



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUGUST 2, 2024

[REDACTED], Executive Director
Ruth M. Smith Center
407 South Main Street
PO Box 576
Sheffield, Pennsylvania 16347

RE: Ruth M. Smith Center
License/COC #: 44595

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on December 28, 2023, January 8, 2024, February 23, 2024, February 26, 2024, February 27, 2024, and May 21, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 44595) dated January 13, 2024 to January 13, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(5) and 55 Pa. Code § 20.71(a)(2) ;(4) ;(5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 2, 2024 to February 2, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *RUTH M. SMITH CENTER* License #: *44595* License Expiration: *01/13/2025*
Address: *407 SOUTH MAIN STREET, BUILDING A, SHEFFIELD, PA 16347*
County: *WARREN* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/25/1983* Issued By: *Dept L & I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *02/27/2024*

Inspection Dates and Department Representative

12/28/2023 - On-Site: [REDACTED]
01/08/2024 - Off-Site: [REDACTED]
02/23/2024 - Off-Site: [REDACTED]
02/26/2024 - Off-Site: [REDACTED]
02/27/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *10* 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: *8* Are 60 Years of Age or Older: *5*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *6*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

12/28/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/18/2024*

03/26/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/17/2024*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/02/2024*

04/05/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/01/2024*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/12/2024*

07/17/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: *04/11/2024*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

20b4 - Use of Funds

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

The home provides assistance with financial management for resident #1. Resident #1's assessment, dated [REDACTED], indicates the resident requires total assistance with managing finances. On [REDACTED] resident #1's [REDACTED] reported to staff person A that staff person B accepted a \$5000.00 check from resident #1, was using [REDACTED] debit card to pay [REDACTED] \$250.00 monthly cell phone bill, used [REDACTED] MAC card to withdraw cash at ATMs, and wrote additional checks to [REDACTED]

From [REDACTED] to [REDACTED] staff person B used resident #1's checking account and debit card to purchase personal items in stores, restaurants, and online for [REDACTED] and family members, paid personal household bills, and wrote multiple unauthorized checks to [REDACTED]

Pennsylvania State Police charged staff person B with felony charges of Financial Exploitation of an Older Adult or Care Dependent Person \$15,901.16, Theft by Unlawful Taking – Movable Property \$9551.16, and Access Device Issued to Another who did not Authorize Use.

Plan of Correction

Accept ([REDACTED] - 04/05/2024)

Immediately following the incident on [REDACTED], the Administrator notified the State Police, Adult Protective Services, BHSL, The Executive Director, and Resident #1. On [REDACTED] staff person B was not scheduled to work. On [REDACTED] The Administrator made several attempts to contact staff person B to inform [REDACTED] that [REDACTED] was on unpaid leave pending an investigation. Staff person B did not respond, and The Administrator notified staff on [REDACTED] of the investigation and directed staff to call the Administrator and State Police in the event that staff person B came onto the property. Staff person B did not enter onto the property or the building at any time after incident was reported on [REDACTED] On [REDACTED] an internal investigation was done by the Administrator and Executive Director. On [REDACTED], Staff person B was stopped at the entrance to the building by the Administrator. On [REDACTED], staff person B was terminated by the Administrator and a Member of the Board of Directors.

The Administrator was issued a subpoena for [REDACTED] for this incident and will attend this hearing. All staff have been retrained on Reg. 2600.20.b on 09/01/23 by the Administrator. Resident #1 no longer has [REDACTED] check book or debit card on the premises. [REDACTED] pays Resident #1's monthly bills beginning 09/01/23 and monthly thereafter. Beginning 09/01/23, any new resident will have their checkbook and debit card secured in a lock box in the Executive Director's office. Supervisors will no longer have any opportunity to access a resident's personal lock box, debit cards, or checkbooks beginning 09/01/23 and daily thereafter. Currently, all other residents have rep-payees.

