

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

January 10, 2025

[REDACTED]
RUTH M. SMITH CENTER
[REDACTED]

P.O. BOX 576
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/07/2024 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: 01/31/2025
 Address: 407 SOUTH MAIN STREET, BUILDING B, 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: Other Date: 02/06/1986 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: 11/07/2024

Inspection Dates and Department Representative

11/07/2024 - 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: 7 Are 60 Years of Age or Older: 4
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/07/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/30/2024

11/27/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/26/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/27/2024

Inspections / Reviews *(continued)*

01/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/26/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

20b1 - Financial Records

1. Requirements

2600.

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

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages finances for resident [redacted] and [redacted].

However the resident's record of financial transactions omits multiple cash transactions that the home made on the resident's behalf to include:

Resident [redacted] - [redacted] - borrowed [redacted] and [redacted] cashed family check for [redacted]

Resident [redacted] - [redacted] for [redacted] for [redacted] and [redacted] for [redacted]

Resident [redacted] - [redacted] - [redacted], borrowed [redacted] and paid back [redacted] for [redacted]

Plan of Correction

Accept [redacted] - 11/27/2024)

The Fiscal Manager created a record of financial transactions on 11/08/24 to clarify every transaction, The document includes dates, amounts of deposits, amounts of withdrawals, cashing checks, signature line for resident and staff, and the current balance. This form was immediately put into use by the Fiscal Manager on 11/08/24 and will be used with every transaction thereafter.

The Fiscal Manager, Fiscal Assistant and Administrator were trained on Regulation 2600.20.b.1 and the requirements of financial management by the Executive Director on 11/13/24.

The Fiscal Manager or the Fiscal Assistant will verify that all transactions are being recorded and the balance is accurate beginning 11/08/24 and verify accuracy again on 12/02/24 and monthly thereafter. Documentation of the checks will be kept.

The Administrator will check that the Fiscal Manager and Fiscal Assistant are checking that the transactions are being recorded and the balances for accuracy monthly beginning 12/02/24 and monthly thereafter. Documentation of these checks will be kept on the Administrator Task Sheet.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] - 01/10/2025)

20b3 - Written Receipts

2. Requirements

2600.

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

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

On multiple dates, the home made cash transactions to the following residents to include:

Resident [redacted] - borrowed [redacted] and [redacted] cashed family check for [redacted]

Resident [redacted] - [redacted] for [redacted] for [redacted] and [redacted] for [redacted]

20b3 Written Receipts (continued)

Resident [REDACTED], borrowed [REDACTED] and paid back [REDACTED] for [REDACTED]. However, the home did not obtain the resident signature for the receipt of the disbursement.

Plan of Correction

Accept [REDACTED] - 11/27/2024)

The Fiscal Manager created a record of financial transactions on 11/08/24. The form requires the resident and staff to sign for every transaction. This form was immediately put into use on 11/08/24 by the Fiscal Manager.

The Fiscal Manager, Fiscal Assistant, and Administrator were trained on Regulation 2600.20.b.3 and the requirements of financial management by the Executive Director on 11/13/24.

The Fiscal Manager or the Fiscal Assistant will check that the signatures of the resident and staff are present for every transaction beginning 11/08/24 and monthly thereafter. Documentation of these checks will be kept.

The Administrator will verify that the resident and staff signatures are present beginning 12/02/24 and monthly thereafter. Documentation of these checks will be kept.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [REDACTED] - 01/10/2025)

20b8 - Quarterly Account

3. Requirements

2600.

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

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home manages finances for resident [REDACTED] and [REDACTED]. However, the home does not provide a quarterly statement of the resident's account.

Plan of Correction

Accept [REDACTED] - 11/27/2024)

The Fiscal Manager will send an itemized account of financial transactions made on the resident's behalf to the resident and the resident's designated person beginning on 12/31/24, 03/31/24, 06/30/24, 09/30/24 and quarterly thereafter.

The Fiscal Manager will keep documentation of the quarterly statements beginning 12/31/24 and quarterly thereafter.

The Fiscal Manager, Fiscal Assistant, and Administrator were trained on Regulation 2600.20.b.8 and the requirements of financial management by the Executive Director on 11/13/24.

20b8 Quarterly Account (continued)

The Administrator will verify quarterly that the statements are being sent in a timely manner to ensure compliance beginning 12/31/24. Documentation of these checks will be kept.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] 01/10/2025)

20b9 - Record Keeping

4. Requirements

2600.

