



MAY 06 2014

Mr. T.A. Rahm, Owner/Administrator
27 Kyle Avenue
Fairchance, Pennsylvania 15436

RE: Fairfield Personal Care Home
License #: 404450

Dear Mr. Rahm:

As a result of the Department of Public Welfare's licensing inspection on January 24, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period April 16, 2014 to April 16, 2015 was issued on January 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

PCH Name: FAIRFIELD PERSONAL CARE HOME		License Number: 40445
Address: 27 KYLE AVENUE, FAIRCHANCE, PA 15436		County: Fayette
Administrator: Terry Rahm		Region: WEST
Legal Entity Name: T A RAHM		
Legal Entity Address: 27 KYLE AVENUE, FAIRCHANCE, PA 15436		
Certificate(s) of Occupancy C-3 SP 11/13/1981 L&I		MAR 17 2014 WEST VIRGINIA DEPARTMENT OF Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/24/2014: Williams, Jason		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents In past year: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 8 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 40445 - 01/24/2014 - Williams, Jason
PCH Name: FAIRFIELD PERSONAL CARE HOME

MAR 17 2014

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home does not have a pressure vessel inspection certificate from Pa. Department of Labor and Industry for their boiler as required by the Boilers and Unfired Pressure Vessels regulations (34 Pa. Code Chapter 3).

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator contacted Labor & Industry on 1/27/14. Inspection came on 1/30/14. Boiler Inspected (copy Enclosed). Inspection Results Received on 2/5/14. (copy Enclosed). Upgrades completed by 3/1/14 by Furnace Company. Writing to be re-inspected. Will forward copy of Certificate when inspection completed. Inspector will be here 3-28-14

All repairs made and approved by L&I on 3-28-14.

[Signature]

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

T. A. Rahm, Administrator

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

T. A. Rahm

Date 3-12-14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

3-31-14
(Date)

Plan of correction implementation status as of

3-31-14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40445 - 01/24/2014 - Williams, Jason
PCH Name: FAIRFIELD PERSONAL CARE HOME

WEST VIRGINIA HUMAN SERVICES
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A was hired on 9/11/13 did not have orientation in the areas required by this regulation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator gave orientation to Staff Person A on 1-25-14
 Administrator will include this (2600-65(A)) in New Hire file.
 All of their Employee files were checked to make sure all
 trainings were included. Copy Enclosed

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

T. A. Rohm, Administrator

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

T. A. Rohm

Date

3-12-14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

3-31-14
(Date)

Plan of correction implementation status as of

3-31-14
(Date)

The above plan of correction was approved by

TAR
(Initials)

- Fully Implemented *TAR*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 17 2014

Violation Report: 40445 - 01/24/2014 - Williams, Jason
PCH Name: FAIRFIELD PERSONAL CARE HOME

WEST VIRGINIA INSTITUTE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.6102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A was hired on 9/11/13 but has not had orientation in any of the areas required by this regulation. This staff person has completed their 40th working hour.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator gave orientation to Staff Person A on 1-25-14
 Administrator will include this (2600-65(b)) in new Hire
 file. All other Employee files have been checked to insure
 that these trainings were included. Copy Enclosed

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

J. A. Robm, Administrator

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

T. A. Robm

Date

3-12-14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

3-31-14
(Date)

Plan of correction implementation status as of

3-31-14
(Date)

The above plan of correction was approved by

JAR
(Initials)

- Fully Implemented JAR
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40445 - 01/24/2014 - Williams, Jason
 PCH Name: FAIRFIELD PERSONAL CARE HOME

MAR 17 2014

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

WAGNY, JAMES A. PH.D., LIC. SW
 Human Services Director

2a. DESCRIPTION OF VIOLATION

The grab bars mounted to the toilet in the full bathroom across from the living room are loose. This presents a fall hazard to the residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator tightened toilet rails on 1-25-14. A new 12" Wall Mounted Grab Bar was installed on 1-25-14 by Administrator. Administrator instructed Staff persons + maintenance man. to check the toilet rails daily. Administrator will also check daily.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

J. A. Rabm, Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

T. A. Rabm

Date 3-12-14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-31-14
 (Date)

Plan of correction implementation status as of 3-31-14
 (Date)

The above plan of correction was approved by *JAR*
 (Initials)

- Fully Implemented *JAR*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 17 2014

Violation Report: 40445 - 01/24/2014 - Williams, Jason
PCH Name: FAIRFIELD PERSONAL CARE HOME

WEST VIRGINIA DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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.

