pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 20, 2022 - RETURNED UNCLAIMED - 8/16/2022

EMAILING DATE: AUGUST 19, 2022 TO: [redacted]

MAILING FIRST CLASS: AUGUST 19, 2022

[redacted]
Fairfield Health Management LLC
235 Franklin Street
Fairfield, Pennsylvania 17320

RE: Fairfield Health Management
235 Franklin Street
Fairfield, Pennsylvania 17320
Certificate #: 334551

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on November 3 and 4, 2021, April 1 and 7, 2022 and June 2 and 7, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summaries (LISs) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from July 20, 2022 to January 20, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department

of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jeanne Parisi, Director
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *FAIRFIELD HEALTH MANAGEMENT* **License #:** *33455* **License Expiration:** *06/07/2022*

Address: *235 FRANKLIN STREET, FAIRFIELD, PA 17320*

County: *ADAMS* **Region:** *CENTRAL*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *FAIRFIELD HEALTH MANAGEMENT LLC*

Address: *235 FRANKLIN STREET, FAIRFIELD, PA, 17320*

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *09/14/1994* **Issued By:** *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *11* **Waking Staff:** *8*

Inspection Information

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

Reason: *Renewal, Complaint* **Exit Conference Date:** *11/04/2021*

Inspection Dates and Department Representative

11/03/2021 - On-Site: [redacted]

11/04/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* **Are 60 Years of Age or Older:** *10*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *0* **Have Physical Disability:** *2*

Inspections / Reviews

11/03/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/16/2022*

04/29/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/04/2022*

05/13/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *05/20/2022*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Standards Act requires that carbon monoxide alarms be installed in close proximity to any fossil burning device or appliance. The battery must be labeled with the date of installation and replaced at least once annually. The batteries in the CO alarm in the basement are dated 1/20/20.

Plan of Correction ***Accept***

There are two devices installed one near by boiler and one nearby furnace. Batteries in the carbon monoxide alarm changed on11/10/2021. Administrator will check carbon monoxide alarm once a month for to check it is in operable condition according to schedule. all the staff has given education about importance of co and harm it causes by administrator on 11/10/2021.

Completion Date: 11/10/21 *Licensee's Proposed Date for POC Implementation*
Implemented [redacted] 6/2/22

25a - Written Contract and Review

1. Requirements

2600.
25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #2, admitted [redacted], did not have a resident-home contract completed.

Resident #4, admitted [redacted], did not have a resident-home contract completed.

Plan of Correction ***Directed***

Administrator contacted residents POAs and get these contract signed and explained all details in the contracts. Administrator will do audit once a month on all the resident records which includes DMEs, Resident home contracts. All direct care staff persons provided verbal education on residents records by administrator. train the trainer will provide all direct care staff education on resident records in 14th august 2022 which included in direct care staff's 12 hrs of ongoing annual training.

(Directed)
Contracts for Residents 2 and 4 were completed by the administrator on [redacted]. All direct care staff were provided verbal education on resident records by administrator on [redacted] Administrator will conduct a review of all resident contracts by 6/1/22 to ensure they are completed. Ongoing: adminsitrator will develop and implement an admission checklist by 6/1/22 to ensure resident contracts are completed upon admission. ([redacted] 5/9/22)

Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*
Implemented [redacted] 6/2/22

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract for Resident #3, dated [redacted], was not signed by the authorized payor.

Plan of Correction ***Directed***

Administrator contacted designated person and got it signed above resident home contract for resident 3. Administrator will do monthly audit on all the resident records on every month end date and keep the doumentation of all the audits.

(Directed)
Resident 3's contract was signed by the payor on [redacted]. Administrator will audit all resident records by 6/1/22 to ensure they are signed by the resident, payor, and designated party. Ongoing: adminsitrator will develop and implement an admission checklist by 6/1/22 to ensure resident contracts are completed upon admission. [redacted] 5/9/22)
Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*

Implemented ARS 6/2/22

51 - Criminal Background Check

1. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct Care Staff Person A does not have a PA State Police criminal background check.

