



SENT VIA EMAIL: Rmsckadams@gmail.com

MAILING DATE: June 3, 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 C
Certificate #: 445980

Dear Ms. Adams:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 24, 2020, 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 "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: RUTH M. SMITH CENTER

License Number: 44598

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

County: WARREN

Region: WESTERN

Administrator

Name: Kimberly Adams

Phone: 814-968-3238

Email: RMSCKADAMS@GMAIL.COM

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: 8

Waking Staff: 6

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

03/24/2020 - Off-Site: Trish Bartlett

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 15

Residents Served: 8

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 5

Are 60 Years of Age or Older: 7

Diagnosed with Mental Illness: 6

Diagnosed with Intellectual Disability: 3

Have Mobility Need: 0

Have Physical Disability: 0

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/17/20 the Pennsylvania State Police were at the home investigated an allegation of potential drug diversion/theft. However, the home did not report the State Police being at the home to investigate the drug diversion/theft to the Department until 3/24/20.

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 Assistant Director reported the incident immediately to Adult Protective Services at the Dept. of Human Services and the PA State Police on March 10, 2020. The Asst. Director and Exec. Director became aware on March 24, 2020 that an incident report had not been sent to the Regional Licensing Office as required. It was sent on that day. We worked with our Licensing representative and sent her all the documentation we had from our investigation.

On April 9, 2020 the Executive Director posted a notice regarding proper incident reporting procedures and age agencies to be notified and reviewed this with Supervisors.

Any future incidents of suspected abuse will be monitored by the Executive Director to ensure compliance with Regulation 2600.16.c. (see attached)

Legal Entity Representative

Signature *Kimberly G. Adams*

Printed Name and Title *Kimberly G. Adams, Executive Director.*

Date *4/22/20*

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The above plan of correction is approved as of 5/27/2020 (Date)

Plan of correction implementation status as of 5/27/2020 (Date)

Implemented

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

20b4 - Use of Funds

Regulations

2600.

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

- 4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

Resident #1 was not administered prescribed medication because Direct Care Staff Person A stole the medication from the home as follows:

- * On October 1, 2019, resident #1 was prescribed 300mg Gabapentin for nerve pain, three times a day, at 8:00 a.m., 12:00 p.m., and 8:00 p.m. The resident did not receive the 12:00 p.m. administration from October 1, 2019 to October 7, 2019.
- * On October 8, 2019, resident #1 was prescribed 600mg Gabapentin for nerve pain, three times a day, 8:00 a.m., 12:00 p.m., 8:00 p.m. The resident did not receive the 12:00 p.m. administration from October 8, 2019 to January 20, 2020.
- * On January 21, 2020, resident #1 was prescribed 600mg Gabapentin for nerve pain, three times a day, 8:00 a.m., 12:00 p.m., 8:00 p.m. The resident did not receive the 8:00 a.m., 12:00 p.m. and 8:00 p.m. medication administrations from January 21, 2020 to March 6, 2020.

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 was terminated. The Center reimbursed Resident 1 for her copayments. (See attached)
It is expected from the information received from the PA State Police that Staff person A will be charged with theft and required to make restitution.
Staff will be educated by May 1, 2020 regarding regulation 2600.20.b by the Assistant Director. (See attached)
Please see attached treatment chart for crossed out line.

Legal Entity Representative

Kimberly G. Adams
Signature

Kimberly G. Adams, Executive Director
Printed Name and Title


4/22/20
Date

20b4 - Use of Funds (*continued*)

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(Initials)

- Implemented
- Not Implemented

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 was not administered prescribed medication because Direct Care Staff Person A stole the medication from the home as follows:

- * On October 1, 2019, resident #1 was prescribed 300mg Gabapentin for nerve pain, three times a day, at 8:00 a.m., 12:00 p.m., and 8:00 p.m. The resident did not receive the 12:00 p.m. administration from October 1, 2019 to October 7, 2019.
- * On October 8, 2019, resident #1 was prescribed 600mg Gabapentin for nerve pain, three times a day, 8:00 a.m., 12:00 p.m., 8:00 p.m. The resident did not receive the 12:00 p.m. administration from October 8, 2019 to January 20, 2020.
- * On January 21, 2020, resident #1 was prescribed 600mg Gabapentin for nerve pain, three times a day, 8:00 a.m., 12:00 p.m., 8:00 p.m. The resident did not receive the 8:00 a.m., 12:00 p.m. and 8:00 p.m. medication administrations from January 21, 2020 to March 6, 2020.

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 has been terminated. Resident #1 was notified of the incident by Executive Director and Assistant Director. Resident #1's physician is aware of incident. Two residents will be interviewed every week for three months and documentation will be kept. After a three month period, interviews will continue bi-annually and documented.

Legal Entity Representative

See Page 5A of 10

Kimberly G. Adams, *Kimberly G. Adams, Executive Director*, *5/21/20*
Signature Printed Name and Title Date

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(Initials)

42. b - Abuse

An interview form has been created.

Internal training on Regulation 2600.42.b will be done by the Assistant Director. An Ombudsman will also train staff on Abuse. These trainings will be completed by June 30, 2020.

