

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

January 25, 2023

[REDACTED], EXECUTIVE DIRECTOR
RUTH M. SMITH CENTER
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: RUTH M. SMITH CENTER **License #:** 44596 **License Expiration:** 01/31/2024

Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347

County: WARREN **Region:** WESTERN

Administrator

Name: Kim Adams /Ann Mitchell, Assistant Director **Phone:** 8149683238 **Email:** kgadamsnh@gmail.com / annlpmitchell@yahoo.com

Legal Entity

Name: RUTH M. SMITH CENTER

Address: [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 07/24/1985 **Issued By:** Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 10 **Waking Staff:** 8

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 11/16/2022

Inspection Dates and Department Representative

11/16/2022 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 15 **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: 9 **Are 60 Years of Age or Older:** 4

Diagnosed with Mental Illness: 9 **Diagnosed with Intellectual Disability:** 6

Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

11/16/2022 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 12/18/2022

Inspections / Reviews *(continued)*

12/29/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/05/2023

01/25/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present for the home's furnace room that were in accordance with The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16.

The home's furnace room did not possess sufficient size to place a carbon monoxide detector more than 15 feet from the room's gas operated furnace. However, the carbon monoxide detector closest to the furnace room's door was approximately 12 feet away.

Plan of Correction

Accept [redacted] - 12/29/2022)

Maintenance immediately bought a carbon monoxide detector and placed it on the wall outside the door of the furnace room door on 11/16/2022.

Maintenance and Administrator were retrained on Reg. 2600.18 by the Executive Director on 11/21/22.

The Administrator will check for compliance of Reg. 2600.18 beginning 12/01/22 and monthly thereafter.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented ([redacted]) - 01/25/2023)

94b - Non-Skid Surface

2. Requirements

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

The building's rear wooden ramp leading to the exit in resident #1's room had two sections approximately 7 feet in length that did have nonskid surfaces and were slick to the touch.

Plan of Correction

Accept [redacted] - 12/29/2022)

Maintenance placed shingles on the rear wooden ramp leading to the exit in Resident #1's room on 12/05/22.

Maintenance and Administrator were retrained on Reg. 2600.94.b by the Executive Director on 11/21/22.

Maintenance will check weekly that shingles are intact beginning 12/5/22.

Administrator will check for compliance of Reg. 94.b beginning 12/5/22 and monthly thereafter.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented ([redacted]) - 01/25/2023)

96a First Aid Kit

3. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kits in the 2019 Ford vehicle and the 2020 Chevrolet vehicle, both used to transport residents, did not include a breathing shield or eye coverings.

Plan of Correction

Accept [redacted] - 12/29/2022)

Administrator checked the first aid kits in the 2019 Ford vehicle and 2020 Chevrolet vehicle and added breathing shields and eye coverings to both kits on 11/17/22.

The Administrator added a list to the first aid kit of items required on 11/17/22.

All staff were retrained on Reg. 2600.95.a on 11/21/22 by the Administrator.

All staff were trained by the Administrator to notify Maintenance when items needed replaced in both vehicle's first aid kits on 11/21/22.

Maintenance will check both vehicle's first aid kits for required items beginning 12/01/22 and weekly thereafter.

The Administrator will check the first aid kits for compliance of Reg. 2600.96.a beginning 12/01/22 and monthly thereafter.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [redacted] 01/25/2023)

185a Implement Storage Procedures

4. Requirements

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 controlled substance and narcotics policy states "all controlled medications are to be counted by two staff at the beginning and end of every shift". However, resident #2's controlled substance count shift verification sheet has only one staff member's initials for multiple controlled medication counts to include those occurring on [redacted] and [redacted], shift.

Plan of Correction

Accept [redacted] - 12/29/2022)

All staff were retrained on Reg. 185.a by the Administrator on 11/21/22.

All staff were retrained on the home's policy of counting controlled substance and narcotics by the Administrator on 11/21/22.

The Administrator added another column for initials to the count sheet for resident #2 and all other residents on 11/21/22. This helps to clarify that staff are to initial at the beginning and end of each shift after counting

185a - Implement Storage Procedures (continued)

controlled substance with another staff.

Supervisors will check for compliance of Reg. 2600.185.a beginning 11/21/22 and weekly thereafter.

The Administrator will check for compliance of Reg. 2600.185.a beginning 12/01/22 and monthly thereafter.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (█ - 01/25/2023)