Plan of Correction ***Directed***

Administrator did check background for staff person A but due to misplaced all the documents for staff person A there was an issues to find a criminal history record. Administrator performed another criminal history background check for staff person A. Administrator will make sure before hiring any staff in the future do background check ahead and keep the record at secure place in a locked cabinets.

(Directed)
Administrator completed the background check for staff person A on 4/26/22. Adminsitrator will audit all staff records by 6/1/22 to ensure that background checks are completed. Ongoing: admnistrator will develop and implement a new-hire checklist by 6/1/22 that includes the completion of the criminal history background check. ([redacted] 5/9/22)
Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*

Implemented [redacted] 6/2/22

54a - Direct Care Staff

1. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Person B, who provides direct care, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction ***Directed***

administrator received a new diploma certificate from staff person B. Administrator will collect high school diploma certificate before hiring any new staff person and provide necessary guidance for a new staff person for the state requirement. Administrator provided education to all the hired staff persons regarding high school diploma and competency test to work at a assisted living facility on 04.26.22.

(Directed)
Administrator obtained a copy of Staff Person B's diploma (or GED) on 4/26/22. Administrator will review the records of all staff by 6/1/22 to ensure that they contain a copy of the staff person's diploma (or GED). Ongoing: administrator will develop and implement a new-hire checklist by 6/1/22 that includes obtaining a copy of the high school diploma (or GED). [redacted] 5/9/22)

Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*

Not Implemented [redacted] 6/2/22

63a - First Aid/CPR Training

1. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

During the following dates and times, there were residents living in the home. There were no staff present who are currently trained and certified in First Aid/CPR as follows: 10/27, 10/28, 10/29 and 10/30/2021 from 2:00 PM to 5:30 AM (the next day); 10/31/2021 from 6:00 PM to 5:30 AM (11/1); 11/1/2021 from 2:00 PM to 5:30 AM (11/2) and 11/2/2021 from 2:00 PM to 5:30 AM (11/3). None of the staff who work overnight in the home are currently trained and certified in First Aid / CPR.

Plan of Correction ***Accept***

Administrator hired a professional first aid and Car education provider who will educate all the staff person including administrator on 05/25/2022 at 10 am in the morning. Once certificate received from American Red Cross administrator will provide them to department as evidence. Administrator will perform annual audit on all staff person's first aid and car certificates including new hires. Administrator will set up annual schedule with education providers to make sure all the staff who works at the facility has. active first aid car training.

Completion Date: *05/25/2022* *Licensee's Proposed Date for POC Implementation*

Not Implemented [redacted] 6/2/22

65a - FS Orientation 1st Day

1. Requirements

2600.

65a - FS Orientation 1st Day *(continued)*

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Person A, whose first day of work was [redacted] *did not receive orientation training in general fire safety and emergency procedures.*

Plan of Correction ***Directed***

Administrator provided first day of work training to staff person A upon hiring. Documents were misplaced so administrator provided training again to staff person A in November 4, 2021. Administrator will perform monthly audit on all the staff person and all new hire for necessary training documents and if anything missing administrator will provide that training. Administrator will upload initialed documents on 05/09/22.

(Directed)
Administrator performed first monthly audit in November 2021. Administrator will continue to perform and document monthly audits of all new staff moving forward. [redacted] *5/9/22)*

Completion Date: *11/04/2021* *Licensee's Proposed Date for POC Implementation*
Implemented [redacted] 6/2/22

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Person A was not trained in the required topics including: Resident rights, emergency medical plan, mandatory reporting of abuse and neglect and/or reporting of reportable incidents and conditions.

Plan of Correction ***Directed***

Administrator provided education on Resident rights, Emergency medical plan, Mandatory report abuse and Reporting of reportable incidents to staff person A in November 2021. Administrator will do monthly audit on all direct care staff's documents and make sure before after hiring of first 40 hours new staff persons will get trained on Resident rights, Emergency medical plan, Mandatory report abuse and reporting of incidents and conditions.

