



MAILING DATE: November 8, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 17, 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, appearing to read "Janine Wenzig", written in a cursive style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
<Licensing Inspection Summary>

RECEIVED

Violation Report

NOV 03 2019

Facility Information

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

WEST PENNSYLVANIA HLT D OFFICE
Human Resources License Number: 44596

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: 02/06/1986 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 10 Waking Staff: 8

Inspection

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

Inspection Dates and Department Representative

10/17/2019 - On-Site: Josh Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 15 Residents Served: 10

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 3
Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 0 Have Physical Disability: 0

42s - Privacy

NOV 01 2019

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

WEST VIRGINIA HEALTH OFFICE
HUNTER KNOWLTON TRAINING

Description of Violation

The locks on the bathroom doors for residents #1 and #2 are not operable.

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 locks on the bathroom doors were immediately replaced.
The Maintenance Manager and Building Supervisor will monitor the locks to ensure they are working and stay in compliance with Regulation 2600.42.5.*

Legal Entity Representative

Kimberly J. Adams
Signature

Kimberly Adams, Executive Director
Printed Name and Title

11/1/19
Date

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

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

11/4/19
(Date)

Plan of correction implementation status as of _____
(Date)

11/4/19
(Date)

Implemented

The above plan of correction was approved by _____

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(Initials)

Not Implemented

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44596

RUTH M. SMITH CENTER

NOV 01 2019

86b - Bathroom

Regulations

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The exhaust fan in resident #1's bathroom was not operable and there is no window in the bathroom.

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 exhaust fan in resident #1's bathroom is being replaced and will be completed by 11/5/2019. The resident has access to two shower rooms in his building to use while the replacement is being done.

The Maintenance Manager and Building Supervisor will periodically check to ensure the Exhaust fan is working in accordance with Reg. 2600.86.b.

Legal Entity Representative

Kimberly J. Adams
Signature

Kimberly Adams, Executive Director
Printed Name and Title

11/1/19
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(Date)

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(Date)

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(Initials)

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NOV 08 2019

ADAMS COUNTY HEALTH DEPARTMENT
PUBLIC HEALTH SERVICES DIVISION

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There were no emergency phone numbers posted on or near the telephone in the rear foyer.

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.)

*Emergency phone numbers were immediately posted by the telephone in accordance with Reg. 2600.91.
Building Supervisor will monitor phone area to ensure the phone numbers are not removed.*

Legal Entity Representative

Kimberly G. Adams
Signature

Kimberly G. Adams, Executive Director, 11/1/19
Printed Name and Title Date

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(Date) (Date)

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[Signature]
(Initials)

Not Implemented

100a - Exterior - Free of Hazards

APPROPRIATE HAZARDOUS
CONDITIONS

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At approximately 9:05a.m, there was a triangular piece of concrete, measuring approximately 16' x 10' x 10", missing from the concrete bottom step at the rear entrance. The lower post for the steel handrail was suspended over this area and the bottom of the post was rusted and broken, posing a fall or laceration hazard.

At approximately 9:45a.m. the 2nd step from ground level at the front entrance was spongy, and depressed approximately 1/2 inch when stepped on. Also, the front facing board attached to this step was not secured and was pulled out approximately 3/4 of an inch away from the step, posing a tripping hazard.

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.)

We had an estimate for the repair/replacement of the front and back stairs. (See attached) The Maintenance Manager nailed the loose stair back in place and a temporary repair is being done to the corner of the rear entry stairs to be completed by 11/6/19. Caution tape has been put on the stairs. We have applied for a grant and are awaiting funds to repair and replace both sets of stairs. Executive Director will monitor repair and replacement.

Legal Entity Representative

Kimberly G. Adams
Signature

Kimberly Adams, Executive Director
Printed Name and Title

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190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A completed the medication administration course in 2014; however, did not complete any of the required annual practicums during 2018. Staff person A regularly administers all medications during her shift, to include administering Gabapentin 300mg, Allupurinol 300mg, and Levothyroxine 25mg to resident #1 at 8:00a.m. on 10/13/2019, 10/16/2019, and 10/17/2019.

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.)

Staff person A did receive her practicums in 2018. We have contacted the previous Medication Administration Trainer to determine where the documentation was put. The trainer is away and we expect to have her response by 11/6/19. If we are unable to locate the documentation, Staff person A will be retrained.

Medication Administration Trainer/Assistant Director will be responsible

Legal Entity Representative

By: 11/30/19 and at least quarterly thereafter - The administrator will review all medication administration training records as part of the quality management review, to ensure all staff persons continue to meet the qualifications to administer medications and completed documentation is present. -- JRW 11/4/19

Kimberly G. Adams
Signature

Kimberly G. Adams, Executive Director
Printed Name and Title

11/1/19
Date

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