

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

January 13, 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 A  
SHEFFIELD, PA, 16347  
LICENSE/COC#: 44595

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/20/2025 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 #: *44595* License Expiration: *03/17/2026*  
 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: *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: *11/20/2025*

**Inspection Dates and Department Representative**

11/20/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *10* 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: *5*  
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *4*  
 Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

11/20/2025 - 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: *01/12/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2026*

Inspections / Reviews *(continued)*

01/09/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/13/2026

01/13/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65g - Annual Training Content

1. 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.

Description of Violation

Staff member A, hired [REDACTED] did not receive training in the Older Adult Protective Services Act during the January 2024 through December 2024 training year.

Plan of Correction

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

- Staff Member A completed [REDACTED] Older Adult Protective Services Act training on 01/08/25 and on 12/16/25. Staff A certificate will be kept on file.
- On 11/24/25, the Executive Director trained the Administrator and Office Assistant on Regulation 2600.65.g.
- On 12/15/25 the Administrator trained the staff on Regulation 2600.65.g.
- On 12/03/25, the Administrator conducted a complete audit of staff's training files to ensure compliance with Regulation 2600.65.g. Documentation of this audit will be kept on the Administrator's task sheet.
- Beginning 12/03/25 and monthly thereafter, the Administrator will check staff trainings are completed and on file. Documentation of these checks will be kept on a check off sheet in each individual staff training file.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented ([REDACTED] - 01/13/2026)

103f - Refrigerator/Freezer Temps

2. 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

There was no thermometer in the standing freezer in the basement.

Plan of Correction

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

- On 11/21/25, Maintenance placed a thermometer in the standing freezer in the basement.
- On 11/21/25 Maintenance checked all freezers and refrigerators to ensure thermometers were in place. Documentation of this check will be kept.
- On 12/01/25, the Kitchen Manager and Personal Care Aides were trained on Regulation 2600.103.f. by the Administrator. Documentation of this training will be kept on file.
- Beginning 12/01/25 and weekly thereafter, the Kitchen Manager will check that all thermometers are in place. Documentation of these checks will be kept on the Kitchen Manager task sheet.
- Beginning 12/01/25 and monthly thereafter, the Administrator will check refrigerators and freezers to ensure thermometers are in place. Documentation of these checks will be kept on the Administrator task sheet.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented ([REDACTED] - 01/13/2026)

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's safe evacuation time, as established by a fire safety expert, is 2 minutes and 2 seconds. However, the fire drill conducted on 9/22/25 at 12:01am indicated an evacuation time of 2 minutes 33 seconds.

Plan of Correction

Accept ( [redacted] - 01/09/2026)

- On 11/20/25, the Administrator verbally trained the Supervisor on Regulation 2600.132.d. and safe evacuation time established by a fire safety expert.
- On 11/30/25 at 12:26 pm, the Administrator and the Building Supervisor had an unannounced fire drill. Evacuation time was 1 minute and 45 seconds. Documentation will be kept on the fire drill record form.
- On 12/27/25 at 11:13 am, the Administrator and the Building Supervisor had an unannounced fire drill. Evacuation time was 2 minutes and 14 seconds. Documentation will be kept on the fire drill record form.
- On 12/01/25, the Administrator trained all staff on Regulation 2600.132.d. and safe evacuation time as established by a fire safety expert. Documentation of this training will be kept on file.
- On 12/03/25, All staff attended the Annual Fire Safety training by a fire safety expert. Safe evacuation time was reviewed. Documentation of this training is on file.
- The Administrator will check fire drill records beginning 12/01/25 and with every fire drill thereafter to ensure compliance, Documentation of these checks will be kept on the Administrator task sheet.
- On or before 01/09/26 the Administrator will review the corrective actions and staff understanding of safe evacuation time at the Quality Management meeting. Documentation of the meeting will be kept on file.

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented ( [redacted] - 01/13/2026)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Plan of Correction

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

- On 11/20/25 the Administrator verbally trained the Supervisor on Regulation 2600. 41.b.1
- On 12/03/25, the Administrator did a complete audit of the DME's to ensure they are in compliance and all upcoming appointments are scheduled.
- On 12/16/25, the Administrator trained staff on Regulation 2600.41.1 Documentation will be kept on file.
- On 12/16/25, the Administrator updated the annual DME due date chart and reviewed it with the Supervisors.

141b1 - Annual Medical Evaluation (continued)

- On or before 01/09/26 the Administrator will review with Supervisors the annual DME due date chart and understanding of Regulation 2600.41.b.3. at the Quality Management meeting. Documentation of the meeting will be kept on file.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented ( [REDACTED] - 01/13/2026)

190b - Insulin Injections

5. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff member A provided diabetic blood glucose checks to residents on 11/19/25. However, the staff's last diabetic/insulin training was conducted on 9/4/24.

Staff member B provided diabetic blood glucose checks to residents on 11/20/25. However, the staff's last diabetic/insulin training was conducted on 9/4/24.

Plan of Correction

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

- On 11/20/25, the Inspector verbally trained the Administrator on Regulation 2600.190.b. and the training required for blood glucose checks.
- On 11/05/25, Staff A completed the diabetic/insulin course. The certificate will be kept in Staff A file.
- On 11/24/25, the Administrator enrolled Staff member B in the Diabetic Insulin course.
- On 12/01/25, Staff was trained on Regulation 2600.190.b. by the Administrator/Medication Trainer.
- On 12/3/25, Staff B completed the diabetic/insulin course.. The certificate will be kept in Staff B file.
- On 11/24/25, the Office Assistant updated the Administrator's December Task Sheet and added: Insulin/Diabetic training up to date.
- The Administrator will check that all staff providing blood glucose checks and administering insulin are current with insulin/diabetic training beginning 12/01/25 and monthly thereafter. Documentation of these checks will be kept on the Administrator Task Sheet and in each individual staff training file on a check off sheet.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented ( [REDACTED] - 01/13/2026)