65b - Rights/Abuse 40 Hours (continued)

(Directed)

Administrator performed first monthly audit in November 2021. Administrator will continue to perform and document monthly audits of all new staff moving forward. ([redacted] 5/9/22)

CompletionDate: *11/04/2021* *Licensee's Proposed Date for POC Implementation* Implemented [redacted] 6/2/22

65c - Ancillary Staff Orientation

1. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Direct Care Staff Person A, who also performs ancillary duties, did not receive training specific to these job functions.

Plan of Correction ***Directed***

Administrator provided necessary training to staff person A on general orientation and job duties. Administrator will do audit on all staff person's records monthly to make sure all the direct care staff person has necessary training to perform their job duties at the facility. Administrator will also include above training on ongoing annual 12 hrs direct care staff training.

(Directed)

Administrator provided necessary training to Staff Person A on 11/4/21 on general orientation and job duties. Administrator performed first monthly audit in November 2021. Administrator will continue to perform and document monthly audits of all new staff moving forward. [redacted] 5/9/22)

Completion Date: *11/04/2021* *Licensee's Proposed Date for POC Implementation* Implemented [redacted] 6/2/22

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
   - i. Safe management techniques.
   - ii. ADLs and IADLs
   - iii. Personal hygiene.
   - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
   - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
   - vi. Implementation of the initial assessment, annual assessment and support plan.
   - vii. Nutrition, food handling and sanitation.
   - viii. Recreation, socialization, community resources, social services and activities in the community.
   - ix. Gerontology.
   - x. Staff person supervision, if applicable.
   - xi. Care and needs of residents with special emphasis on the residents being served in the home.
   - xii. Safety management and hazard prevention.
   - xiii. Universal precautions.

65d - Initial Direct Care Training *(continued)*

xiv. The requirements of this chapter.
xv. Infection control.
xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct Care Staff Persons A, B and C provide unsupervised ADL services. However, they did not complete and pass the Department-approved online direct care training course and pass the competency test. In addition, Staff Person A did not receive any direct care training.

Plan of Correction ***Directed***

Administrator will provide state a new competency test certificates for staff person A,B and C on 05/11/22. Administrator will set up a checklist to make sure before hiring any person to perform ADLs in this facility they have direct care staff competency test certificate. Administrator will also assign a staff supervisor who can go to all staff and residents records if administrator will not be able to on monthly basis.

(Directed)
Administrator will have Staff A, B, and C complete a new competency test by 5/20/22. Administrator will audit all staff records to ensure that they have completed the initial direct care competency test. Administrator will develop and implement a checklist to ensure that new staff have completed the test prior to performing ADLs. ([redacted] 5/9/22)
Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*
Implemented [redacted] 6/2/22

83a - Indoor Temperature

1. Requirements

2600.
83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

Upon arrival at the home on 11/3/2021, the heat in the house was not working. On 11/3/21 at 9:10 AM, the temperature in the dining room measured 60.0 degrees, when residents were present in the home. The temperature in the dining room used by residents measured 60.2 degrees Fahrenheit at 2:40 PM on 11/3/21.

Plan of Correction ***Directed***

Administrator hired a professional company and fixed it the same day temperature problem. Due to first cold day and sitting for the whole summer boiler wasn't responding which was a quick fixed by professionals. Administrator hired a professional heating and air condition company to do annual inspection on boiler to make sure it provided necessary heat and keep maintain normal room temp. Administrator also provided verbal education to all the staffs working at the facility about importance of maintaining a normal room temperature and high & Low temperatures effects on elderly residents.

