



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 16 2018

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

RE: Fairfield Personal Care Home
Certificate #: 404450

Dear Mr. Rahm:

As a result of the Department of Human Services' Licensing annual licensing inspection on January 12, 2018, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

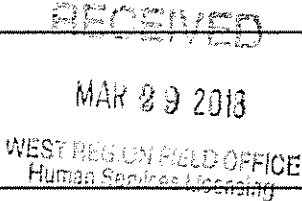
Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
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 Dept of Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/12/2018: Rahuba, Matt		
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: 3 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 8 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 40445 - 01/12/2018 - Rahuba, Matt
PCH Name: FAIRFIELD PERSONAL CARE HOME

WEST PENNSYLVANIA OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff member A did not receive annual training in the following topics during the 2017 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
- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- * Care for residents with mental illness or intellectual disability. Currently, the home serves 1 resident with an intellectual disability.

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.

Have established a yearly checklist for Employee File for all
 Required trainings COPY ENCLOSED 3-27-18 The new checklist
 shall be reviewed during the Home's quality management review to ensure all direct
 care staff persons receive training on all topics specified in 2600.65(f) during each established
 Staff A completed 2017 training on 1/15/18 COPY ENCLOSED training
 year.
 J
 4/4/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
T.A. RAHM - Administration	3/28/18

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The above plan of correction is approved as of <u>4/2/18</u> (Date) The above plan of correction was approved by <u>J</u> (Initials)	Plan of correction implementation status as of <u>4/4/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>J</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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MAR 29 2018

Violation Report: 40445 - 01/12/2018 - Rahuba, Matt
PCH Name: FAIRFIELD PERSONAL CARE HOME

WEST NEW YORK FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (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.

2a. DESCRIPTION OF VIOLATION

Staff member A did not receive annual training in any of the topics specified in 2600.65g, to include the following topics:

- * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- * Resident rights

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.

Have established a yearly checklist for Employee File for ALL Required Trainings (COPY ENCLOSED) 3-27-18 The new checklist all be reviewed during the home's quality management review to ensure all staff persons receive training on all topics specified in 2600.65g during each established training year.

Staff A completed 2017 trainings on 1/15/18 + 1/16/18

Total 8
COPY ENCLOSED

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) T.A. Rahm

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) T. A. Rahm - Administrator Date 3/28/18

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

<p>The above plan of correction is approved as of <u>4/2/18</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>4/4/18</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>[Signature]</u></p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 40445 - 01/12/2018 - Rahuba, Matt
PCH Name: FAIRFIELD PERSONAL CARE HOME

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records do not indicate the exact time the monthly fire drills were conducted, to include the following drills:

- * 12/3/17 at 1:00 a.m.
- * 11/28/17 at 3:00 p.m.
- * 10/21/17 at 8:00 p.m.
- * 9/15/17 at 10:00 a.m.
- * 8/31/17 at 8:00 p.m.

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.

Fire Drill Records has been filed out properly, starting with the March 2018 Record to have the exact times listed. Will do so on all future drills. Copy Enclosed

Immediately: A designated staff person shall review the fire drill records monthly to ensure all required items are present, including the exact time the fire drill is conducted.

4/4/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Terry A. Kohn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Terry A. Kohn - Administrator* Date *4-3-18*

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The above plan of correction is approved as of 4/4/18 (Date)

Plan of correction implementation status as of 4/4/18 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)



Violation Report: 40445 - 01/12/2018 - Rahuba, Matt
 PCH Name: FAIRFIELD PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Home Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The following fire drills exceeded 2 minutes, 30 seconds. The home does not have a safe evacuation time designated in writing within the past year by a fire safety expert:

<u>Date and Time of Drill</u>	<u>Evacuation Time</u>
* 12/3/17 at 1:00 a.m.	2 minutes and 50 seconds
* 6/14/17 at 2:00 a.m.	2 minutes and 50 seconds
* 4/12/17 at 6:00 p.m.	2 minutes and 49 seconds

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.

Extra Fire Drills have been conducted to bring the time down since the 1-12-18 inspection. COPY ENCLOSED

Local Fire Dept. contacted. Came 3/28/18 and determined the safe Evacuation time according to the layout, structure (12" Logs) and design of the home to be 3min. 0sec. COPY ENCLOSED

Immediately: A designated staff person shall review the fire drill records monthly to ensure all residents evacuate to the designated meeting place within the time specified in writing by a fire safety expert within the past year. 4/4/18

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

Signature of Legal Entity Representative (Required on EVERY Page) TAR

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) T. A. Rahm - Administrator Date 3/28/18

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>[Signature]</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAR 29 2018

Violation Report: 40445 - 01/12/2018 - Rahuba, Mall
PCH Name: FAIRFIELD PERSONAL CARE HOME

WESTERN FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home conducted the following fire drills during sleeping hours; however, both fire drills exceeded 2 minutes, 30 seconds. The home does not have a safe evacuation time designated in writing within the past year by a fire safety expert:

Date and Time of Drill	Evacuation Time
* 12/3/17 at 1:00 a.m.	2 minutes and 50 seconds
* 6/14/17 at 2:00 a.m.	2 minutes and 50 seconds

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.

Extra Nite time drills have been conducted since 1/12/18 inspections. Time has been brought down to 2min 30 sec. unless ALL Residents are now aware that mandatory participation is required. Fire Dept. representative determined the safe Evacuation time to be 3min. 0 sec. COPY ENCLOSED. Home will still strive to keep it 2min 30 sec. or below.

Fire Dept. also conducted yearly Fire Drill 3/28/18
Fire drills were held during sleeping hours on 2/18/18 at 4:00am and 3/14/18 at 3:00am. 4/14/18 COPY ENCLOSED

Immediately: A designated staff person shall review the fire drill records monthly to ensure a fire drill is held during sleeping hours once every 6 months and that all residents evacuate to the designated meeting place within the time specified in writing by a fire safety expert within the past year. 4/14/18

Repeat Violation: No	Date(s) of Previous Violation(s):		<u>4/14/18</u>
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Signature of Legal Entity Representative
(Required on EVERY Page) T.A.

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) T. A. Rohm - Administrator Date 3/28/18

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>[Signature]</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented