



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to FAIRFIELD HEALTH MANAGEMENT LLC
LEGAL ENTITY

To operate FAIRFIELD HEALTH MANAGEMENT
NAME OF FACILITY OR AGENCY

Located at 235 FRANKLIN STREET, FAIRFIELD, PA 17320
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 25
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 7, 2018 until June 7, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **334551**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 10 2018

Mr. Satish Narola,
Administrator
Fairfield Health Management LLC
235 Franklin Street
Fairfield, Pennsylvania 17320

RE: Fairfield Health Management LLC
License #: 334551

Dear Mr. Narola:

As a result of the Department's Bureau of Human Services Licensing inspection on October 18, 2018 and November 26, 2018 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa. Code Ch. 2600.

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

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.

Mr. Satish Narola

The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of the first name being a large, stylized capital 'J'.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 33215 - 10/18/2018 - Heemer, Laura
 PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 On 10/18/2018 the POLST record of Resident 1 was unlocked and accessible on a counter in the kitchen area of the home.

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.

- One of the staff member was making a copy of POLST of resident 1 and left POLST on kitchen area while putting a copy in resident's file.
 - This violation corrected immediately by putting those records back to resident's file.
 - Home will educate all the staff member about confidentiality of resident's record and make sure no records will left behind. Unattended where others have access to it.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Satish Nardla</u>	Date <u>10/28/18</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/30/18</u> (Date)	Plan of correction implementation status as of <u>12/3/18</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33215 - 10/18/2018 - Heemer, Laura
 PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's record of direct care staff training does not include documentation that Staff Member A and Staff Member B received training in the following topics during first day orientation as required by regulation 2600.65(a):

1. Evacuation Procedures
2. Staff duties and responsibilities during fire drills
3. Designated meeting place outside/interior fire safe areas
4. Smoking safety procedures/policy
5. Location and use of fire extinguishers
6. Smoke detectors and fire alarms

The home's record of direct care staff training does not include documentation that Staff member A or Staff member B received training in the following topics during their first 40 hours of work as required by regulation 2600.65(b):

1. Resident Rights
3. Mandatory reporting of abuse-OAPSA

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.

- All the staff member of home received above training before starting their first shift at home.
- Home already put a signed record in all staff member file.
- Administrator will make sure in future if home hire any new staff members then their records are signed and keep in their files.

*The administrator will review each staff members training on a quarterly basis to identify any missed trainings, ensure that the staff member has received the requisite number of annual training hours, and documentation of the training has been maintained. BAS 10/30/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>SATHI NARAYAN</u>	Date <u>10/28/18</u>
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Violation Report: 33215 - 10/18/2018 - Heemer, Laura

PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

As evidenced by a review of residents' glucometers, the medication administration record, and staff member statements, on 10/13/2018 at 3:11 pm, the Contour Next EZ glucometer used to check the blood glucose levels of Resident 2 was used to measure a blood glucose level of 153 for Resident 3. The shared use of glucometers is prohibited.

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.

- This violation immediately corrected by providing training to a staff member about importance of glucometer reading and record.
- Comfort care for all the med-techs doc. provided with diabetic training for 1 hour by licensed diabetic practitioner.
- Home will assign a staff member to check all residents glucometer and their record by each night and if there is any error, it will be corrected immediately.
- Home will also put the name on each glucometer so it will be easy for staff member to recognize the resident's glucometer.

(Continued on Page 4A)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Satish Nurnly

Date

10/28/18

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

2600.85(a)

The physician(s) for Resident #2 and #3 will be notified of the shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) will be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. The notification to the physician(s) shall be completed within 5 days from the receipt of this plan.

BAS 10/30/18

Violation Report: 33215 - 10/18/2018 - Heemer, Laura
 PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The home does not have records showing when the dryer duct work has been cleaned. The Licensing Representative observed an accumulation of lint on the ground outside of the dryer duct's external vent.

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.

please find attached record of dryer duct work cleaning record. Administrator was asked about accumulation of lint ground outside, which was left there after cleaning.
 - This violation was immediately corrected by cleaning more accumulated lint outside.
 - Home will post duct cleaning schedule near by dryer and will assign a staff member to clean it once every 3 days.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 10/28/18
 Susan Nurny

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violation report: 33215 - 10/18/2018 - Heemer, Laura

PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION


On 10/18/2018 at 9:45 am, the emergency exit door located by the bedroom of Resident 4 was difficult to push open as evidenced by the Licensing Representative needing to use two hands and hard shoving to open the door. The landing outside the door was covered in a layer of pine needles and obstructed by a small tree limb and a piece of PVC piping.