(Directed)
Administrator hired a professional company to repair the boiler on 11/3/21. Administrator shall contract with a professional heating and air conditioning company by 6/1/22 to perform an annual inspection to ensure that the

83a - Indoor Temperature (continued)

heating system remains operable. Administrator will conduct weekly audits begining 6/1/22 to ensure that the temperature in all areas of the home remains at least 70 degrees Fahrenheit. ([redacted] 5/9/22)

Completion Date *11/03/2021* *Licensee's Proposed Date for POC Implementation*

Implemented [redacted] 6/2/22

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

The room of Resident # 5 is dirty, with cobwebs along the baseboards and mice-chewed candy wrappers in the closet. The bathroom has cobwebs in the corners, on the ceiling, and on the light fixture over the sink. The bathroom fan is operable, but has a think layer of dust.

The room of Resident # 1 has a dirty carpet with stains, cobwebs in the corners of the room, layer of dust on flat surfaces, grime in the bathroom, as well as remnants of dead bedbugs on the floor around the resident's bed.

Plan of Correction ***Accept***

Resident room 1 and resident room 5's room has been vacuumed and cleaned by staff members. Both of the residents are no long live at the facility. Administrator will hire a professional contractor to change the carpets in these rooms, color the walls and fix the bathrooms in both of these rooms before assigning these rooms to any new residents. work will be perform in August 2022. once done administrator will provide evidence to department. All staff has been given education on maintaining good hygiene for residents in November 15, 2022.

Licensee's Proposed Date for POC Implementation
Completion Date: 11/15/21

Not Implemented [redacted] 6/2/22

85b - Infestation

1. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

The mattress in the room of Resident #5 shows signs of dead bedbugs, and there are what appear to be bedbug nests in one corner of the ceiling and a corner near the floor. One live bedbug was seen crawling along the wall in the room near the head of the bed.

Plan of Correction ***Directed***

This was a ongoing issue at the facility. professionals been treating this house very month since September 2021. Please find attached service dates in an attached documents with this POC. Direct care staff and all the resident's POA has been notified about bed bugs . Administrator is monitoring conditions with bugs in facility with support of all the staff members working at this facility.

85b - Infestation (continued)

(Directed)
Administrator will educate direct care staff and residents about bed bugs identification by 6/1/22. Administrator will inspect all areas of the home for signs of infestation on a daily basis beginning 5/20/22. ([redacted] 5/9/22)

Completion Date *06/01/2022* *Licensee's Proposed Date for POC Implementation* Not Implemented [redacted] 6/2/22

88a - Surfaces

1. Requirements

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 floor in the alcove at the bottom of the stairs, on the right side of the building, is soft and spongy; as is the flooring on the bottom level in the hallway to the three bedrooms. Upon putting weight on the floor, it visibly sinks down.

The wall outside the beauty shop, in the lower level of the building, has peeling and bubbling drywall and paint. The beauty shop door has expanded and is swelled shut. Inside the beauty shop, the wall to the left of the door is water damaged, drywall/plaster and paint are peeling, and there is an approximately three foot wide strip of black mold running from the ceiling to the floor.

The kitchen has two cupboard doors near the island sink which are missing.

The shower in the room of Resident # 6 is covered in a film of yellowing mold/mildew/dirt. Many of the tiles are discolored with mold and a few of the tiles are cracked and broken.

The shower rod in the bathroom of Resident # 1 has a hole in the wall, and the compression shower rod is not properly attached.

In the bathroom of Resident # 7, the sink does not drain, and the water in the shower does not turn off causing a constant stream of running water.

Plan of Correction ***Accept***

A new floor has been installed by professions in November 2021.
A wall outside of the beauty salon has been fixed by professionals. it was due to water leak from one of the fire sprinklers. Kitchen door will be fixed in this July 2022. Resident 6's shower will be fixed in July 2022. Resident 1and resident 7 is no longer living in the room. Administrator will only assign these rooms to new residents once the issue will solve in July-aud 2022. Administrator will provide evidence to department in august 2022. Administrator provided necessary education to all staff and residents about to check room conditions for all residents. Administrator will perform weekly room check for all residents and hold monthly resident meetings so if there are any issues in the room residents can speak directly to administrator.

