



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 **June 7, 2019** until **June 7, 2020**
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **334550**

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



June 13, 2019

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

RE: Fairfield Health Management LLC
License #: 334550

Dear Mr. Nurola:

As a result of the Department's Bureau of Human Services Licensing inspection on April 11, 2019 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 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.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

Violation Report

Facility Information

Name: *FAIRFIELD HEALTH MANAGEMENT*
Address: *235 FRANKLIN STREET, FAIRFIELD, PA 17320*
County: *ADAMS* Region: *CENTRAL*

License Number: *334557*

Administrator

Name: *Satishkumumar Narola* Phone: *5408423558* Email: *COMFORTCAREPCH@YAHOO.COM*

Legal Entity

Name: *FAIRFIELD HEALTH MANAGEMENT LLC*
Address: *235 FRANKLIN STREET, PA, 17320*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/04/1994* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection

Type: *Full* Reason: *Renewal* BHA Docket #: Notice: *Unannounced*

Inspection Dates and Department Representative

04/11/2019 - On-Site: Israel Springs, Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25 ✓* Residents Served: *11 ✓*

Secured Dementia Care Unit

In Home: Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3 ✓* Are 60 Years of Age or Older: *11 ✓*
Diagnosed with Mental Illness: *1 ✓* Diagnosed with Intellectual Disability: *0 ✓*
Have Mobility Need: *7 ✓* Have Physical Disability: *0 ✓*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Carbon monoxide detectors are required by the Care Facility Carbon Monoxide Act. The home has a gas furnace on second floor of the home and there is no carbon monoxide detector in the vicinity of the furnace.

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.)

→ Carbon monoxide detector installed near by gas furnace. Battery dated 24th April, 2019.
→ Staff member and residents notified about carbon monoxide detector and how to operate, if alarm goes off.

*The home shall implement a system to test the alarm and check the charge of the battery on, at least, a semi-annual basis. BAS 4/29/19

Legal Entity Representative


Signature

Sushma Nayak, Administrator 04/25/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/29/19
(Date)

Plan of correction implementation status as of 4/29/19
(Date)

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

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

141a 1-10 Medical Evaluation Information

Regulations

- 2600.
- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Documentation of Medical Evaluation forms for the most recent evaluations of Residents #1 and #2 were incomplete as they did not document the date of evaluation.

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 corrected immediately by calling at doctor's office for both residents.
→ Administrator will schedule a monthly check on both residents' medical examinations and RATTs.

Legal Entity Representative


Signature

Sarah Nymli, Administrator 04/29/19
Printed Name and Title Date

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(Date) (Date)

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(Initials) Partially Implemented - Inadequate Progress
 Not Implemented

221c - Post Activity Calendar

Regulations

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home has a white board that lists daily activities. However, based upon interviews, this is not the actual activity program the home follows. The home has a staff member who comes who provides various activities with the residents during the week that differs from the activities listed on the white board. There is no list of what is actually will be provided during the week or when.

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.)

Activities:

- Tuesday 11 am Gospel music
- Thursday 6 am Resident Gumer (Bingo & cards)
- Friday 10 am Resident Gumer & Edwaller
- Sunday 8:30 am Church.

→ Comfort care with POC above activities calendar in a conspicuous and public place on each floor easily available for residents.

(Continued on Page 4A)

Legal Entity Representative


Signature

Administrative
Sarah Nunnally, 04/23/19
Printed Name and Title Date

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2600.221(c):

* All changes made in the activity program will be updated on the posted activity schedule immediately to ensure that residents are provided with the correct information. The administrator will review the posted activity schedule during routine walkthroughs of the facility to ensure its accuracy. BAS 4/29/19

224c - Preadmission Screening

Regulations

2600. 224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

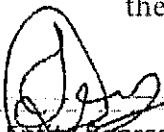
The preadmission screening form for Resident #1 was incomplete as it did not document if the resident can safely use and avoid poisonous materials.


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.)

1 Violation has been corrected.
2. Resident will develop a monthly check on care soon of month for all the pre admission screening for all residents and one of the staff member will be assigned to check pre-admission document for all the newly admitted residents.

* The administrator, and/or designated staff person, will review the preadmission screening form on the the day admission for each new resident to ensure the completeness of the form. BAS 4/29/19


Legal Entity Representative

 Section Number Administrator
Printed Name and Title
04/29/19
Date

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227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

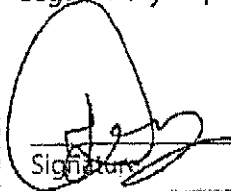
The support plans for Resident #1, developed on 1/13/19, and Resident #2, developed on 2/20/18, did not document the date that the resident signed the document

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.
→ Administrator will assign a staff member to check with the residents RAPPs on every month or 30th or when the residents. New RAPP is due and notify it to Administrator.
Administrator will make sure that all the new RAPPs are signed.

Legal Entity Representative


Signature

Sutton Nunnery, Administrator 04/24/19
Printed Name and Title

Date

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