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.

- This violation has been corrected immediately by cleaning pine needles, tree limb and PVC pipe.
- Home will assign a staff member to check once a week to all the exits of home and if there is any obstruction then will notify it to administration.
- Administration will also hire a professional outside cleaning service clean with can clean the outside area once every month.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Satish Narula Date 10/28/18

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- Not Implemented

Violation Report: 33215 - 10/18/2018 - Heemer, Laura
 PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600
 2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

On 10/18/2018 a 32 oz can of 50:1 fuel oil mixture was unlocked and accessible to Residents outside the Dining room exit door.

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.

- This was corrected immediately
 - 32oz can was empty and sitting near by lawn mower which is not working.
 - flame will assume a soft mesh and will check whole surrounding once a week and any combustible material found then will notify to administration.

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Susan Nuroly	10/28/18

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Violation Report: 33215 - 10/18/2018 - Heemer, Laura
 PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600
 2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last inspection of the furnace was conducted on 9/15/2017.

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.

- Home who under impromum it should be done once in a calendar year.
- Home will hire professional to inspect furnace and provide document.
- In future not to repeat this, Administration will schedule furnace inspection ahead of 12 month date.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Sutton Nudny</u>	Date <u>10/28/18</u>
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Violation Report: 33215 - 10/18/2018 - Heemer, Laura
 PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 A fire safety inspection and drill observed by a fire safety expert was not conducted during the year of 2017.

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 will obtain a routing document about fire safety inspection from fire department.
- Administrator will make sure and set up a schedule for fire safety inspections and fire drill from fire safety expert.

* The administrator will ensure that the home obtains and maintains documentation of the annual fire safety inspections and observed fire drills. BAS 10/30/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Sarah Naylor</u>	Date <u>10/28/18</u>
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Violation Report: 33215 - 10/18/2018 - Heemer, Laura

PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home's menu for the current and following week were posted on a kitchen refrigerator which is not located in a conspicuous and public place in the home. The residents and visitors to the home do not have access to the kitchen area..

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.

- menu posted immediately.
- Home's cook will make sure in the future that menu was accessible to all the residents all the time.

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Susan Namly	10/28/18

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Violation Report: 33215 - 10/18/2018 - Heemer, Laura
 PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff Person B was observed by a Licensing Representative administering medications to residents of the home on 10/18/2018. Staff Person B is not a medical professional and has not completed the Department's medication administration training.

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.

- Staff Person B received her medication administration training from Maryland State which was accepted by inspection officer in 2017.
- Home will enroll staff person B in medication administration training in PA state and once finish the training will provide PA state certificate to state.
- Staff person B will complete her training before Nov. 15 and home will ensure she give medication to resident after she finishes training.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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 (Required on EVERY Page) Date

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Violation Report: 33215 - 10/18/2018 - Heemer, Laura
 PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The home did not implement its procedure for the safe use of medications when the acetaminophen-COD #3 prescribed to Resident 2 was administered by staff on 9/19/2018 and 10/11/2018 but was not documented on the home's narcotic count sheet or in the medication administration record of Resident 2.

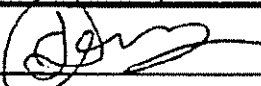
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

- Violation corrected immediately.
- Home will assign a staff member and review all the residents record for narcotic count sheet.
- Assigned staff person will review all the narcotic sheet once per week, and if there is any correction or mistake - will notify to administrators

* All staff members responsible for medication administration will receive re-training on the proper procedures for documenting the administration of narcotics. This training will be completed within 10 days from the receipt of this plan. BAS 10/30/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/19/2017	11/7/2017
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 33215 - 10/18/2018 - Haemer, Laura
 PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Residents 1,2 and 3 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

- corrected immediately.
 - Home will make sure it will include resident's right to refuse medication in all the future resident contracts and will also provide a copy of resident's right to a resident and their family members.