Completion Date: *11/24/2021* *Licensee's Proposed Date for POC Implementation* Not Implemented [redacted] 6/2/22

94b - Non-Skid Surface

1. Requirements

2600.

94b - Non-Skid Surface *(continued)*

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

The 2nd floor wooden emergency exit staircases have a few steps which do not have a non-skid surface (two sets of staircases).

Plan of Correction ***Directed***

All residents and staff has been given verbal education about situation at the second floor emergency exit stairs in November 2022 by administrator. administrator also contacted fire department to provide neccasary training to all staff members in august 2022. administrator will hire a professional to change the non skid surface and install a new one AUG 2022. administrator will provide necessary documents once done.

(Directed)
Staff and residents will be educated by the administrator by 5/20/22 about safe evacuation routes. Administrator will place new non-skid materials to the wooden stairs and ramps by 5/20/22. Administrator will inspect evacuation routes on a weekly basis, beginning 5/20/22. ([redacted] 5/9/22)

Completion Date: *6/1/22* *Licensee's Proposed Date for POC Implementation*
Not Implemented [redacted] 6/2/22

100a - Exterior - Free of Hazards

1. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The gutters on the front of the home and the (right) side of the home nearer to the dumpster are loose and hanging/falling down.
There is also vegetation growing out of the rear gutters.

Plan of Correction ***Directed***

Administrator will hire a professionals to clean the gutters this summer and once done provide documentation to department. Administrator has also assigned a handy man to clean up the pine needles which is the main cause of gutters vegetation and blockages to clean the pine needles out side of the facility on monthly schedules.

(Directed)
Administrator will ensure that the gutters are firmly attached to the home and cleaned by 6/1/22. Administrator will inspect the exterior of the home on a weekly basis beginning 5/20/22 to identify and address hazardous conditions. [redacted] 5/9/22)

Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*
Not Implemented [redacted] 6/2/22

100b - Removal Snow/Obstructions

1. Requirements

2600.
100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

The wooden stoop and steps of the second floor emergency exit on the left side of the building (chair glide side) are

100b - Removal Snow/Obstructions (continued)

covered with several inches of branches, leaves and pine needles.

On the first-floor side patio off the library, the exterior ramp is slippery with green mold and is covered and blocked by overgrown vegetation and branches.

Plan of Correction ***Directed***

Administrator cleaned the pine needles on the second floor exit see and power washed a patio. Administrator hired a handy man to clean up pine needles and maintenance of the facility including lawn mowing, power washing and gutter clean up.

(Directed)
Administrator will inspect the exterior of the home on a weekly basis beginning 5/20/22 to identify and address hazardous conditions. [redacted] 5/9/22)

Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*
Not Implemented [redacted] 6/2/22

101j7 - Lighting/Operable Lamp

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #5 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept***

administrator has installed a new lamp for resident 5. Administrator has also assigned a staff person who will perform weekly checklist regarding the operable room conditions and check all the rooms and residents have a necessary lightings in their rooms. staff person will do above check list during their daily rounds on the night shifts .

Completion Date: *11/04/2021* *Licensee's Proposed Date for POC Implementation*
Implemented [redacted] 6/2/22

103j - Utensils Cleaning

1. Requirements

2600.
103.j. Eating, drinking and cooking utensils shall be washed, rinsed and sanitized after each use by a method specified in 7 Pa. Code Chapter 46, Subchapter D (relating to equipment, utensils and linen).

Description of Violation

The home does not have an operable dishwasher. On 11/3/2021, eating, drinking, and cooking utensils were manually washed and rinsed; however, they were not sanitized.

Plan of Correction ***Accept***

Home has installed a new dishwasher in march 2022. Administrator will provide receipts of new installation to department after receiving it Home Depot. Administrator will hold monthly meetings with all staff members so they can provide situation to management on last Sunday of every month.