The Executive Director will check all support plans for accuracy beginning 09/01/23 and all resident's annual support plans monthly thereafter. Total assistance with finances (d) was checked in error by the Administrator. In the column "plans to meet services", it was noted Resident #1 pays all [REDACTED] monthly bills and rent. On 09/07/23, the Administrator completed a new RASP for Resident #1 and [REDACTED] is now entered as paying [REDACTED] monthly bills and rent.

Licensee's Proposed Overall Completion Date: 04/01/2024

Not Implemented ([REDACTED] - 07/15/2024)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1's assessment, dated [REDACTED], indicates the resident requires total assistance with managing finances. On [REDACTED] resident #1's [REDACTED] reported to staff person A that staff person B accepted a \$5000.00 check from resident #1, was using [REDACTED] debit card to pay [REDACTED] \$250.00 monthly cell phone bill, used [REDACTED] MAC card to withdraw cash at ATMs, and wrote additional checks to [REDACTED].

From [REDACTED] staff person B used resident #1's checking account and debit card to purchase personal items in stores, restaurants, and online for [REDACTED] and family members, paid personal household bills, and wrote multiple unauthorized checks to [REDACTED].

Pennsylvania State Police charged staff person B with felony charges of Financial Exploitation of an Older Adult or Care Dependent Person \$15,901.16, Theft by Unlawful Taking – Movable Property \$9551.16, and Access Device Issued to Another who did not Authorize Use.

Plan of Correction

Accept ([REDACTED] - 04/05/2024)

On 09/01/23, all staff were retrained on Reg. 2600.42.b by the Administrator. On 9/07/23, all Residents were retrained by the Administrator on Resident's Rights and financial abuse. The Local Ombudsman will provide staff with training on resident's rights with a focus on financial abuse before 04/30/24. Beginning 09/01/23, any resident with a checkbook or debit card will keep their lock box in the Executive Director's office. Staff or Supervisors will no longer have any access to resident's lock box beginning 09/01/23 and every day thereafter.

Immediately following the incident on [REDACTED], the Administrator notified the State Police, Adult Protective Services, BHSL, The Executive Director, and Resident #1. On [REDACTED] staff person B was not scheduled to work. On [REDACTED] The Administrator made several attempts to contact staff person B to inform [REDACTED] that [REDACTED] was on unpaid leave pending an investigation. The Administrator notified staff on [REDACTED] of the investigation and directed staff to call the Administrator and State Police in the event that staff person B came onto the property. Staff person B did not enter onto the property or building after the incident was reported on [REDACTED]. On [REDACTED] an internal investigation was done by the Administrator and Executive Director. On [REDACTED], Staff person B was stopped at the entrance to the building by the Administrator. On [REDACTED], was terminated by the Administrator and a Member of the Board of Directors. The Administrator was issued a subpoena for [REDACTED] for this incident and will attend this hearing.

Beginning 04/05/24, The Administrator will interview two residents weekly for one month then monthly for two months regarding how staff are treating them. The Administrator will document these interviews and the results will be discussed at the next Quality Management Plan review meeting on 04/23/24 and any updates will be discussed at all quarterly meetings thereafter.

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented ([REDACTED] - 07/15/2024)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training (*continued*)**Description of Violation**

On multiple dates in December, 2023, to include 12/2/23, 12/14/23 and 12/25/23, from 12:00 AM - 8:00 AM, 10 residents were present in the home. During this time no staff persons were present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction**Accept (█) - 04/05/2024)**

All staff will be retrained on Reg 2600.63.a on 03/19/24 by the Administrator. On 12/29/23, the Administrator enrolled the evening staff person that was not trained in CPR and first aid in a training. This Staff person attended the training by a certified trainer on 02/12/24 and earned a certificate in CPR/AED and first aid. The Administrator will enroll staff at the time of hire in CPR/AED and first aid beginning 12/29/23 and all new hires thereafter. The Executive Director will check for compliance beginning 04/30/24 and monthly thereafter.

The Administrator will review the monthly schedule daily beginning 04/01/24 and daily thereafter to ensure at least one staff person who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation is scheduled and present in the home at all times.

