

Department of Human Services
Bureau of Human Service Licensing

April 1, 2022

[REDACTED], EXECUTIVE DIRECTOR

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *01/31/2022*
Address: *407 SOUTH MAIN STREET, BUILDING C, SHEFFIELD, PA 16347*
County: *WARREN* Region: *WESTERN*

Administrator

Name: [REDACTED] ir. Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/21/1989* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/15/2021*

Inspection Dates and Department Representative

10/15/2021 - On-Site [REDACTED]

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: *3* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *5*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

10/15/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/11/2021*

Inspections / Reviews (*continued*)

02/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *02/10/2022*

04/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not established and implemented a quality management plan for 2020.

Plan of Correction

Accept

A Quality Management Plan has been established. (see attached)

The Quality Management Team will meet quarterly during the year to review quality issues.

The Administrator will be responsible for scheduling the meetings. They will be held in March, June, September and December of each year and as needed. Documentation of each meeting shall be kept.

We will review the Quality Management POC with staff on Dec. 15, 2021 according to regulation 2600.26.a.

Completion Date: 12/15/2021

Document Submission

Implemented

See attached

64a - Admin Training

1. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

Description of Violation

Staff person A, [REDACTED], has not successfully completed the 100-hour standard Department-approved administrator training course.

Plan of Correction

Accept

Staff person A completed [REDACTED] 100 Hour training hours before taking [REDACTED] test for the Personal Care Home

Administrator's Certificate. The Certificate was in [REDACTED] file and the copy of [REDACTED] 100 hour training has been added to

[REDACTED] file along with the copy of [REDACTED] Orientation completion. See attached.

Completion Date: 10/18/2021

Document Submission

Implemented

Sent with original POC

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar for the shower in the common bathroom at the end of the hallway on the second floor.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (*continued*)**Plan of Correction****Accept***A grab bar was installed on Oct. 15, 2021.**The Maintenance Manager has put grab bars in all areas required according to Regulation 2600.102.d.**The Maintenance Manager will inspect monthly to ensure grab bars are in good repair.***Completion Date:** 10/15/2021**Document Submission****Implemented***See attached*

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation*The thermometer in the freezer in the kitchen was not functional.***Plan of Correction****Accept***The thermometer was replaced on Oct. 15, 2021.**The staff was retrained on Reg 2600.103.f.**The staff will check the temperature daily to ensure the thermometer is functioning and note the temperature on the daily temperature chart.**The Assistant Director will monitor weekly to make sure we are in compliance with Regulation 2600.103.f.**See attached***Completion Date:** 11/18/2021**Document Submission****Implemented***see attached*

121a - Unobstructed Egress

1. Requirements

2600.

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

Description of Violation*On 10/15/21 at approximately 10:30 a.m., the home's front entrance screen door only opened approximately 1 1/2 feet due to striking a raised board on the porch, preventing the screen door from fully opening.***Plan of Correction****Accept***The Maintenance Manager repaired the raised board on Oct.15, 2021.**All staff were retrained on Regulation 2600.121.a on Dec. 3, 2021.**The Maintenance Manager will check all entrances monthly to ensure compliance with Regulation 2600.121.a.**See attached.***Completion Date:** 12/03/2021**Document Submission****Implemented***see attached*

133.2 - Exit Signs Direction

1. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The second floor hallway does not have a direct visual line to the exits down the stairways. The first floor Administrator's office and first floor rear exit of the home do not have a direct visual line to the exits. There are no signs marking the line of travel to the exits. The home has a capacity of 15 residents.

Plan of Correction

Accept

The Maintenance Manager will place signs marking the line to travel to the exits down the stairways, from the Administrator's Office and to the rear exit of the home.

The Maintenance Manager will check monthly to make sure the signs are intact and in compliance with Regulation 2600.133.2

This will be completed by Dec. 15, 2021 and checks will be monthly thereafter.

Completion Date: 12/15/2021

Document Submission

Implemented

see attached

144c2 - Smoking Area Distance

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's designated smoking area is located at the side entrance of the home. However this area is directly at the bottom of the porch steps of the side entrance.

Plan of Correction

Accept

The Smoking Area was immediately moved on Oct. 15, 2021 from the pavement near the walkway and exit and placed away from common walkways and exits.

All staff were retrained on Regulation 2600.144.c on Nov. 30, 2021.

The Maintenance Manager will check weekly to ensure no changes have been made to the smoking area.

Please see attached.

Completion Date: 11/30/2021

Document Submission

Implemented

see attached

254b - Policy and Procedures

1. Requirements

2600.

254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation

The home does not have policies and procedures for managing records.

Plan of Correction**Accept**

A Policy and Procedure was established and written for record management.

Administrator will check quarterly to ensure the policy is being followed in accordance with Regulation 2600.254.b

Please see attached.

Completion Date: 10/25/2021

Document Submission**Implemented**

see attached