Completion Date: *03/30/2022* *Licensee's Proposed Date for POC Implementation*
Implemented [redacted] 6/2/22

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed or updated since 5/5/2013, although the ownership changed in 2018. They have not been reviewed, updated and submitted annually to the local emergency management agency as required.

Plan of Correction ***Directed***

Administrator has provided new emergency policies to [redacted] ban township and [redacted] fire department. Once reviewed by them they will return it to facility. once received administrator will provide evidence to department. Administrator assigned a staff supervisor who can do annual check on emergency plans .

(Directed)
Administrator will review the home's emergency plans and procedures and submit changes to the local fire department and emergency management agency for review by 5/20/22. Evidence of the review of the plans and transmission to the local agencies shall be kept by the home for review by representatives of the Department. Ongoing: administrator will review the plans annually, document review of the plans, and, if needed, submit changes the local agencies. [redacted] 5/9/22)

Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*
Implemented [redacted] 6/2/22

141a - Medical Evaluation

1. Requirements

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.

Description of Violation

Resident #2 did not have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department.

Plan of Correction ***Directed***

Resident 2 is no longer with this facility. Administrator will hold a monthly meetings with supervisor to go over all the residents records and make sure each residents has a DME within 30 days of admission to the facility or 60 days prior to coming to the facility. Administrator will also perform annual audit on all residents medical evaluations and support plans.

(Directed)
Administrator will review all resident records by 6/1/22 to ensure that they contain medical evaluations. The administrator will develop and implement a checklist by 6/1/22 that will be used to review new resident records on a monthly basis to ensure that they contain medical evaluations. [redacted] 5/9/22)

Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*
Implemented [redacted] 6/2/22

141a 1-10 Medical Evaluation Information

1. Requirements

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 [redacted], did not include blood pressure, height, special dietary needs, immunization history, ability to self administer medications, body positioning or cognitive functioning.

Plan of Correction ***Directed***

Administrator contacted doctor's office and get necessary information missing from doctors's office and updated above DME. administrator will do monthly audit on all residents DME to make sure all the necessary information in DME is filled.

(Directed)
Administrator will review all resident records by 6/1/22 to ensure that they contain medical evaluations which are complete. The administrator will develop and implement a checklist by 6/1/22 that will be used to review resident records on a monthly basis to ensure that they contain medical evaluations which are completed. [redacted] 5/9/22)

Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*

On-Site Verification Not Implemented [redacted] 6/2/22

162c - Menus Posted

1. Requirements

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.

Description of Violation

The home's weekly menu for the week was not posted in a conspicuous and public place in the home. There is a white board listing the daily menu only. However, on the date of inspection; lunch was blank, and dinner was listed as "TBA".

Plan of Correction ***Directed***

Administrator has updated and posted new menus near by dinning hall on 11.10.2021.
Administrator also provided education to cooking staff about importance of writing things in a clear manner so all residents can read it.

(Directed)

162c - Menus Posted (continued)

Administrator will educate staff regarding menus for the current and following week being posted in a conspicuous place in the home. Administrator will develop and implement a weekly checklist by 6/1/22 to ensure that menus are posted. ([redacted] 5/9/22)

Completion Date: 06/01/2022 *Licensee's Proposed Date for POC Implementation*

Implemented [redacted] 6/2/22

183b - Meds and Syringes Locked

1. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident # 4 self administers their own medications. However, they are stored in an unlocked box, in an unlocked closet and the door to the resident's room was unlocked and standing open upon inspection.

Resident # 2 self administers their own medications. However, they are stored in an unlocked plastic rubbermaid tub under a chair in the resident's unlocked bedroom upon inspection.

Plan of Correction ***Directed***

Administrator provided education to self administering residents about importance of storing medications and lock boxes. Administrator will provide new lock boxes to both residents and assign a staff person to check to make sure that all the medications in resident room stays in the lock boxes.