* The administrator will conduct an audit of all current resident records to ensure that all records have documentation that the resident has been educated in the right to refuse medication if the resident believes that there may have been a medication error. This audit will be completed within 15 days from the receipt of this plan. BAS 10/30/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Saman Nasser	Date 10/28/18
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Violation Report: 33215 - 10/18/2018 - Heemer, Laura
 PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident 2 has a need for wound care as documented by hospital discharge instructions in Resident 2's record as well as by a staff member of the home. The current support plan for Resident 2 does not document this need and does not provide information pertaining to the service provider responsible for meeting this need.

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.

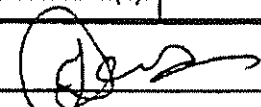
- Corrected immediately by putting resident's wound details in RASP.
- Administrator will make sure in future if there is any new injury or medication detail changes about resident, then will document in the RASP.
- Administrator will also assign a staff member to review all residents occur once a month.

*The administrator, and/or a designated staff person, will complete an audit all resident support plans to ensure that an accurate description of how the needs of each resident will addressed. If an outside agency is providing the care the plan will document what is being provided and will document the name and contact information for the service provider. The audit will be completed within 30 days from receipt of this plan.

BAS 10/30/18

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Susan Nunley	10/28/18

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

Violation Report: 33215 - 11/26/2018 - Cargile, Kellie
PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 11/26/18, fecal matter was observed on the toilet seat of the shared bathroom in the bedroom off of the main living area.
 On 11/26/18, dark yellow/brown urine stains were observed on the toilet seat in Resident #1's bathroom.

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.

- Both residents' rooms Bathroom cleaned immediately
 - Cleaning schedule placed to clean all resident's Bathroom twice a week.
 - Please find attached schedule for Resident Room cleaning.

*All staff will be reeducated to check the condition of the residents room and bathrooms when providing care throughout the day. All sanitary concerns will be cleaned immediately.
 This reeducation will be provided within 10 days from receipt of this plan.
 BAS 12/3/18

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Sutton Namely	11/30/18

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

The above plan of correction is approved as of <u>12/3/18</u> (Date)	Plan of correction implementation status as of <u>12/3/18</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33215 - 11/28/2018 - Cargile, Kellie
 PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

During the month of November 2018, Staff Person A administered medications to residents. Staff person A is not a medical professional and has not completed the Department's medication administration training.

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.

- Staff person is currently enrolled in the medication administration training
- Once completed will send certification to state
- All staff at Comfort care evaluated and trained in 2018-19.

* Staff Person A will not administer medications until she has completed the required training and has passed the required medication administration test.

BAS 12/3/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Suzanne Newby	Date 11/30/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/3/18</u> (Date)	Plan of correction implementation status as of <u>12/3/18</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33215 - 11/26/2018 - Cargile, Kellia
 PCH Name: COMFORT CARE LLC

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The home does not have procedures for the safe use of medications and medical equipment as evidenced by blood sugar readings stored in the residents' glucometers that do not match the readings recorded on the medication administration records (MAR's). The discrepancies include:

Resident #2

On 11/26/18 at 8am, the measurement stored in the glucometer was 132. The reading documented on the MAR was 130.
 On 11/23/18 at 8am, the measurement stored in the glucometer was 115. The reading documented on the MAR was 116.
 On 11/15/18 at 4pm, the measurement stored in the glucometer was 127. The reading documented on the MAR was 124.

Resident #3

On 11/17/18 at 8am, the measurement stored in the glucometer was 202. The reading documented on the MAR was 200. At 4pm, the measurement stored in the glucometer was 147. The reading documented on the MAR was 146.
 On 11/13/18 at 4pm, the measurement stored in the glucometer was 192. The reading documented on the MAR was 172.

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.

- Home has a policy for safe use of medications and accountability of medication. Please find attached copy of policy.
- All med tech at comfort care are diabetic certified.
- Home will make sure every staff person involved with glucometer related reading errors will go ahead take training again.
- To prevent this to happen again, All the med tech at comfort care will check recorded reading once their shift ends and new staff person who begins the shift will be present at that time. (Continued on Page 4A)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/19/2017	11/7/2017
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sarah Naylor Date 11/30/18

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

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2600.185(a) continued:

The Administrator shall audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis for all of the residents who receive blood glucose testing and shall consist of a review of all readings for the previous week. The weekly audits shall occur for a period of three consecutive weeks commencing upon the receipt of this plan, and then quarterly thereafter.

BAS 12/3/18