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

9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

The home manages finances for resident [redacted] and [redacted]

However the resident's record of financial transactions omits multiple cash transactions that the home made on the resident's behalf to include:

Resident [redacted] borrowed \$5.00 and [redacted] cashed family check for [redacted]

Resident [redacted] for [redacted] for [redacted] and [redacted] for [redacted]

Resident [redacted], borrowed [redacted] and paid back [redacted] for [redacted]

Plan of Correction

Accepted [redacted] 11/27/2024)

The Fiscal Manager will keep a hard copy of the resident's itemized transactions in a resident's file accessible to The Administrator, Fiscal Assistant, Executive Director and will be available for a resident and the resident's designated person at request during business hours beginning 11/08/24 and every day thereafter.

The Fiscal Manager will ensure that all transactions made on behalf of the resident are recorded beginning 11/08/24 and monthly thereafter. Documentation of these monthly checks will be kept.

The Administrator will verify a copy of the resident's itemized transaction are accessible to the Administrator, Fiscal Manager, Fiscal Assistant, and Executive Director and available at request for a resident and resident's designated person during business hours beginning weekly on 12/02/24 for one month and monthly thereafter to ensure compliance. Documentation of these checks will be kept.

The Fiscal Manager, Fiscal Assistant, and Administrator were trained on Regulation 2600.20.b.8 and the requirements of financial management by the Executive Director on 11/13/24.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] - 01/10/2025)

65e - 12 Hours Annual Training

5. Requirements

2600.

65e - 12 Hours Annual Training *(continued)*

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff A, hired [REDACTED] completed 2.5 hours of training during the January 2023 to December 2023 training year.

Plan of Correction

Accepted [REDACTED] 11/27/2024)

On 11/16/24, Staff Member A completed the 6-hour Direct Care Staff Training and Competency Test for Personal Care Homes through Temple University provided by PA Dept. of Human Services. Staff Member A has her certificate on file.

On 11/16/24, Staff Member A emailed me certificates dated 03/28/23:

- New Population groups served in the home if applicable: Seizure Disorders – A Fatal Five training,
- Bullying and the ID Population
- How to Protect Yourself from Infectious Disease
- Falls

Staff Member A completed Insulin Training with a certified diabetic educator on 09/06/23.

Staff Member A attended Fire Safety & Emergency Preparedness on 10/25/23.

Staff Member A will complete 12 hours of training by 12/02/24.

The Administrator will train the Fiscal Assistant to assist in filing, recording, and tracking the staff training beginning 11/27/30.

The Administrator went through the training files on 11/11/24 to check that all staff is up to date with the 2024 training schedule. Letters will be sent to all staff that are not up to date on training on or before 12/10/24. Documentation of these letters will be kept.

The Administrator will remind staff one month in advance of up coming trainings beginning 11/25/24 and monthly thereafter.

On 11/25/24, The Fiscal Assistant added to the December Task Sheets: personal care aides task sheet on every shift:

- check that your training is up to date

Supervisor Task Sheet:

- check that training is up to date.

These checks will be on the task sheet beginning 12/01/24 and monthly thereafter.

The Administrator will check for compliance beginning 12/27/24 and monthly thereafter. Documentation of the checks will be kept on the Administrator Task Sheet.

The Administrator was trained on Regulation 2600.65.f.1.. on 11/13/24 by the Executive Director.

All Staff will be trained on Regulation 2600.65.f.1 on 11/27/24 by the Administrator.

65e - 12 Hours Annual Training (continued)

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented ([redacted] - 01/10/2025)

65f - Training Topics

6. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff A, hired [redacted] did not complete the following training topics during the January 2023 to December 2023 training year: Medication self-administration training, Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, Care for residents with dementia and cognitive impairments, Infection control, Personal care service needs of the resident, Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Plan of Correction

Accept [redacted] - 11/27/2024)

On 11/16/24, Staff Member A completed the 6-hour Direct Care Staff Training and Competency Test for Personal Care Homes through Temple University provided by PA Dept. of Human Services.

The Administrator will train the Fiscal Assistant to assist in filing, recording, and tracking the staff training beginning 11/27/30.