(Directed)
Administrator will inspect all bedrooms for unlocked and accessible medications -- both prescription and over-the-counter. The administrator will educate residents on the need to keep medications locked in their bedrooms or with them when they out of their bedrooms. The administrator will educate all staff on identifying unlocked and accessible prescription and over-the-counter medications in resident rooms. The administrator will develop and implement a monthly monitoring checklist for residents who self-administer to ensure that these residents keep their medications secured. All steps of this plan will be implemented by 6/1/22. ([redacted] 5/9/22)

Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*

Not Implemented [redacted] 6/2/22

185a - Implement Storage Procedures

1. Requirements

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 glucometers of Residents #1 and # 8 are not calibrated to the correct date and time.

Plan of Correction ***Directed***

Administrator audited resident 1 and 8's glucometers on the day of inspection. Administrator has provided verbal education to all med techs about insulin and importance of calibration of glucometers readings. All the staff has been enroll in diabetic training on 26th May, 2022. Administrator will follow annual schedules for diabetic training and enroll new hires in a diabetic training. Once new certificate issued , administrator will provide as evidence to the department in end of may,2022.

185a - Implement Storage Procedures (continued)

(Directed)
Administrator will develop and implement a checklist by 6/1/22 to be used monthly to audit all glucometers to ensure that they are programmed with the correct date and time. ([redacted] 5/9/22)
CompletionDate:*6/01/2022* *Licensee's Proposed Date for POC Implementation*
Implemented [redacted] 6/2/22

190a - Completion Medication Course

1. Requirements

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

Staff Person C administers medications to residents, but has not had medication training since 12/15/2018.
Staff Person D administers medications to residents, but has not had medication training since 4/17/2015.
Staff Person E administers medications to residents, but has not had medication training since 5/02/2015.

Staff Persons B and F, who administer medications to residents, have no medication administration training.

Plan of Correction ***Directed***

Train the trainer will provide medication administration training to all med techs in August 2022. Train the trainer will also provide necessary medication administration training throughout year as a 12 hrs Direct care staff ongoing training. Administrator will perform audit on all staff members documents once a month and all the medications records of a residents.

(Directed)
Administrator will audit the medication administration records, by 5/20/22, to identify staff who administer medications. Administrator will review staff records to ensure that staff have current medication training. Administrator will arrange for medication training to provide current training to all staff, as necessary, by 6/1/22 to ensure that medication training is current for all staff who administer medications. Administrator will develop and implement a monthly checklist to ensure that staff who administer medications have current training. ([redacted] 5/9/22)
Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*
Not Implemented [redacted] 6/2/22

190b - Insulin Injections

1. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff Persons B and C have not had diabetic education by a certified diabetic educator, but administer insulin injections.

Plan of Correction ***Accept***

Administrator has set up a diabetic train with [redacted] for all the med techs in working in the facility.

190b - Insulin Injections (continued)

administrator will provide new certificates for all staff members on 31st May, 2022. Administrator will perform monthly audit on all staff's documents to make sure each med techs hold a necessary valid certificate to perform above medical activity.

Completion Date: *05/31/2022* *Licensee's Proposed Date for POC Implementation*
Implemented [redacted] 6/2/22

191 - Resident Right to Refuse

1. Requirements

2600.
191. Resident Education - The home shall educate the resident of 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.

Description of Violation

Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction ***Directed***

Administrator has provided education to resident 1 on residents rights in November 2022. Administrator will hold monthly meetings with all residents and resident's POAs to make sure they understand their rights and reporting of incidents.

(Directed)
Administrator will provide education to all residents on their right to refuse medications if they believe that there may be a medication error. This education will occur by 6/1/22. The home will document resident education on this right by having the resident sign or mark a sheet a copy of the resident rights form and placing it into the residents' record. The administrator will develop and implement a checklist by 6/1/22 that will be completed with each new admission to ensure that residents are educated on about their right to refuse. [redacted] 5/9/22)

Completion Date: *06/01/2022* *Licensee's Proposed Date for POC Implementation*
Not Implemented [redacted] 6/2/22

224a - Preadmission Screen Form

1. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home on [redacted]; however, the resident has no preadmission screening form.

