

Department of Human Services
Bureau of Human Service Licensing

February 3, 2021

[REDACTED], EXECUTIVE DIRECTOR
RUTH M. SMITH CENTER
407 SOUTH MAIN STREET
P.O. BOX 576
SHEFFIELD, PA 16347

RE: RUTH M. SMITH CENTER
407 SOUTH MAIN STREET
BUILDING C
SHEFFIELD, PA, 16347
LICENSE/COC#: 44598

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/30/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *RUTH M. SMITH CENTER* License #: *44598* License Expiration Date: *01/31/2022*
Address: *407 SOUTH MAIN STREET, BUILDING C, SHEFFIELD, PA 16347*
County: *WARREN* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *8149683238* Email: [REDACTED]

Legal Entity

Name: *RUTH M. SMITH CENTER*
Address: *407 SOUTH MAIN STREET, P.O. BOX 576, SHEFFIELD, PA, 16347*
Phone: *8149683238* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *02/27/1987* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *01/08/2021*

Inspection Dates and Department Representative

12/30/2020 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* Residents Served: *6*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/30/2020 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/17/2021*

Inspections / Reviews (*continued*)

1/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/29/2021*

1/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/02/2021*

2/3/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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 Repeat Violation

Resident #1 was prescribed [REDACTED] continuously by nasal canula. From approximately 10:30 PM on 11/19/20 until approximately 8:30 AM on 11/20/20, the resident was administered [REDACTED]. This medication error was not reported to the Department until 12/30/20.

REPEAT VIOLATION: 3/24/2020

Plan of Correction

Directed

The medication error was immediately reported to the DHS by the Administrator after discussion with the investigator. The Administrator and Assistant Administrator reviewed regulation 2600.16.c and the guidelines in 2600.15. Any future incidents will be reviewed according to these regulations to determine reporting requirements by the Administrator Administrator. Upon notice of an incident the Administrator and/or Assistant Administrator will determine if it a reportable incident and keep a folder designated for reportable incidents. Documentation will be kept that it was reported, a copy of report, date and time of submission according to the requirements in 2600.16.c.

Within 5 days of receipt of the plan of correction: All staff persons shall be educated on all reportable incidents and conditions indicated in 2600.16a. Documentation of the education shall be kept. LM 1/29/21

Immediately upon receipt of the plan of correction: A designated staff person shall review all internal incidents daily to ensure all incidents indicated in 2600.16a are reported to the Department within 24 hours. LM 1/29/21

Completion Date: 01/29/2021

Document Submission

Implemented

All staff persons were educated on reportable incidents and conditions in 2600.16.c. Please see attached documentation.

The Assistant Director will be the designated staff person to review all internal incidents daily and a record will be kept. Please see attached.

141b1 - Annual Medical Evaluation

1. Requirements

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 12/16/20, does not include an assessment of the resident's ability to self-administer medications. This section of the form is blank.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction**Directed**

The DME form was faxed to the Doctor's office to complete the blank section. The Supervisor and Assistant Director will review DMEs to ensure they are properly completed. This will be done after each annual assessment. The Supervisor will be retrained in the review and completion of the DME form. The Assistant Administrator/Trainer is responsible for the retraining. (DIRECTED: The training shall occur within 5 days of receipt of the plan of correction. LM 1/29/21). The corrected form will be sent as soon as it is returned to us by the doctor. The Building Supervisor and Assistant Director will receive a DME for each resident annually and will check the DME for accuracy as well as fill out all allowed areas of the form before it is taken to the doctor with the resident. See attached.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, at least annually. LM 1/29/21

Within 24 hours upon receipt of the plan of correction: The home shall develop and implement a checklist to ensure each resident has a medical evaluation, completed in its entirety, at least annually. Documentation of the checklist shall be kept. LM 1/29/21

Completion Date: 01/29/2021

Document Submission**Implemented**

All current resident records were reviewed for completion in entirety. See attached.

A checklist was developed to ensure annual medical evaluations are completed in their entirety. See attached.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Repeat Violation

Resident #1 was prescribed [REDACTED] continuously by nasal canula. From approximately 10:30 PM on 11/19/20 until approximately 8:30 AM on 11/20/20, the resident was administered [REDACTED].

REPEAT VIOLATION: 3/24/2020

Plan of Correction**Accept**

The [REDACTED] was immediately reduced to [REDACTED] when she came on duty and discovered it had not been turned back according to [REDACTED] phone instructions to Staff Member A on the evening of 11/19/20. Staff member A was given a written consultation and a review of proper procedures as well as instructions to review [REDACTED] trainings received in the past year regarding medication administration and signing off that [REDACTED] had done this. An incident report was written on 11/20/20. (Attachment will be sent on 1/18/20.) All staff were retrained on [REDACTED]. The Medication Administration Trainer will be responsible for the training reviews. See attached. Trainings will be reviewed annually. Staff will check that oxygen is set as prescribed and initial that they have done so in the Medication Administration Record at 8:00 am; 4 pm and 12 am daily, effective 11/20/2020.

Completion Date: 01/29/2021

187d - Follow Prescriber's Orders *(continued)*

Document Submission

Implemented

See attached.