Licensee's Proposed Overall Completion Date: 04/01/2024

Not Implemented (█) - 07/15/2024)

82a - Poisonous Materials

4. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 9:45 AM, a clear white substance in a white 800 ml spray bottle, identified by staff as a cleaner, was stored in the bathroom supply closet outside of the handicapped bathroom. However, this substance was not stored in its original, labeled container.

Plan of Correction**Accept (█) - 04/05/2024)**

The supervisor immediately disposed of the white 800 ml spray bottle that was not labeled during inspection on 12/28/23. The Supervisor and the Administrator checked the building on 12/29/23 for any unlabeled jars or bottles. All staff will be retrained on Reg. 2600.82.a on 03/19/24 by the Administrator. The office assistant will add to the Building Supervisor's daily tasks sheets "check that all poisonous materials are labeled" beginning 03/19/24 and daily thereafter. The Administrator will check for compliance beginning 04/01/24 and monthly thereafter.

Licensee's Proposed Overall Completion Date: 04/01/2024

Not Implemented (█) - 07/15/2024)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:16 AM there was a clear, sticky substance stuck to objects in the the bottom of the freezer section of the refrigerator/freezer labeled #CC in the basement.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept () - 04/05/2024

The Kitchen Manager immediately sanitized the refrigerator/freezer labeled CC in the basement after inspection on ~~12/28/24~~ 12/28/23 () 4/5/24). On 12/29/23 the Administrator checked all refrigerator and freezers to ensure they were in compliance. All staff will be retrained on Reg. 2600.85.a on 03/19/24 by the Administrator. The office assistant will add to the Kitchen Manager's daily task sheet "clean and sanitize refrigerator/freezers" beginning 03/19/24 and daily thereafter. The Administrator will check for compliance beginning 04/01/24 and monthly thereafter.

Proposed Overall Completion Date: 04/01/2024

Licensee's Proposed Overall Completion Date: 04/01/2024

Not Implemented () - 07/15/2024

85d - Trash Receptacles

6. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:00 AM, the large dumpster at the end of the parking lot near the main office building was uncovered on the left rear side and 1/4 full with trash bags.

Plan of Correction

Accept () - 03/26/2024

Maintenance immediately shut the dumpster lid during inspection on 12/28/23. Maintenance attached a sticker that reads: "shut dumpster lid" on 12/28/23. The Administrator posted a sign on 12/29/23 at the building's exit that leads to the dumpster that reads: "Remember to Shut the Dumpster Lid." All staff will be retrained on Reg. 2600.85.d by the Administrator on 03/19/24. Maintenance will check the dumpster to ensure the lid is closed at 8:00am, 12:00pm, and 4:00pm beginning 12/29/23 and at noted times daily thereafter. The Administrator will check for compliance beginning 04/01/24 and monthly thereafter.

Licensee's Proposed Overall Completion Date: 03/19/2024

Not Implemented () - 07/15/2024

91 - Telephone Numbers

7. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At 10:45 AM, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the basement.

Plan of Correction

Accept () - 03/26/2024

The Supervisor immediately posted the Emergency Telephone numbers above the telephone in the basement during inspection on 12/28/23. All staff will be retrained on Reg. 2600.91 on 03/19/24 by the Administrator. The office

91 - Telephone Numbers (continued)

assistant will add to the Supervisor Task Sheet: "check all telephones have emergency numbers posted" daily beginning 03/19/24. The Administrator will check for compliance beginning 04/01/24 and monthly thereafter.

Licensee's Proposed Overall Completion Date: 03/19/2024

Not Implemented () - 07/15/2024)

103f - Refrigerator/Freezer Temps

10. 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

At 10:15 AM, the freezer section of the refrigerator/freezer labeled #L6 in the basement was 18 degrees Fahrenheit.

At 10:16 AM, the freezer section of the refrigerator/freezer labeled #CC in the basement was 6 degrees Fahrenheit.