Resident #4 was admitted to the home on [redacted] however, the resident has no preadmission screening form.

Plan of Correction ***Accept***

Administrator updated resident 2 and 4th pre admission screenings. administrator will perform monthly audit on resident records to prevent in future. Administrator will also assign a staff person who will perform monthly cross check of all residents records with administrator. Administrator will follow a checklist before admission of a new residents to make sue we have pre admission screenings and medical evaluations from physician office before

224a - Preadmission Screen Form (continued)

residents arrival at the facility.
Completion Date: 11/22/21

Licensee's Proposed Date for POC Implementation
Not Implemented [redacted] 6/2/22

225a - Assessment 15 Days

1. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for Resident # 2, who was admitted to the home on [redacted].

Plan of Correction ***Directed***

Administrator has updated Resident assessment and support plan for resident 2. Administrator will perform monthly check on all the residents records to prevent this in future and update RASP on annual and ongoing basis. administrator has assigned a staff person to cross check all residents records monthly.

(Directed)
Administrator will review all resident records to ensure that they contain current assessments. The administrator will develop and implement the use of a checklist by 6/1/22 to ensure that all resident records are checked on a monthly basis, that they contain current assessments, and to identify residents who require a new assessment.
([redacted] 5/9/22)

Completion Date:*06/01/2022* *Licensee's Proposed Date for POC Implementation*
Not Implemented [redacted] 6/2/22

225c - Additional Assessment

1. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident # 3's most recent assessment was completed on [redacted].

Resident # 4's most recent assessment was completed on [redacted]

Plan of Correction ***Accept***

Administrator has updated Resident 3 and 4th RASP on [redacted]. Administrator will perform monthly audits on all the residents records to make sure every resident has their support plan update according to pessary changes and once a year if no changes has during the year. Administrator has assigned a staff supervisor to perfume monthly cross check all residents records.

Completion Date: *11/11/2021* *Licensee's Proposed Date for POC Implementation*
Implemented [redacted] 6/2/22

227a - Support Plan 30 Days

1. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

227a - Support Plan 30 Days *(continued)*

Description of Violation

Resident # 2 was admitted on [redacted]; however, the resident's initial support plan was never completed.

Plan of Correction ***Accept***

Resident 2's support plan has bend updated by administrator. Administrator will perform monthly audit on all residents records.

Completion Date: *11/11/2021* *Licensee's Proposed Date for POC Implementation* Implemented [redacted] 6/2/22

252 - Record Content

1. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
9. Dietary restrictions.
11. A list of allergies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

Description of Violation

Resident # 2's record does not include the required information including: identifying marks, recent photograph of the resident, language used, dietary restrictions, list of allergies, pre-admission screening, support plan, or an inventory of belongings.

Plan of Correction ***Accept***

Resident 2's above details has been updated in the RASP by administrator on [redacted]. Administrator will perform monthly audit on all residents records including DMEs, Pre Addison screenings, resident-home contract and assessment and support plan.

Completion Date: *11/11/2021* *Licensee's Proposed Date for POC Implementation* Implemented [redacted] 6/2/22

254a - Records Discharge/Active

1. Requirements

2600.
254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 11/3/2021, the office in the lower level with an unlocked door, was standing open and resident and staff records were in an unlocked cabinet in the room.

There is also an unlocked closet outside the office and beauty salon. On the floor of the closet, there are four stacks of files containing former resident records, where they cannot be maintained in a confidential manner.

254a - Records Discharge/Active *(continued)*

Plan of Correction ***Accept***

All the residents records from closet beside office has been removed and put away at the locked and secure place. administrator will provide a key to office to staff members so they can use the fax. Administrator has provided education to all staff members on importence of privacy of a residents records.

Completion Date: *11/05/2021* *Licensee's Proposed Date for POC Implementation*

On-Site Verification Implemented [redacted] 6/2/22