The Administrator went through the training files on 11/11/24 to verify that all staff are up to date with the 2024 training schedule. Letters will be sent to all staff that are not up to date on training on or before 12/10/24. Documentation of these letters will be kept.

The Administrator send reminders to staff one month in advance of up coming trainings beginning 11/25/24 and monthly thereafter.

On 11/25/24, The Fiscal Assistant added to the December Task Sheets:

Personal care aides task sheet on every shift:

- check that your training is up to date

Supervisor Task Sheet:

- Check that training is up to date.

These checks will be on the task sheet beginning 12/01/24 and monthly thereafter.

65f - Training Topics (continued)

The Administrator will check that trainings are completed beginning 12/27/28 and monthly thereafter. Documentation of the checks will be kept.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented ([redacted] - 01/10/2025)

65g - Annual Training Content

7. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff A, hired [redacted], did not complete the following training topics during the January 2023 to December 2023 training year: Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, Emergency preparedness procedures and recognition and response to crises and emergency situations, The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), Falls and accident prevention.

Plan of Correction

Accept [redacted] - 11/27/2024)

Staff Member A attended Fire Safety and Emergency Preparedness on 10/05/2023. The Administrator added Staff Member A training to her file on 11/11/24.

On 11/16/24, Staff Member A emailed a certificate for: Fall Prevention dated 03/28/23.

Staff Member A completed training on the The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) on 0.4/04/23. The Administrator filed her training on 11/11/24.

The Administrator will train the Fiscal Assistant to assist in filing, tracking, and recording staff trainings on 11/27/24..

The Administrator went through the training files on 11/11/24 to check that all staff is up to date with the 2024 training schedule. Letters will be sent to all staff that are not up to date on training on or before 12/10/24. Documentation of these letters will be kept.

The Administrator will require a staff signature to verify that they read any changes or updates to the training schedule beginning 11/25/24 and with any change or update thereafter.

On 11/25/24, The Fiscal Assistant added to the December Task Sheets:

65g Annual Training Content (continued)

personal care aides on every shift:

- Training is up to date

Supervisor Task Sheet:

- Check weekly staff trainings are up to date

These checks will be on the task sheet beginning 12/01/24 and monthly thereafter.

The Administrator or Fiscal Assistant will verify that trainings are completed and emailed to me beginning 12/27/28 and monthly thereafter. Documentation of the checks will be kept.

The Administrator was trained on Regulation 2600.65.g. on 11/13/24 by the Executive Director.

All Staff will be trained on Regulation 2600.65.g 11/27/24 by the Administrator.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] 01/10/2025)

85a - Sanitary Conditions

8. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There was a strong odor of [redacted] in resident [redacted] bedroom.

Plan of Correction

Accept [redacted] - 11/27/2024)

The Supervisor immediately sanitized the resident [redacted] bathroom and bedding on [redacted]

On [redacted], the Personal Care Aide Staff washed and sanitized resident [redacted] clothing that had been soiled

On [redacted], Maintenance purchased air fresheners and placed them in Resident # [redacted] bedroom and bathroom.

On [redacted], Maintenance purchased Resolve Urine Destroyer to clean and sanitize the carpet in Resident [redacted] bedroom.

The Supervisor will clean and sanitize the carpet in Resident [redacted] bedroom before [redacted]

On 11/25/24 the Fiscal Assistant added to the December Task Sheets:

ALL shifts:

- • Check bedding wash if soiled
- • Check clothing wash if soiled
- • Sanitize accidents in bathrooms

Supervisor Task Sheet:

85a Sanitary Conditions (continued)

- • Check weekly soiled bedding is being washed
- • Check weekly soiled clothing is being washed
- • Check weekly bathroom accidents are being sanitize

All changes added to the task sheet will begin on 12/01/24 and will continue monthly thereafter.

On 12/27/24 and monthly thereafter, the Administrator will check for compliance of the regulation and that the tasks are being performed. Documentation of the monthly checks will be kept on the Administrator Task Sheet.

All staff will be trained on Regulation 2600.85.a. by the Administrator on 11/27/24.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented (redacted) 01/10/2025)

93b - Railings

9. Requirements

2600.
93.b. Each porch must have a well-secured railing.

Description of Violation

The metal railing on the steps leading to the back exit/porch was rusted at the bottom and unsecured, moving approximately 2 to 3 inches back and forth.

