



Sent via e-mail [satishnarola@yahoo.com]

MAILING DATE: August 28, 2020

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

RE: Fairfield Health Management
Certificate #: 334550

Dear Mr. Narola:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on March 2, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: FAIRFIELD HEALTH MANAGEMENT

License Number: 33455

Address: 235 FRANKLIN STREET,, FAIRFIELD, PA 17320

County: ADAMS

Region: CENTRAL

Administrator

Name: Satish Narola

Phone: 5408423558

Email: COMFORTCAREPCH@YAHOO.COM

Legal Entity

Name: FAIRFIELD HEALTH MANAGEMENT LLC

Address: 235 FRANKLIN STREET, FAIRFIELD, PA, 17320

Certificate(s) of Occupancy

Type: C-2 LP

Date: 02/04/1994

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 15

Waking Staff: 11

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

03/02/2020 - On-Site: Kellie Cargile, Douglas Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 25

Residents Served: 15

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 9

Are 60 Years of Age or Older: 15

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

65g Annual Training Content

Regulations

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. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff Member A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2019.

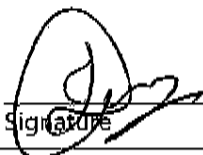
Plan of Correction (POC)

(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 already contacted Fairfield fire Department regarding training but due to COVID-19 and personal care & nursing home rules, no outside visitors allowed at this time so we will provide our staff annual fire safety training once state will open and everyone get back to normal.
- To prevent this violation happening in future we will develop a recertification program with fire chief of fire Department whom they will come to do recert. fire training for all staff members.
- We are planning and hoping things will turn around normal before August 2020 end so will correct this before Aug 2020 end.

Staff training needs will be reviewed at the home's periodic quality management reviews.

Legal Entity Representative



Sam Nandy, Administrator

05/13/2020

Printed Name and Title Date

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The above plan of correction is approved as of 6/2/20 (Date) Plan of correction implementation status as of 8/28/20 (Date)

- Implemented
- Not Implemented

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

88a. Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The wall next to the clock in the center common area has approximately a 1 by 1.5 foot section of paint peeling from the wall.


The ceiling above the decorative glass pane in the common area is separating from the underlying framework. One section measured approximately 3 feet long and the other section, at the opposite end of the hallway, measured approximately 6 feet in length.

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 will fix these issues. State Dept and gets a permission from state to allow visitor inside.
- Issuer will be fixed before end of Aug 2020
- Once issue fixed, we will send pictures and notify state.
- To prevent this from happening, there will be a contractor on call to keep such issues in check on monthly maintenance basis.

Legal Entity Representative



Sam Wards, Administrator

07/31/2020

Printed Name and Title Date

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95. Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation


The cabinet under the center island in the kitchen is missing one door and has a damaged hinge.

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.)

→ Once state opens, we will have a maintenance contractor to fix this issue.
1. To prevent this from happening, maintenance team will keep everything clean on monthly basis.

Legal Entity Representative


Signature

Sam Walsh, Administrator
Printed Name and Title

05/31/2020
Date

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Implemented
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103f. Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

There was no thermometer in the standing freezer in the kitchen.

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.)

- Someone from staff removed a thermometer and put it in a another place.
- Violation has been resolved as misplaced thermometers went back to their freezer.
- * Comfort care will assign a staff person who check and maintain such some from happening in future. so staff can check that even and all the refrigerator and freezer have thermometers in it. Don Daily night shifts.

Legal Entity Representative


Signature

Sam Nardo, Administrator
Printed Name and Title

05/31/2020
Date

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132b - Safety/Inspection/Fire Drill

Regulations

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.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 11/19/2017.

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.)

→ Once home can allow outside visitors, fire safety expert will come and perform fire drill.
→ To prevent this from happening again committee will make a schedule with fire safety expert so can have fire drill annually.

Documentation of the inspection and drill will be kept.

Legal Entity Representative


Signature

Simon Wardle, Administrator
Printed Name and Title

05/31/2020
Date

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132d - Evacuation

Regulations

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. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert.

On the following dates and times, the home's fire drills exceeded 2.5 minutes:

- On 2/3/2020, at 2:15 pm, the fire drill evacuation time was 3 minutes and 10 seconds.
- On 10/10/19, at 1:10 am, the fire drill evacuation time was 3 minutes and 47 seconds.
- On 8/23/19, 11:10 pm, the fire drill evacuation time was 3 minutes and 3 seconds.
- On 6/29/19, 3:12 pm, the fire drill evacuation time was 2 minutes and 32 seconds.

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.)

→ According to Nov 2017 max evacuation time noted by David Martin (fire chief at Fairfield fire department) our max evacuation time is 5 minutes & 30 seconds.

