

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

April 8, 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 12/20/2024 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: 01/31/2026
 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: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 02/13/2025

Inspection Dates and Department Representative

12/20/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 15 Residents Served: 7
 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: 3
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

12/20/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/15/2025

03/14/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/07/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/18/2025

Inspections / Reviews *(continued)*

03/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/11/2025

04/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a - First Aid/CPR Training

1. 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.

Description of Violation

On [redacted] and [redacted] from 8:00 AM to 4:00 PM, [redacted] residents were present in the home. During this time no staff person was present in the home who was certified in first aid.

Plan of Correction

Accept [redacted] - 03/14/2025)

On 01/13/25, the Administrator was retrained by the Executive Director on Regulation 2600.63.a

Direct Care staff person on duty during 8:00 am – 4:00pm attended CPR/AED/First Aid Training on 12/21/24 and is certified until 12/21/26. The certificate is on file.

On 12/23/24 an audit was conducted by the Administrator to ensure that all current staff is up to date in CPR/AED/First Aid with a certificate on file.

The Administrator will check the schedule beginning 12/30/24 and monthly thereafter that all staff on the schedule are in compliance with Regulation 2600.63.a. Documentation of these checks will be kept on the Administrator Task Sheet.

Licensee's Proposed Overall Completion Date: 03/12/2025

Implemented [redacted] - 04/08/2025)

63d - Certified CPR Staff

2. Requirements

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

Description of Violation

On [redacted] staff found resident [redacted] on the floor in his bedroom. [redacted] was unresponsive, and [redacted] did not have a Do Not Resuscitate Order (DNR). However, staff who were present and on duty at the time [redacted] was found were certified in Cardiopulmonary Resuscitation (CPR) but failed to provide these services to the resident in accordance with their training.

Plan of Correction

Accept [redacted] - 03/28/2025)

On 01/13/25, all staff were trained by the Administrator on policy and procedures for calling 911 for an unresponsive resident and what to do in an emergency. Documentation of this training will be kept.

On 01/13/25, the Administrator verified that the policy and procedures for calling 911 for an unresponsive resident and what to do in an emergency is in the orientation manual to ensure all new hires are trained.

On 03/11/25, all staff were trained by the Administrator on Regulation 2600.63.a, 63.b, 63.c., and 63.d. This training includes all staff must perform CPR unless the resident has a valid Do Not Resuscitate order. Documentation for

63d Certified CPR Staff (continued)

this training will be kept.

On 03/17/25, the Administrator did a complete audit of the resident's files and made a chart of all resident's that had a valid Do Not Resuscitate order. This chart will be updated by the Administrator when admitting any new resident to the facility or with any changes to current residents DNR order. The chart was sent to every building on 03/17/25 by the Administrator to ensure residents receive life saving services in an emergency.

Licensee's Proposed Overall Completion Date: 03/17/2025

Implemented [REDACTED] - 04/08/2025)

225c - Additional Assessment

3. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] was diagnosed with [REDACTED] on [REDACTED]. Resident [REDACTED] support plan, dated [REDACTED], was not updated to include these new diagnoses.

Plan of Correction

Accept [REDACTED] - 03/28/2025)

As of [REDACTED], Resident [REDACTED] is no longer a resident of the facility, therefore no updates or corrections were made to Resident's [REDACTED] support plan.

On 01/06/25, an audit was conducted by the Administrator to ensure all resident's support plans included new diagnoses.

On 01/01/25 the Administrator task sheet was updated to include check support plans for significant changes and new diagnoses. Monthly checks will be done beginning 01/06/25 and monthly thereafter by the Administrator to ensure compliance.

On 03/11/25, the Executive Director trained the Administrator on Regulation 2600.225.c. Documentation of this training will be kept.

On 03/11/25 the Administrator created a form for Supervisors to document and notify the Administrator of any new diagnoses or significant changes within 24 hours.

Beginning 03/11/25 and with any new diagnoses or significant changes thereafter, the supervisors will use this form. In addition to documenting changes in the resident's notes, one copy of this form will be put in the Resident's file and a copy will be given to the Administrator.

Beginning 03/11/25 and with any new diagnoses or significant change thereafter, the Administrator will update the resident's support plan within 5 calendar days.

225c *Additional Assessment (continued)*

Beginning 03/11/25 and monthly thereafter, the Executive Director will check for compliance of Regulation 2600.225.c.

Licensee's Proposed Overall Completion Date: 03/17/2025

Implemented ██████ 04/08/2025)