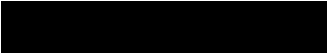


Department of Human Services
Bureau of Human Service Licensing

January 27, 2022

 EXECUTIVE DIRECTOR

RE: RUTH M. SMITH CENTER
407 SOUTH MAIN STREET
BUILDING B
SHEFFIELD, PA, 16347
LICENSE/COC#: 44596

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,


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 #: *44596* License Expiration: *01/31/2022*
Address: *407 SOUTH MAIN STREET, BUILDING B, SHEFFIELD, PA 16347*
County: *WARREN* Region: *WESTERN*

Administrator

Name: [REDACTED], Phone: *8149683238* Email: [REDACTED]
Assistant Director

Legal Entity

Name: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/06/1986* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/02/2021*

Inspection Dates and Department Representative

11/02/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* Residents Served: *9*

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: *4*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *5*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/02/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/02/2021*

Inspections / Reviews *(continued)*

01/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/25/2022*

01/27/2022 - 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 failed to conduct an annual quality management plan review in 2020.

Plan of Correction

Accept

No Team Plan Review was held in person in 2020 due to Covid. Not all staff has access to computers to conduct meetings virtually.

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, December and as needed.

Documentation of each meeting will be kept.

We will review the Quality Management Plan of Correction on Dec. 15, 2021 according to Regulation 2600.26.a.

Please see attached.

Document Submission

Implemented

See documents

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The front right chain was broken on the front porch bench swing, posing a potential fall hazard.

Plan of Correction

Accept

The swing was immediately removed on 11/2/2021.

Checking furniture and equipment for needed repairs and condition has been added to the Daily Task Sheet to ensure all is in good repair.

The Building Supervisor and/or Assistant Director will review to ensure task is performed daily.

The Maintenance Manager will be notified of items in need of repair.

Please see attached Daily Task Sheet.

Document Submission

Implemented

see attached

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled cake of soap in the corner of the left shower in the common shower/bathroom.

Plan of Correction

Accept

The soap was removed on 11/2/2021.

102i - Soap Dispenser (continued)

Staff was re-trained on Regulation 2600.102.i on 11/30/2021.

Checking for labels on soap and personal hygiene supplies has been added to the Daily Task Sheet to ensure items are labeled.

The Building Supervisor will make sure this task is completed daily.

The Assistant Director will review the sheets monthly and inspect to see that Regulation 2600.102.i is being followed correctly.

Please see attached Daily Task Sheet.

Document Submission

Implemented

see attached

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were two unlabeled and undated plastic bags in the kitchen refrigerator. One contained ham, turkey and roast beef and the other swiss and American cheese.

Plan of Correction

Accept

The food was immediately removed on 11/02/21.

Staff was retrained on Regulation 2600.103.e on 11/29/2021. The task is already on the Daily Task Sheet.

The Building Supervisor will check daily to ensure we are in compliance with Regulation 2600.103.e.

The Assistant Director will review monthly to ensure completion of this task.

Please see attached Daily Task Sheet.

Document Submission

Implemented

see attached

103g - Storing Food

1. Requirements

2600.

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

Description of Violation

There was an unsealed plastic bag, containing ham, turkey and roast beef, in the kitchen refrigerator.

Plan of Correction

Accept

The food was immediately discarded on 11/2/2021.

Staff was retrained on 11/29/2021 on Regulation 2600.103.g

This task is already on the Daily Task Sheet.

The Building Supervisor will check daily to make sure staff is following Regulation 2600.103.g.

The Assistant Director will review the sheet monthly to ensure compliance.

Please see attached Daily Task Sheet.

Document Submission

Implemented

see attached

125a - Combustible Storage

1. Requirements

- 2600.
- 125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There were two pads of insulation and a disassembled crib stored next to and touching the basement furnace furthest from the door to the furnace room.

Plan of Correction

Accept

*The items were immediately removed on 11/2/2021.
 Signs have been posted in the area to keep all items 3 feet away from the heat source or hot water tank.
 The Maintenance Manager will inspect weekly to ensure compliance with Regulation 2600.125.a
 All staff were retrained regarding the Regulation on 11/30/2021.
 Please see attached sign.*

Document Submission

Implemented

see attached

144c1 - Smoking Area Guidelines

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:
 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

There was a fabric scarecrow and various paper trash in a brown planter located in the home's designated smoking area on the front porch.

Plan of Correction

Accept

*The Scarecrow, trash and brown planter were removed immediately on 11/2/2021.
 All staff were retrained 11/30/2021 regarding regulation 2600.144.c
 "Inspect smoking area for fire hazards" has been added to the Daily Task Sheet.
 The Building Supervisor will make sure the task is completed daily.
 The Maintenance Manager will check compliance with Regulation 2600.144.c.
 Please see attached task sheet.*

Document Submission

Implemented

see attached