2a. DESCRIPTION OF VIOLATION

There is no thermometer in the kitchen refrigerator.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator put new thermometer in Refrigerator on 1-24-14
Administrator instructed staff to check daily. Administrator
will check weekly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

T. A. Rehm, Administrator

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

T. A. Rehm

Date 3-12-14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

3-31-14
(Date)

Plan of correction implementation status as of

3-31-14
(Date)

- Fully Implemented *ARP*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

ARP
(Initials)

Violation Report: 40445 - 01/24/2014 - Williams, Jason
 PCH Name: FAIRFIELD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

MAR 17 2014

2a. DESCRIPTION OF VIOLATION

The home's emergency medical plan does not include an emergency staffing plan.

WESTERN PENNSYLVANIA
 FAIRFIELD SERVICES, LLC

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administer corrected this during Inspection 1-24-14
 Administer will check Plan to see if any further
 changes need to be made. Copy Enclosed

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *J. A. Re, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>T. A. Robm</i>	Date <i>3-12-14</i>
---	---------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-31-14</u> (Date) The above plan of correction was approved by <u>QRP</u> (Initials)	Plan of correction implementation status as of <u>3-31-14</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>QRP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	---

Violation Report: 40445 - 01/24/2014 - Williams, Jason
PCH Name: FAIRFIELD PERSONAL CARE HOME

WEST - REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit contained a tube of Budpak first aid cream with an expiration date of January 2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator disposed of the Budpak First Aid Cream and Replaced it on 1-24-14. Administrator instructed staff to check First Aid Kit monthly to make sure Everything is in there and F.A. Cream is within date.

5-10-14 A designated staff person will perform an audit on all medications to ensure none have expired. JJP

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *J. A. Rehm, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *T. A. Rehm* Date *3-12-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-31-14 (Date)

The above plan of correction was approved by JJP (Initials)

Plan of correction implementation status as of 3-31-14 (Date)

- Fully Implemented *JJP*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40445 - 01/24/2014 - Williams, Jason
 PCH Name: FAIRFIELD PERSONAL CARE HOME

- 1. REGULATION 55 Pa.Code §2600**
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

MAR 17 2014

2a. DESCRIPTION OF VIOLATION
 The January 2014 medication administration record for Resident #1 did not contain a diagnosis or purpose for Hydrochlorothiazide 25mg, Aspirin 81mg, Oxybutyrin CL ER 10mg, Pravastatin 20mg, Levothyroxine 100mcg, Famotidine 20mg or Vitamin D3 1000 units.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator Instructed Staff when a new Resident comes in and they have to have a Med. Record filled out, that they are to make sure the diagnosis & purpose are written on sheet. Administrator is now the one designated to do this when needed.

Administrator corrected this on 1-24-14

5-10-14 the administrator will review all current medication administration records to ensure a diagnosis or purpose is listed for each medication. JRP

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *J. A. Rohm*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *J. A. Rohm* Date *3-12-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-31-14</u> (Date)	Plan of correction implementation status as of <u>3-31-14</u> (Date)
The above plan of correction was approved by <u>JRP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JRP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40445 - 01/24/2014 - Williams, Jason
 PCH Name: FAIRFIELD PERSONAL CARE HOME

MAR 17 2014

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Ketoprofen 20%, apply to both knees four times a day for pain. As of 2:26 PM on 1/24/14, the 12:00 PM dose of this medication had not yet been administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administration instructed Staff persons on the necessity of administering prescribed med on time. Medication Error was noted. Administration will keep a Daily Check on Medication Administration Records. Staff will be Reminded of this at Monthly Staff Meetings.

3/10-14 All staff persons administering medication will be reeducated on administering medication including following the orders of the prescriber. Documentation will be kept JFP

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		T.A. Rehm, Administrator	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 3-12-14	

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-31-14</u> (Date)	Plan of correction implementation status as of <u>3-31-14</u> (Date)
The above plan of correction was approved by <u>JFP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress JFP <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40445 - 01/24/2014 - Williams, Jason
PCH Name: FAIRFIELD PERSONAL CARE HOME

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home's current written description of services and activities does not include the scope and general description of services and activities that the home provides, the criteria for admission or specific services that the home does not provide, but will arrange or coordinate.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrative located pages in the Policy + Procedures Manual. Called and spoke to [redacted] on this. Copy(2) Enclosed.

Withdrawn 3-31-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *T.A. Rahim, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *T. A. Rahim* Date *3-12-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented