

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

January 22, 2024

[REDACTED]
RUTH M. SMITH CENTER
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/12/2023 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 #: *44598* License Expiration: *01/31/2024*
 Address: *407 SOUTH MAIN STREET, SHEFFIELD, PA 16347*
 County: *WARREN* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *RUTH M. SMITH CENTER*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [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: *8* Waking Staff: *6*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/12/2023*

Inspection Dates and Department Representative

12/12/2023 - On-Site: [REDACTED]

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: [REDACTED] Are 60 Years of Age or Older: [REDACTED]
 Diagnosed with Mental Illness: [REDACTED] Diagnosed with Intellectual Disability: [REDACTED]
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/12/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/30/2023*

Inspections / Reviews *(continued)*

12/29/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/01/2024

01/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2024

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 Standards 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. If there is not at least 15 feet between the fossil fuel burning device and the door that leads out of the enclosed area to the rest of the building, then the carbon monoxide detector should be placed just outside of the door, unless the manufacturer's instructions indicate otherwise.

However, at 10:52 a.m., the boiler room did not have at least 15 feet between the carbon monoxide emitting device and the furthest point of the room. However, there was no carbon monoxide detector immediately outside of boiler room's door. The closest carbon monoxide detector was approximately 30 to 40 feet from the boiler room's door.

Plan of Correction

Accepted (redacted) 12/29/2023)

Maintenance placed a carbon monoxide alarm immediately outside the boiler room's door on 12/12/23 during inspection.

All staff will be retrained on Regulation 2600.18 by the Administrator on 12/27/23.

All staff will be retrained on the Care Facility Carbon Monoxide Alarm Standards Act by the Administrator on (redacted).

Maintenance will check weekly beginning (redacted) the carbon monoxide alarms are working and placed in the proper area and monthly thereafter beginning (redacted).

Administrator will check for compliance monthly beginning (redacted)

Licensee's Proposed Overall Completion Date: 12/27/2023

Implemented (redacted) 01/22/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At (redacted) there was a partially used unlabeled bar of white hand soap on top of the liquid soap dispenser located to the right of the sink in the second-floor common bathroom.

Plan of Correction

Accepted (redacted) - 12/29/2023)

The Supervisor immediately removed the bar of soap on 12/12/23 from the second floor common bathroom.

All staff was retrained on Regulation 2600.85a by the Administrator on 12/21/23.

All staff was retrained on Regulation 2600.102i by the Administrator on 12/21/23.

The office assistant added to the Supervisor Daily Task sheet on 12/26/23: "check that bar soap is in a labeled container" beginning 1/1/24.

The Office Assistant added to the staff daily task sheet on 12/26/23: "check that bar soap is in a labeled container" beginning on 1/1/24.

85a - Sanitary Conditions (continued)

The Administrator will check for compliance monthly beginning 1/31/24.

Licensee's Proposed Overall Completion Date: 12/27/2023

Implemented [redacted] 01/22/2024)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At [redacted] the door granting egress to resident [redacted] private bedroom would not close properly. The door knob's latch failed to seat properly in its corresponding strike plate.

At [redacted] the door granting egress to resident [redacted] private bedroom was unable to be locked, the deadbolt lock's latch did not have a corresponding strike plate on the door's frame.

At [redacted], the door granting egress to resident [redacted]'s private bedroom had a missing dead bolt lock, leaving a circular ping pong ball sized hole in the door.

Plan of Correction

Accept [redacted] - 12/29/2023)

Maintenance immediately repaired Resident's [redacted] door on 12/12/23 during inspection.

Maintenance immediately repaired Resident's [redacted] door on 12/12/23 during inspection.

All staff was retrained on Regulation 2600.88.a on 12/18/23 by the Administrator.

The Administrator added monthly checks to the Maintenance Task Sheet on 12/29/23; "Check that surfaces are in good repair and free of hazards" and "Check all doors close properly" beginning monthly starting on 1/1/24.

The Administrator will check for compliance monthly beginning 1/31/24.

Licensee's Proposed Overall Completion Date: 12/27/2023

Implemented [redacted] - 01/22/2024)

132b - Safety Inspection/Fire Drill

4. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire drill observed by a fire safety expert was completed on 11/07/23. However, the most recent fire drill observed by a fire safety expert prior to 11/07/23, was conducted on 10/24/22.

Plan of Correction

Accept [redacted] - 12/29/2023)

The Administrator was retrained on Regulation 2600.132.b by the Executive director on 12/15/23.

The Administrator was retrained on "grace periods" on 12/15/23 by the Executive Director.

On 12/15/23, the Administrator documented on her calendar to call and schedule the annual fire drill on 9/24/24, one month in advance.

132b - Safety Inspection/Fire Drill (continued)

On 12/15/23, the Administrator created a chart of annual inspections and fire drills that are required. On 12/15/23, the Administrator posted the chart on her wall in front of her desk. The Executive Director will check for compliance monthly beginning 12/16/23 and annually thereafter beginning 10/01/24.

Licensee's Proposed Overall Completion Date: 12/27/2023

Implemented [redacted] - 01/22/2024)

183d - Prescription Current

5. Requirements

2600. 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident [redacted] is prescribed [redacted] four times daily per sliding scale as needed subcutaneously. The [redacted] located in the home's medication cart was opened on [redacted]. However, according to manufacturer's instructions, the [redacted] expires 28 days of opening.

Plan of Correction

Accept [redacted] 12/29/2023)

The Supervisor immediately disposed of the [redacted] for Resident [redacted] on [redacted] during inspection. All staff was retrained on Regulation 2600.183.d on 12/21/23 by the Medication Administration Trainer. The Supervisor will check the medication cart for expired medications weekly beginning 12/12/23 and monthly thereafter beginning 1/1/24. The Administrator checked the medication cart on 12/13/23 for expired medications and will check the medication cart monthly for compliance beginning 1/31/24.

Licensee's Proposed Overall Completion Date: 12/27/2023

Implemented [redacted] - 01/22/2024)

225a - Assessment 15 Days

6. Requirements

2600. 225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] was admitted on [redacted] however, the resident's assessment was not completed until [redacted].

Plan of Correction

Accept [redacted] - 12/29/2023)

The Administrator was retrained on Regulation 2600.225.a. on 12/15/2023 by the Executive Director. The Administrator was retrained on "Admission date Versus Move in Date & Grace Periods by the Executive Director on 12/15/2023. The Administrator will check that the initial assessment is with in 15 days of admission date beginning 12/15/23 and with every new admission thereafter. The Executive Director will check for compliance beginning 12/15/23 and with every new admission thereafter.

Licensee's Proposed Overall Completion Date: 12/27/2023

225a - Assessment 15 Days (*continued*)

Implemented [REDACTED] 01/22/2024)