

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

January 8, 2026

[REDACTED], EXECUTIVE DIRECTOR
RUTH M. SMITH CENTER
407 SOUTH MAIN STREET
P.O. BOX 576
SHEFFIELD, PA, 16347

RE: RUTH M. SMITH CENTER
407 SOUTH MAIN STREET
BUILDING B
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 11/18/2025 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: *407 SOUTH MAIN STREET, P.O. BOX 576, SHEFFIELD, PA, 16347*
 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: *11/18/2025*

Inspection Dates and Department Representative

11/18/2025 - 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: *3*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *4*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/18/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/22/2025*

01/06/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/08/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/10/2026*

Inspections / Reviews (*continued*)

01/08/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/08/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The window screen in the first basement room on the left has multiple 1-inch holes.

Plan of Correction

Accept () - 01/05/2026

- On 11/19/25, Maintenance repaired the screen in the first basement room.
- On 11/20/25, Maintenance checked all screens to ensure they are in good repair and documentation of the check will be kept.
- On 12/15/25, the Administrator trained all staff on Regulation 2600.92 and notifying Maintenance of damaged screens. The Administrator will keep documentation of the training.
- On 11/20/25, the Office Assistant added to the Administrator's December task sheet: "Screens are in good repair".
- Beginning 12/01/25, and weekly thereafter, Maintenance will check screens and windows for damage. Documentation of these checks will be kept on the Maintenance Task sheet.
- On 12/01/25 and monthly thereafter, the Administrator will check to ensure screens are in good repair and keep documentation of these checks on the Administrator task sheet.

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented () - 01/08/2026

101j7 - Lighting/Operable Lamp

2. Requirements

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

Resident #1 does not have access to a source of light that can be turned on/off at bedside. The closest source of light is 5 feet away from the bed.

Resident #2 does not have access to a source of light that can be turned on/off at bedside. The closest source of light was not plugged into an outlet.

Plan of Correction

Accept () - 01/05/2026

- On 11/18/25, Maintenance moved Resident's #1 night stand closer to the bed.
- On 11/18/25, Maintenance plugged in Resident #2 lamp.
- On 11/19/25, Maintenance checked all lamps to ensure they were plugged in, operable, and within reach. Maintenance will keep documentation of this check.
- On 12/01/25, the Administrator trained staff on Regulation 2600.101.j.7 and checking bedside lamps. Documentation of this training will be kept..
- On 11/20/25, the Office Assistant added "Bedside Lamps working and within reach" to the Administrator's December Task Sheet.

101j7 - Lighting/Operable Lamp (continued)

- On 12/17/25, the Fiscal Manager ordered safety outlet covers that will shorten the cord. This will prevent cords from coming unplugged and shortening the distance the night stand with the lamp can move away from the bedside.
- Maintenance will install the safety outlet covers immediately after they are delivered on or before 12/31/25.
- Beginning 12/01/25 and weekly thereafter. the building Supervisor will check lamps weekly to ensure lights are working and within reach. Documentation will be kept on the Supervisor task sheet.
- The Administrator will check all lamps to ensure compliance with Regulation 2600.101.j.7. beginning 12/01/25 and monthly thereafter and keep documentation of these checks on the Administrator monthly task sheet.

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented () - 01/08/2026

185a - Implement Storage Procedures

3. 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

Resident #4 is prescribed [REDACTED]. However, this medication was not available in the home on 11/18/25.

Plan of Correction

Accept () - 01/05/2026

- On 11/19/25, the Supervisor received the medication [REDACTED] for Resident #4 and placed it in the med cart.
- On 11/18/25, the Administrator had a verbal training with the Supervisor on having all medications prescribed available in the home at all times.
- On 12/01/25, the Administrator/Medication Trainer trained Supervisors on Regulation 2600.185.a. and documentation of this training is on file.
- The Supervisor will check the med cart beginning 12/01/25 and weekly thereafter to ensure all prescribed medication is available and document these checks on the Supervisor task sheet.
- On 12/01/25, the Administrator/Medication Trainer did a complete audit of the med cart to ensure all medications prescribed are available.
- The Administrator/Medication will do monthly audits of the medication cart beginning 12/01/25. Documentation of these checks will be kept on the Administrator task sheet.
- On or before 01/10/26 the Administrator will review the corrective actions and outcomes at the Quality Management meeting. Documentation of the meeting will be kept on file.

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented () - 01/08/2026

187a - Medication Record

4. Requirements

187a - Medication Record (continued)

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed [redacted]. However, the resident's November 2025 medication administration record (MAR) indicates [redacted]

Plan of Correction

Accept ([redacted] - 01/05/2026)

- On 11/18/25, the Supervisor called the pharmacy and had the correct order for Resident #2 faxed to the facility.
- On 11/18/25, the Supervisor entered the correct information into the MAR for Resident #2.
- On 11/18/25, the Administrator verbally trained the Supervisor on Regulation 2600.187.a.
- On 12/01/25, the Administrator did a complete audit of the medication cart and MAR to ensure medication labels matched the MAR. Documentation of this audit will be kept on the Administrator task sheet.
- On 12/01/25, the Administrator trained Supervisors on Regulation 2600.187.a. and Chapter 5 of Medication Administration. Documentation of this training will be kept on file.
- The Supervisor will check MARS for accuracy beginning 12/01/25 and weekly thereafter. Documentation of these checks will be kept on the Supervisor Task Sheet.
- The Administrator will check MARS for accuracy beginning 12/01/25 and monthly thereafter. Documentation of these checks will be kept on the Administrator Task Sheet.
- On or before 01/10/26 the Administrator will review the corrective actions and outcomes at the Quality Management meeting. Documentation of the meeting will be kept on file.

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented ([redacted] - 01/08/2026)

224a - Preadmission Screen Form

5. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3's preadmission screening form, dated [redacted] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([redacted] - 01/05/2026)

- On 11/24/25, the Administrator corrected Resident #3 preadmission form by initialing and dating the correction.
- On 11/24/25, the Executive Director trained the Administrator and Office Assistant on Regulation 2600.224.a. and the preadmission screen form.
- On 12/01/25, the Administrator audited the previous 12 months of preadmission screen forms for accuracy. Documentation of this audit will be kept on file.
- Beginning 12/12/25 and with every prescreening thereafter the Office Assistant will check all preadmission screening forms to verify accuracy. The Office Assistant will initial the date of checks on the Administrator

224a - Preadmission Screen Form (continued)

task sheet.

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented (█) - 01/08/2026

225c - Additional Assessment

6. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #1's current assessment was completed on █ However, the resident's previous assessment was completed on █

Plan of Correction

Accept (█) - 01/05/2026

- On 11/24/25, the Executive Director trained the Administrator and Office Assistant of Regulation 2600.225.c.
- On 12/01/25, the Administrator conducted an audit of the annual support plans to ensure all assessments were up to date. Documentation of this audit will be kept on file.
- On 12/18/25, the Administrator will update the Resident's annual support plan/assessments chart with annual dates. The chart will be kept on file and updated by the Administrator at the time a new assessment is completed.
- Beginning 12/18/25 and monthly thereafter, the Office Assistant will check to ensure the Administrator assessments are up to date and in compliance. Documentation of these checks will be kept on file.

Licensee's Proposed Overall Completion Date: 12/17/2025

Implemented (█) - 01/08/2026