Plan of Correction

Accept () - 04/05/2024)

The Kitchen Manager immediately adjusted the temperature control on freezers L6 and CC during inspection on 12/28/23. On 12/29/23 at 8:00 am, the Kitchen Manager and the Administrator rechecked the temperatures. The freezer L6 temperature was -2 degrees and the freezer CC temperature was 0 degrees. A new column has been added to the temperature chart by the Administrator on 12/29/23 for the Kitchen Manager to recheck the refrigerator/freezer temperature in one hour if the temperature is not within range. All Staff will be retrained on Reg. 2600. 103.f on 03/19/24 by the Administrator. All Staff will also be trained by the Administrator on 03/19/24 to notify Maintenance of any issues maintaining the temperature of refrigerators and freezers. Beginning 04/01/24 and monthly thereafter the Administrator will check for compliance.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented () - 07/15/2024)

141b1 - Annual Medical Evaluation

11. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Accept () - 03/26/2024)

On 12/29/23, the Supervisor was retrained on Reg. 2600.141.b.1 by the Administrator. The Administrator and the Supervisor checked all annual medical evaluations for compliance on 12/29/23. The Administrator printed a list of annual medical evaluations and their due dates for the Supervisor on 12/29/23. The Administrator will update this list on 03/19/24 and monthly thereafter. All staff will be retrained on Reg. 2600.141.b.1 on 03/19/24. The Executive

141b1 - Annual Medical Evaluation (continued)

Director retrained the Administrator on 12/29/23 on Reg. 2600.141.b.1.

On 3/19/24, the Office Assistant will add to the Supervisor's daily task: "check DME dates and schedule appts as needed." The Administrator will check for compliance monthly beginning 04/01/24.

Licensee's Proposed Overall Completion Date: 03/19/2024

Not Implemented () - 07/15/2024)

183d - Prescription Current

12. 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

At 11:45 AM, [redacted] belonging to resident #2 was in the medication cart; however, the medication was discontinued on 11/16/23.

Plan of Correction

Accept () - 03/26/2024)

The Supervisor immediately disposed of the discontinued medication belonging to resident #2 during inspection on 12/28/23. The Medication Trainer checked the medication cart on 12/29/23 for expired or discontinued medication. All staff will be retrained by the Administrator on Reg. 2600.183.d on 03/19/24. The office assistant will add to the Supervisor's daily task sheet: "dispose of expired or discontinued medication" beginning 03/19/24. The Medication Trainer will check monthly beginning 04/01/24 for compliance.

Licensee's Proposed Overall Completion Date: 03/19/2024

Not Implemented () - 07/15/2024)

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

Facility Information

Name: *RUTH M. SMITH CENTER* License #: *44595* License Expiration: *01/13/2025*
Address: *407 SOUTH MAIN STREET, BUILDING A, SHEFFIELD, PA 16347*
County: *WARREN* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/25/1983* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *05/21/2024*

Inspection Dates and Department Representative

05/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *10* 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: *8* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *6*
Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

05/21/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/20/2024*

Inspections / Reviews (*continued*)

06/24/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/12/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/01/2024

07/05/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/12/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/12/2024

07/15/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 07/12/2024
Reviewer: [REDACTED] Follow-Up Type: Enforcement

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately [redacted] resident #1 bit resident #2 on the upper right arm 3 times, resulting in bruise marks on resident #2's arm. However, the home did not report this incident to the local Area Agency on Aging.

Plan of Correction

Accept ([redacted] - 07/05/2024)