Kimberly G. Adams, Kimberly G. Adams, Executive Director, 5/21/20

5/27/2020 

185a - Implement Storage Procedures

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

The home's procedures for safe storage, security, and distribution of medication includes "All medications listed in the medication administration record will be available in the medication cart." Resident #1's Gabapentin medication was not available in the medication cart as follows:

- * The 12:00 p.m. dose of 300mg Gabapentin from October 1, 2019 to October 7, 2019.
- * The 12:00 p.m. dose of 600mg Gabapentin from October 8, 2019 to January 20, 2020.
- * The 8:00 a.m. and 12:00 p.m. and 8:00 p.m. dose of 600mg Gabapentin from January 21, 2020 to March 6, 2020.

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 400mg Gabapentin was recorded in the Medication Administration Record on March 7, 2020. The Assistant Director has verified all medications listed in the MAR are in the med cart. All staff responsible for ensuring resident's prescriptions are available, will be educated before May 1, 2020 on Regulation 2600 185a. The assistant director will check weekly to ensure procedures are being followed and all medications listed in the MAR are in the med cart. (see attached treatment chart)

Legal Entity Representative

Kimberly G. Adams
 Signature

Kimberly G. Adams, Executive Director
 Printed Name and Title

4/22/20
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186c - Change in Medications

Regulations

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

Direct care staff person A, who does not hold a medical license, changed resident #1's prescription orders on the resident's medication administration records (MAR) as follows:

- * Resident #1's October, 2019 MAR was changed from Gabapentin 300mg three times a day to Gabapentin 300mg two times a day.
- * Resident #1's October, 2019 MAR, November, 2019 MAR, December, 2019 MAR, and January, 2020 were changed from Gabapentin 600mg three times a day to Gabapentin 600mg two times a day.
- * Resident #1's January, 2020 MAR, February, 2020 MAR, and March, 2020 MAR were changed from Gabapentin 600mg three times a day to discontinue all Gabapentin.
- * Resident #1's January, 2020 MAR was changed from Gabapentin 400mg three times a day to Gabapentin 400mg two times a day.

The home did not obtain a written physician's order for any of the medication changes.

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 has been terminated. Assistant director has compared Resident #1's medication list from prescriber, physician's orders and pharmacy labels to verify accuracy of medications in Medication Administration Record. All staff - see attached (cont)

Legal Entity Representative

See Page 7A of 10

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186.c (cont)

responsible for entering medication charges in the MAR will be trained before May 1, 2020 on Regulation 2600 186.c.

The Assistant Director will document any med charges and verify a physician's order is present. - Chart attached.

Assistant director is working with the pharmacy to clean up the medication administration records to delete duplicates and discontinued medications.

Kimberly G. Adams

Kimberly G. Adams, Executive Director 4/22/20
5/27/2020 *KA*

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 was prescribed multiple medications. However, the medication administration record (MAR) did not include a diagnosis or purpose to include:

- * Gabapentin 600mg tab, take one tablet twice a day, on the October 2019 MAR.
- * Levocetirizine 5mg tab, take one tablet once a day, on the January 2020 MAR.

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 medication record for Resident #1 was immediately reviewed by the Assistant director. All medications currently have a diagnosis or purpose listed as of March 10, 2020. All staff responsible for the medication administration records will be trained on Regulation 2600.187.a before May 1, 2020. The Assistant Director will perform weekly MAR checks to verify compliance to our policy and regulations 2600.187.a #1-14

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(Initials)

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was not administered prescribed medication because Direct Care Staff Person A stole the medication from the home as follows:

* On October 1, 2019, resident #1 was prescribed 300mg Gabapentin for nerve pain, three times a day, at 8:00 a.m., 12:00 p.m., and 8:00 p.m. The resident did not receive the 12:00 p.m. administration from October 1, 2019 to October 7, 2019.

* On October 8, 2019, resident #1 was prescribed 600mg Gabapentin for nerve pain, three times a day, 8:00 a.m. 12:00 p.m., 8:00 p.m. The resident did not receive the 12:00 p.m. administration from October 8, 2019 to January 20, 2020.

* On January 21, 2020, resident #1 was prescribed 600mg Gabapentin for nerve pain, three times a day, 8:00 a.m. 12:00 p.m., 8:00 p.m. The resident did not receive the 8:00 a.m., 12:00 p.m. and 8:00 p.m. medication administrations from January 21, 2020 to March 6, 2020.

* On March 6, 2020, resident #1 was prescribed 400mg Gabapentin for nerve pain, three times a day, 8:00 a.m. 12:00 p.m., 8:00 p.m.

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 assistant director has verified physician's orders are documented correctly in Resident #1 medication administration record. Staff A has been terminated. The assistant director will review all medication changes to be sure all meds are given as prescribed. A chart has been created to document

Legal Entity Representative

(attached page and chart)

See Page 10A of 10

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all medication changes. The assistant director will verify the physician's orders are present and entered correctly in the Medication Record. All staff in charge of entering changes to medication in the MAR will be trained by May 1, 2020 on Regulation 2600 187d. The Assistant Director will review MARs and medication changes weekly to ensure compliance. Chart is attached. All physician's order will be kept in the resident's medication administration record.

Kimberly G. Adams

Kimberly G. Adams, Executive Director

5/27/2020

4/22/20