Plan of Correction

Accept (redacted) - 11/27/2024)

On 11/08/24 Maintenance and a member from the Building and Grounds Committee repaired the railing leading to the back exit porch by cutting out the rotting bottom section and placing cast iron bases anchored into the concrete. In addition, Maintenance added L brackets for additional support.

On 11/08/24, Maintenance and a member from the Building and Grounds Committee checked all other railings to be sure they were well-secured.

Maintenance will begin monthly checks of all railings to ensure they are secure beginning 12/02/24 and monthly thereafter. Maintenance will keep documentation of these checks and report to the Administrator or Executive Director any repairs needed beginning 12/02/24 and monthly thereafter.

The Administrator will check for compliance beginning 12/27/24 and monthly thereafter. Documentation of these checks will be kept on the Administrator Task Sheet.

All staff will be trained on Regulation 2600.93.b on or before 11/30/24 by the Administrator

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented (redacted) - 01/10/2025)

101j7 - Lighting/Operable Lamp

10. Requirements

101j7 - Lighting/Operable Lamp (continued)

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

There was no bedside light next to resident [redacted] bed.

There was no bedside light next to resident [redacted] bed.

Plan of Correction

Accept ([redacted] - 11/27/2024)

On [redacted] Maintenance purchased and installed wireless push lights in Resident [redacted] and Resident [redacted] bedrooms on the walls within reach of their beds,

On 11/25/24, the Fiscal Assistant added to December Task Sheets

Evening Shift Task

- Check bedside lamps

Supervisor Task Sheet

- Check bedside lamps weekly

All changes added to the task sheet will begin on 12/01/24 and will continue monthly thereafter.

The Administrator will check for compliance ensuring that all residents have an operable lamp or source of lighting by their bedside beginning 12/27/24 and monthly thereafter. Documentation of these checks will be kept on the Administrator Task Sheet.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] - 01/10/2025)

132c - Fire Drill Records

11. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record does not record the time of multiple fire drills by the hour and minute to include:

[redacted]

132c - Fire Drill Records (continued)

██████████

Plan of Correction

Accept ██████ - 11/27/2024)

The Supervisor and Administrator had a verbal training on 11/07/24 by the Inspector on site on how to correctly write the time accurately on the fire drill log.

All staff will be trained by the Administrator on Regulation 132.c. and how to correctly fill out the fire drill log on 11/27/24.

The Administrator will check the fire drill logs monthly for accuracy beginning 12/27/24 and monthly thereafter. Documentation of the checks will be kept on the Administrator Task Sheet.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented ██████ - 01/10/2025)

141b1 - Annual Medical Evaluation

12. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident ██████ annual medical evaluation was conducted on ██████. However, the previous medical evaluation was conducted on ██████

Plan of Correction

Accept ██████ - 11/27/2024)

Supervisors will schedule DME appointments 1 month in advance and notify the Administrator of the upcoming appointment beginning 11/08/24 and monthly thereafter.

Documentation of annual DME and appointment dates will be kept by the Administrator on a chart beginning 11/08/24.

The Administrator will enter any scheduled appointments or changes to the chart and copy them for the Supervisors beginning 12/02/24 and monthly thereafter.

All Supervisors were trained on the changes on 11/08/24 by the Administrator.

All staff will be trained on Reg. 2600.141.b.1 on 11/27/24 by the Administrator.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented ██████ - 01/10/2025)

183b - Meds and Syringes Locked

13. Requirements

2600.

183b - Meds and Syringes Locked (*continued*)

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

There was a round orange pill on the floor next to resident [redacted] bed. Staff identified it as [redacted], which the resident receives in the evening.

Plan of Correction

Accept [redacted] - 11/27/2024)

The Supervisor and an additional staff as witness disposed of the orange pill that was found by Resident [redacted] bed immediately on [redacted]

All staff will be trained on 11/27/24 by the Administrator on Reg. 141.b.1.

The Medication Trainer will train all staff on 11/27/24 on medication administration and the proper steps to ensure residents are swallowing their medications as prescribed.

The Medication Trainer will observe two staff administering medications on her before 12/31/24 to ensure they understand and are following the medication administration process. Documentation of these observations will be kept in the Staff's Medication Administration folder.

The Administrator will monitor for compliance monthly beginning 12/02/24 and monthly thereafter. Documentation of the monthly checks will be kept on the Administrator Task Sheet.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] - 01/10/2025)