



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.

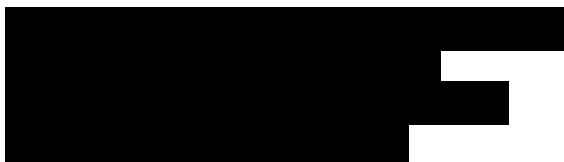
Sincerely,



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

Enclosure
Licensing Inspection Summary

cc:



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: *5408423558* [REDACTED] Email: [REDACTED]

Legal Entity

Name: *FAIRFIELD HEALTH MANAGEMENT LLC*
Address: *235 FRANKLIN STREET, FAIRFIELD, PA, 17320*
Phone: *5408423558* Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/07/2022*

Inspection Dates and Department Representative

04/01/2022 - On-Site: [REDACTED]
04/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* Residents Served: *8*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *unknown* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

04/01/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/21/2022*

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 certificate of inspection for the home's boiler expired 1/31/2022.

Plan of Correction

Accept

Administrator contacted area inspector from Department of Labor and industry on May 4th, 2022. Inspector will come and perform due inspection on 18th May, 2022. Administrator will submit new certificate once received from Department of Labor. Administrator will schedule annual inspection of a boiler with regional office.

Completion Date: 05/07/2022 Licensee's Proposed Date for POC Implementation

Implemented ARS 6/2/22

82b - Poisonous Material Storage

1. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

On 4/7/22 at 9:10 AM, a bottle of Clorox Clinging Bleach Gel with a manufacturer's label stating, "If swallowed call a poison center or doctor immediately for treatment advice," was stored next to a tray of brown potatoes and a bag of red potatoes in the laundry room.

Plan of Correction

Directed

DCS removed grocery basket from laundry room and stores in the pantry.

Administrator provided verbal education to all the direct staff working in the facility about importance of storing poisonous material on April 26th, 2022. Direct care staff will follow daily schedule to check all groceries stays in the pantry and all cleaning supplies will stay in the locked cabinet in the laundry room. Night shift direct care staff person will be perform above checklist once a day every day at 12 am. Administrator will provide verbal education once a week to all the direct care staff working at the facility and will do audit last day on a month.

(Directed)

Administrator will develop and implement the use of a daily checklist to ensure that poisonous substances are secured separately from food and beverages. The development and use of the checklist will occur by 5/15/22. (JM 5/9/22)

Completion Date: 04/26/2022 Licensee's Proposed Date for POC Implementation

Implemented ARS 6/2/22

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

- On 4/1/22 at 1:15 PM, the bathroom in Resident 1's bedroom had brown streaks and splatters, which appeared to be feces, running down the wall and onto the baseboard next to the toilet.

85a - Sanitary Conditions (continued)

- The shower in Resident 1's bedroom was extremely unclean as evidenced by discoloration of the floor and walls.
- The entire wall around the mirror in the home's salon is speckled with mold.
- Large spots of mold were present on the upper left corner of the closet located across the hall from the salon.
- Large spots of mold were present throughout the cabinet under the sink at the front of the home's kitchen.

Plan of Correction**Accept**

Management moved resident to another room till this room is fixed. Administrator will educate all direct care staffs about resident's room condition measures. Administrator will make sure each resident's room is in a clean and good condition. Management will fix all the conditions in above room and provide evidence of good condition to department by 30th May, 2022.

Completion Date 05/07/2022

Licensee's Proposed Date for POC Implementation

Not Implemented ARS 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

Multiple areas of the home contain evidence of infestation including:

- multiple dead bedbugs in Resident 1's bedroom
- dozens of mouse droppings and multiple dead bedbugs behind Resident 2's recliner, on the front windowsill and along the bottom of the baseboard heater
- stuffing pulled from and lying behind Resident 3's reclining chair
- dozens of mouse droppings under the sink and around cardboard boxes stored in the salon
- multiple dead bedbugs in the vacant bedroom at the front of the home across from Resident [REDACTED]'s bedroom
- multiple dead bedbugs and large amounts of bedbug feces in a vacant bedroom on the lower level

Plan of Correction**Accept**

Resident's room has been vacuumed and Recliner in resident 2 and 3s room has been removed from the room by Direct care staff. All rooms in comfort care including vacant rooms has been vacuumed by direct care staff. All the rooms in comfort care is treated by professional pest control company name orkins on below dates. 4/08/2022

04/02/2022

03/11/2022

03/11/2022

02/11/2022

02/11/2022

01/10/2022

01/10/2022

85b - Infestation (continued)

- 12/08/2021
- 12/08/2021
- 12/08/2021
- 11/17/2021
- 10/20/2021
- 10/08/2021

Orkin will treat this facility throughout this year and a next year once a month on first week of a month.

Completion Date: 06/01/2022 Licensee's Proposed Date for POC Implementation Not Implemented ARS 6/2/22

85d - Trash Receptacles

1. Requirements

- 2600.
- 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 4/1/22 at 1:00 PM and on 4/7/22 at 9:00 AM and 11:30 AM there was a partially full, uncovered trash can in the kitchen. The lid was stored on the floor in an alcove below the counter.

Plan of Correction Accept

Immediately corrected By DCS.

Staff members has educated verbally by administrator on Trash storage and garbage disposal on 04/11/22.

