



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 02 2019

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's Bureau of Human Services Licensing annual inspection on December 27, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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](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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

**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		JAN 28 2019
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 12	Working Staff: 9
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 12/27/2018: Spagna, Lauren; Marini, Michael		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
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: 4 ✓	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 ✓ Are 60 Years of Age or Older: 8 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: 1 ✓ Have a Mobility Need: 4 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 40445 - 12/27/2018 - Spagna, Lauren  
 PCH Name: FAIRFIELD PERSONAL CARE HOME

**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**

Numerous medication administration records for multiple residents of the home, which included their names and prescribed medications and dosages, were unlocked and accessible in the dining room cabinet.

**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 on duty failed to lock up cabinet. Staff person was instructed to ALWAYS keep cabinet locked like we do with the medications. She was also instructed as Hippo Louis, Administer will keep a check on the cabinet to ensure that it is kept locked.*

Immediately: A designated staff person shall check the hom daily to ensure all resident information, including medication administration records, are kept in an area that is locked.

*IJA*

2/28/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>T. A. Rahm, Administrator</i>	Date <i>1/25/19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>2/28/19</u> (Date)  The above plan of correction was approved by <u><i>IJA</i></u> (Initials)	Plan of correction implementation status as of <u>2/28/19</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>IJA</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 40445 - 12/27/2018 - Spagna, Lauren  
 PCH Name: FAIRFIELD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 No influenza poster was posted in the home in accordance with the Influenza Awareness Act, enacted 11/21/16, which requires a influenza poster to be posted in a public place year-round.  
 The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present near the home's hot water tanks and boiler, which are gas.

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.

The Influenza Poster was posted 12/27/18 (Later that Day) Administration will be better at keeping up with changes required.

Carbon Monoxide Alarms were purchased 12/31/18 and installed ~~at~~ the required 15ft. from Boiler & Hot Water tank. Also, 1 was installed in the Room above Boiler. The home shall service the carbon monoxide detectors in accordance with manufacturers' instructions. *LM*  
 2/28/19

Receipt enclosed

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>T. A. Rohm, Administrator</i>	Date <i>1-25-19</i>
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The above plan of correction is approved as of <u>2/28/19</u> (Date)	Plan of correction implementation status as of <u>2/28/19</u> (Date)
The above plan of correction was approved by <u><i>LM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40445 - 12/27/2018 - Spagna, Lauren  
 PCH Name: FAIRFIELD PERSONAL CARE HOME

**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**  
 At 10:46am and 1:52pm, the temperature of the chest freezer in the home's kitchen was 6 degrees Fahrenheit.

**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.

*Thermometer was switched out later that day with a Extra One. Temperature then registered at 0°. New thermometers were purchased on 12/31/18 and put in Freezer & Refrigerator. Administer & Staff will do daily checks to ensure that temps. are Right*

*Copy of Receipt 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. Rohm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>T. A. Rohm, Administrator</i>	Date <i>1/25/19</i>
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Violation Report: 40445 - 12/27/2018 - Spagna, Lauren  
 PCH Name: FAIRFIELD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 4/4/18, does not include a mobility needs assessment. This section of the form is blank.

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.

Resident #1's med. Evaluation was taken to Physician on 12/28/18 AND was corrected by Physician. Administrator will keep a closer eye on med. Evaluations when they are completed by Physician to ensure this does not happen again.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all resident records to ensure each resident has a medical evaluation, completed in its entirety, at least annually.

*IAH*  
2/28/19

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.R.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *T. A. Rahmy, Administrator* Date *1/25/19*

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



Violation Report: 40445 - 12/27/2018 - Spagna, Lauren  
PCH Name: FAIRFIELD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Lorazepam-0.5mg-Take 1 tablet by mouth, under tongue or rectally every 4 hours as needed. The home's narcotic tracking log indicates a dose of Lorazepam-0.5mg was administered to the resident on 12/22/18 at 8:00pm. However, this administration was not documented on the resident's December 2018 medication administration record.

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 completed the Narcotic Sheet & Jan got to complete the PRN Med sheet. She was reminded to always do both sheets. Administration will keep a better check on the documentation of the Narcotics on the meds at least weekly. *IAH*  
2/28/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *T. A. Rohm, Administrator*      Date *1/23/19*

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