The Administrator was retrained on abuse reporting 2600.15 a-d (relating to abuse reporting covered by law) on 5/17/24 by the Executive Director. All Supervisors are required to retake the Mandatory Abuse Reporting on the Pennsylvania Department of Aging Learning Management system before 05/30/24 and Personal Care Aides will be retrained on Mandatory Abuse Reporting on the Pennsylvania Department of Aging Learning Management System to be completed on or before 06/30/24. On 05/17/24, the Administrator and Executive and Director updated the home's policy and procedures for reporting abuse and the Administrator will train all staff on the updated policy and procedures on 06/28/24. All staff will be interviewed by the Administrator on or before 07/05/24 to be sure they understand and will follow the updated policy and procedures that any suspected abuse will be immediately reported to the Area Agency of Aging and the Administrator. All staff will be retrained on Reg. 2600.15.a -d by the Administrator on 06/28/24. Beginning 07/01/24 the Administrator will review all incidents weekly and weekly thereafter to ensure any suspected abuse of a resident is immediately reported to the local Area Agency on Aging. The Administrator will add weekly checks to the Administrator task sheet "review all incidents" beginning 07/01/24.. Any additional documentation of reviews will be kept by the Administrator beginning 07/01/24 and weekly thereafter.

Licensee's Proposed Overall Completion Date: 07/05/2024

Not Implemented ([redacted] - 07/15/2024)

16c - Written Incident Report

2. 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 Violation

On [redacted] at approximately [redacted], resident #1 bit resident #2 on the upper right arm 3 times, resulting in bruise marks on resident #2's arm. However, the home did not report this incident to the Department.

Plan of Correction

Accept ([redacted] - 07/05/2024)

The Administrator was retrained on Reg. 2600 16c-f and the requirements and best practices for reportable incidents by the Executive Director on 05/17/24. All staff will be retrained on Reg. 2600.16c -f-Abuse Reporting Covered by law and reportable incidents and conditions on 6/28/24 by the Administrator. All staff will be retrained on Older Adult Protective Services Statute and Investigation Requirements for Personal Care Homes on 6/28/24 by the Administrator. The steps to report abuse will be posted by the Supervisor in the Supervisor's office on 6/28/24. The

16c - Written Incident Report (continued)

Administrator will interview all staff by 07/05/24 to ensure they understand the home's policy and will immediately report any incident to the Administrator. This will ensure the Administrator will be in compliance with regulation 2600.16.c and will report any reportable incidents or conditions to the Department within 24 hours. The Administrator will review all incidents weekly beginning 07/01/24 and weekly thereafter to ensure any suspected abuse of a resident is immediately reported to Department. On 07/01/24 the Administrator will add to the Administrator's weekly task sheet "review all incidents". Any additional documentation of reviews by the Administrator will be kept beginning 07/01/24 and weekly thereafter.

Licensee's Proposed Overall Completion Date: 07/05/2024

Not Implemented ([redacted] - 07/15/2024)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's current medical evaluation was completed [redacted]; however, the resident's previous medical evaluation was completed [redacted].

Resident #3's current medical evaluation was completed [redacted]; however, the resident's previous medical evaluation was completed [redacted].

Plan of Correction

Accept ([redacted] - 06/24/2024)

On 06/28/24, the Administrator will retrain the supervisors on Reg. 2600.141b.1. The Administrator will send monthly updates to supervisors to schedule appointments a month or more in advance beginning 07/01/24 and monthly thereafter. The Administrator will track annual medical evaluations appointments on a chart beginning 07/01/24 and monthly thereafter to ensure DME's are scheduled in the 15 day time period.

Licensee's Proposed Overall Completion Date: 07/01/2024

Not Implemented ([redacted] - 07/15/2024)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment was completed [redacted].

Plan of Correction

Accept ([redacted] - 07/05/2024)

The Administrator was retrained on Reg. 2600.225.c by the Executive Director on 05/29/24. New Annual

225c - Additional Assessment (continued)

Assessments along with the Plans of supervision were completed by the Administrator for Resident #1 and Resident #2 on 05/30/24. On 6/28/24, the Executive Director and Administrator will review all resident's annual assessments for any significant changes that may require an update. The Administrator will document on a chart monthly beginning 07/01/24 and monthly thereafter that resident's assessments are accurate and completed within the required time frame. The Administrator will add "check assessments are accurate" and "check assessments are up to date" to the Administrator's monthly task sheet beginning 07/01/24 and monthly thereafter.

Licensee's Proposed Overall Completion Date: 07/01/2024

Not Implemented ([REDACTED] - 07/15/2024)