugar readings were documented incorrectly numerous times on the resident's October 2019 medication administration record (MAR), including the following:

Date	Time	Glucometer reading	MAR
• 10/8/2019	4:00p.m.	114	141
• 10/9/2019	4:00p.m.	115	151
• 10/12/2019	6:00a.m.	116	161
• 10/14/2019	6:00a.m.	113	131

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.)

The home had procedures in place. Staff members have been re-trained in procedures in accordance with Reg. 2600.185.a

The Medication Administration Trainer/Assistant Director will review MARs to ensure proper readings are documented. This will be done weekly for 1 month and then periodically beginning on 11/1/19.

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Signature

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185b - Medication Procedures

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home does not have policies or procedures governing the documentation of receipt of controlled substances or a process to investigate and account for missing medications and medication errors.

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.)

Procedures were in place and a policy was immediately developed in accordance with Reg. 2600.185.b. A new tracking sheet was developed to ensure compliance and staff had been re-trained. (see attached) Medication Administration Trainer / Assistant Director is responsible and will review tracking sheet monthly.

Legal Entity Representative

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Signature

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225c - Additional Assessment

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The most recent assessment for resident #1 was completed on 8/1/2018.

The most recent assessment for resident #2 was completed on 7/12/2018.

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.)

The assessments were completed for residents #2 on 10/30/19 and the assessment for resident #1 will immediately be completed upon receipt of her DME, scheduled for 10/31/2019. Assessment to be done by 11/15/2019. A new tracking sheet was developed to ensure compliance with Reg. 2600.255.c. (see attached). Assessments will be completed annually in the correct time frame.

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