→ we will get this year time evacuation done once fire safety expert will come to do fire safety trainings for staff members.

→ In future we will make a schedule to do it once every year.

→ please find attached document from last max evacuation.

Legal Entity Representative


Signature

Sam Nardo, Administrator
Printed Name and Title

05/31/2020
Date

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121a-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

Resident #1's medical evaluation, dated 1/17/2020, does not include the resident's height, weight, pulse rate, and medication list.

Resident #2's medical evaluation, dated 2/12/2020, does not include the resident's temperature.

Resident #3's medical evaluation, dated 2/28/2020, does not include the resident's temperature.

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 has been resolved.
 + In future to prevent this. Administrator & one assigned staff member will check Residents' medical evaluation as soon as it come to home.
 + Comfort care will also assigned & staff member who can review all residents POC once every month at the end date of a month.

Legal Entity Representative



Susan Napoli, Administrator
 Printed Name and Title

05/31/2020
 Date

(41:1-19 Medical Evaluation Information) (continued)

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(Date) (Date)

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141.b.1 Annual Medical Evaluation

Regulations

2600. 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on 2/28/2020. The resident's previous medical evaluation was completed on 12/19/18.

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 Resident's evaluation done once Resident's POA takes them to doctor appointment. Home doesn't provide any transportation.
2 Their Resident's POA was out of country for 3 months that was the reason evaluation done late.
3 We will prevent this by notifying Resident's POA advance in a year.

Administrator will audit all resident records by 8/31/20 to ensure that each resident has had a medical evaluation within the past year.

Legal Entity Representative


Signature

Sara Naylor, Administrator
Printed Name and Title

05/31/2020
Date

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

The home has not implemented procedures for the safe use and storage of medical equipment as evidenced by blood sugar readings in Resident #1's glucometer that do not match readings documented on the resident's medication administration record (MAR).

- On 2/29/2020, at 5:51 pm, a blood sugar reading of 137 was on the glucometer. This reading was not documented on the MAR.
- On 2/29/2020, at 11:23 am, a blood sugar reading of 202 was on the glucometer. This reading was not documented on the MAR.
- On 2/28/2020 at 11:39 am, a blood sugar reading of 204 was on the glucometer. A reading of 202 was documented on the MAR.
- On 2/27/2020, at 11:58 am, a blood sugar reading of 224 was on the glucometer. A reading of 172 was documented on the MAR.

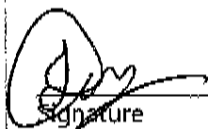
Plan of Correction (POC)

(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 is a medication error of omission. Comfort care already has a plan to check every diabetic blood sugar on home care trainings but staff can do mistakes in note down blood sugar sometimes. We will reconfirm our staff with some training for a diabetic training once could be situation get better.

Administrator will conduct weekly audits of the actual readings on the residents' glucometers as compared with the documented readings on the MAR's for a period of 3 months. The findings of the audits will be addressed at the home's next Quality Management Review.

Legal Entity Representative



Sum Nantla, Administrator

05/13/2020

Printed Name and Title

Date

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187b Date/Time of Medication Admin

Regulations

2600.

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

Description of Violation

Resident #3 is prescribed Lorazepam .5mg as needed for anxiety. Resident #3's medication administration record does not include the name of the staff person who administered the medication on 11/12/19 and 11/13/19. The record also does not include the time the medication was administered.

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.)

7 Home has assigned a night shift supervisor to check and review all the books once all the med-tech give medications to residents during day time and if there is any discrepancy then notify administrator as soon as possible.
7 Home has also given training to all the staff about medication care and once COVID-19 situation gets better will provide all staff members a medication training

Administrator will conduct a weekly audit of the MARs for a period of 3 months.

Legal Entity Representative


Signature

Sam Nasta, Administrator
Printed Name and Title

05/13/2020
Date

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(Date)

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(Initials)

190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

On 9/20/2019, Staff Member B had their observations and medication administration record reviews for the initial medication training completed by Staff Member C, the home's administrator. Staff Member C's Train The Trainer certificate expired on 12/5/18.

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.)

4 Administrator train the train expires on 03/15/2019. There was no other train available on Administrator schedule from and we were short of staff so had to train this staff member. Ever since inspection officer suggested this Administrator already finished his earlier training and already enrolled in the full training but 'because of COVID-19' all full training got canceled till Aug 31st, 2019 so administrator will finish this training in August and will send certificate. I am attaching previous train the trainer certificate and email from Temple University. Administrator will forward new certificate to the Department when training restrictions are lifted and training can be re-newed.

Legal Entity Representative

Signature: [Handwritten Signature] Printed Name and Title: Sam Nook, Administrator Date: 05/13/2020

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