



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: rmsckadams@gmail.com
kgadamsh@gmail.com

MAILING DATE: March 10, 2020

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 A
Certificate #: 445950

Dear Ms. Adams:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 7, 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 "Suzy Quinn".

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: RUTH M. SMITH CENTER

License Number: 44595

Address: 407 SOUTH MAIN STREET,, BUILDING A, SHEFFIELD, PA 16347

County: WARREN

Region: WESTERN

Administrator

Name:

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: C-2 LP

Date: 11/25/1983

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

11/07/2019 - On-Site: Joe Eveges

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 10

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: 10

Are 60 Years of Age or Older: 4

Diagnosed with Mental Illness: 10

Diagnosed with Intellectual Disability: 3

Have Mobility Need: 0

Have Physical Disability: 1

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RUTH M. SMITH CENTER

44595

20b1 - Financial Records

FEB 28 2020

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages finances for resident #1 and resident #4. However, their financial transaction records do not indicate their current account balances.

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.)

A cash log was immediately updated for residents #1 and #4 and balances are shown. This form will be kept up to date.

The Assistant Director and/or Executive Director will review monthly to ensure transactions are properly documented. Documentation will be kept beginning Jan 1, 2020.

All staff involved in managing finances were educated by Dec. 1 on Regulation 2600.20.b.1

(see attached)

Legal Entity Representative

Kimberly G. Adams
Signature

Kimberly G. Adams, Exec. Dir.
Printed Name and Title

2/28/20
Date

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The above plan of correction is approved as of

3/5/20
(Date)

Plan of correction implementation status as of

3/5/20
(Date)

The above plan of correction was approved by

SE
(Initials)

Implemented

Not Implemented

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RUTH M. SMITH CENTER

FEB 28 2020

20b3 - Written Receipts

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home manages finances for resident #1. On 6/19/19, a disbursement of \$100 was made to him; however, the home did not obtain his signature for the receipt of the disbursement.

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.)

All disbursements for resident #1's account will be signed by the resident at the time of disbursement.
 The DHS form will be used as of Dec. 1 to comply with Reg. 2600.20b3. The Assistant Director and/or Executive Director will audit monthly beginning Jan 1, 2020.
 Staff involved in managing finances for residents were educated by Dec. 7 regarding this regulation.

Legal Entity Representative

Kimberly G. Adams
Signature

Kimberly G. Adams, Executive Director, 2/28/20
Printed Name and Title Date

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FEB 28 2020

25b - Contract Signatures

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract for resident #2, dated 8/21/17, is not signed by the resident or a representative of the home.

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 signed his contract/admission agreement. All contracts will be signed at the time of admission. We have an admission check off form for all new admissions. (see attached)

Beginning Dec. 1, 2019 the Assistant Director, Executive Director OR designee will review admission paperwork monthly to ensure receipt of signatures.

Staff involved in admissions were educated by Dec. 1. Files were audited by Jan 1 to make sure we are in compliance with Regulation 2600.25.b.

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Signature

Kimberly G. Adams, Exec. Dir.,
Printed Name and Title

2/28/20
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89b - Hot Water Temperature

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 10:50 AM, the hot water temperature was 127.5 degrees Fahrenheit in the sink in the men's common bathroom on the 1st floor.

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 hot water temperature was immediately adjusted to the proper temperature. The center bought new electronic thermometers to improve accuracy.

The maintenance person will continue to test water tempa daily in different areas of the building and note on the water temp chart. The water heater will be immediately adjusted to bring the temperature in compliance with Reg. 2600.89. b.

The maintenance person was educated regarding this regulation by Dec. 1.

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Signature

Kimberly G. Adams, Executive Director, 2/28/20
Printed Name and Title Date

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103g - Storing Food

FEB 28 2020

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were multiple unsealed items in the freezer section of the refrigerator/freezer located in the home's kitchen to include:

- *1 plastic bag containing several French toast sticks
- *1 plastic bag containing several sausage patties
- *1 uncovered plastic container containing leftover meatloaf and mashed potatoes

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.)

All food in unsealed containers was disposed of. Food shall be stored in closed or sealed containers in compliance with regulation 2600.103.g.

The Assistant Director, Executive Director will check refrigerator/freezer monthly. The cook and staff were educated by Dec. 1, on this regulation.

Legal Entity Representative

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Signature

Kimberly G. Adams, Executive Director, 2/28/20
Printed Name and Title Date

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141a 1-10 Medical Evaluation Information

FEB 28 2020

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

141.a. 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:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's initial medical evaluation, dated 7/16/18, does not include the prescribing physician's signature.

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 physician's signature is on the current medical evaluation for 2019 for resident #3.

Beginning Dec. 1 all medical evaluations will be checked for physician's signature. A tracking sheet has been developed for proper signatures on the annual Medical Evaluation in compliance with Reg. 2600.141.a.

Staff was trained on this regulation by Dec. 1. (see attached)

Legal Entity Representative

Kimberly G. Adams
Signature

Kimberly G. Adams, Executive Director
Printed Name and Title

2/28/20
Date

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141b1 - Annual Medical Evaluation

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

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

Description of Violation

Resident #1's most recent medical evaluation, dated 12/17/18, does not indicate his height, weight, pulse rate, temperature, blood pressure, body positioning/movement assessment, health status assessment or cognitive functioning assessment. It also indicates "see attached" for medications; however, nothing is attached.

Resident #2's most recent medical evaluation was completed on 5/26/19; however, his previous medical evaluation was completed on 1/31/18.

Resident #3's most recent medical evaluation was completed on 7/16/18.

Resident #4's most recent medical evaluation, dated 2/19/19, does not indicate if he is prescribed medications.

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 have reviewed with the Physicians Office the need to have all areas completed on Medical Evaluations. Resident #4's medications are listed and in his chart behind his medical evaluation. A tracking sheet was developed to ensure compliance with regulation 2600.141.b.1 and all assessments will be completed annually in the correct time frame. The Assistant Director and Executive Director will review charts to ensure compliance. This was implemented Jan 1. Staff was educated on Reg. 2600.141b.1 before Dec 1.

Legal Entity Representative

Kimberly G. Adams
Signature

Kimberly G. Adams, Executive Director 12/24/19
Printed Name and Title Date

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44595

183b - Meds and Syringes Locked

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

An 8" red sharps container, approximately 1/2 full, was unsecured, unattended and accessible on the shelf in the kitchen broom closet.

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 sharps container was immediately moved to a secure locked area and will be kept in this area to comply with Reg. 2600.183.b.

Beginning Jan 1 the Medication Administration Trainer/Assistant Director will check at least monthly when reviewing med carts for compliance.

Staff was educated on Reg. 2600.183.b by Dec. 1.

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Signature

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Printed Name and Title

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