Completion Date: 04/11/2022 Licensee's Proposed Date for POC Implementation Implemented ARS 6/2/22

87 - Lighting

1. Requirements

- 2600.
- 87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 4/1 and 4/7/22, the second floor hallway outside of Resident [redacted]'s bedroom did not have an operable source of light.

Plan of Correction Accept

Corrected By Administrator. It was a light bulb issues and corrected.

Administrator assigned a direct care staff person to check all the lights in the facility once a week in the third shift.

Administrator provided education to all the staff and residents regarding operable room conditions and importance of sufficient lighting in the facility on 4/11.

Completion Date: 04/11/2022 Licensee's Proposed Date for POC Implementation Not Implemented ARS 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.

88a - Surfaces (continued)

Description of Violation

The exterior emergency door from the second floor leading across the roof and to the backyard does not close and therefore cannot be secured. The inability to close and secure this door is a security risk and also permits cold air, insects, and rodents to enter the home.

The concrete floor of the basement has a large jagged trench with exposed dirt and stone that is filled with several inches of water. Two pipes are present on either side of the room that divert water from the surrounding foundation into a sump pump. The PVC pipes that lead from the sump pump to the exterior of the home above ground level are leaking, resulting in water draining back into the concrete trench.

Plan of Correction

Accept

Administrator fixed emergency door on 4/11. It happened due to pine needles stuck under the door. all the pine needles has been removed and door is operable now. All the staff has been provided verbal education regarding emergency situations and importance of all the exits on 4/11 by administrator.

Administrator will fix the issue of leaking PVC pipe by hiring a professional company and will provide proof of evidence to department by 05/30. Professionals will make sure to check all the ground pipes once a year ongoing.

Completion Date: 04/11/2022

Licensee's Proposed Date for POC Implementation

Not Implemented ARS 6/2/22

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The window in the downstairs bedroom on the left side of the home is in poor condition as evidenced by a taped seam running from the top to the bottom of the window frame. The window is partially held in place by dried-up duct tape applied to the seam and around the perimeter of the window pane and window frame.

Plan of Correction

Accept

Tape holds a Plexiglas for a window air condition unit. Due to poor airflow room has not been assigned to any of the residents living in this facility. Administrator will remove the plexiglass and air condition unit from this room and will hire professionals to fix the window. administrator will submit evidence to department by 05/30. Administrator provided education to all the direct care staff about living room conditions for residents on 4/12.

Completion Date: 04/12/2022

Licensee's Proposed Date for POC Implementation

Not Implemented ARS 6/2/22

94b - Non-Skid Surface

1. Requirements

2600.

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

94b - Non-Skid Surface (continued)

Description of Violation

The wood ramps at the front of the home and ramps on the rear of the home (outside the library) do not have a non-skid surface.

Plan of Correction

Accept

Administrator will hire a professional contractor to install non skid surface on front and rear of the home. Administrator will submit documents by 05/30.

Completion Date: 05/30/2022

Licensee's Proposed Date for POC Implementation

Not Implemented ARS 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 downspout at the rear of the home discharges directly onto a wood exit ramp leading from the library.

Plan of Correction

Directed

Downspout is temporarily fixed by administrator on 04/12. Administrator will hire professionals and fix it. staff provided education by administration to look for any damages related to downspout and upon finding notify administrator immediately.

(Directed)

Administrator will inspect the exterior of the home on a weekly basis beginning 5/15/22 to identify and address hazardous conditions. (JM 5/9/22)

Completion Date: 05/15/2022

Licensee's Proposed Date for POC Implementation

Not Implemented ARS 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

On 4/1/22, there was an accumulation of pine needles and branches covering the wood steps leading from the second floor exit on the left side of the home to the ground. Non-skid strips were also peeling from the steps and created a tripping hazard.

On 4/7/22, non-skid strips applied to the wood steps leading from the second floor exit at the rear of the home to the ground were peeling and created a tripping hazard.

100b - Removal Snow/Obstructions (continued)

Plan of Correction

Directed

Administrator removed pine needles from second exit. All residents and staff members has given verbal education by administrator regrading tripping hazard at the front and back exit stairs. administrator will hire professionals to install a new non skid surface on second floor side and back exit stairs. Administrator has assigned a staff person to check all the exits to make sure they are free of tripping hazards and pine needles once a week. Once install a new non skid surface administrator will provide evidence.

(Directed)

Administrator will inspect the exterior of the home on a weekly basis beginning 5/15/22 to identify and address hazardous conditions. (JM 5/9/22)

Completion Date: 05/15/2022

Licensee's Proposed Date for POC Implementation

Not Implemented ARS 6/2/22

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The pillow for Resident 1 lacked a pillowcase and was discolored with yellow, brown, and red stains. The bed for Resident 3 lacked sheets.

Plan of Correction

Accept

Resident 1's pillow case has been changed by DCS and Resident's 3 bed sheet has been changed by DCS. Administrator provided education to staff regrading situation. Administrator will audit all residents room once a week for necessary missing items.

Completion Date: 04/08/2022

Licensee's Proposed Date for POC Implementation

Implemented ARS 6/2/22

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 4/1/22 at approximately 1:00 PM, a reclining chair and several mattresses that were discarded outdoors prevented the full opening of the emergency exit doors out the left side of the home.

On 4/1/22 at approximately 1:10 PM, a large upholstered chair was blocking the rear emergency exit doors next to the dining room.

On 4/1/22 at approximately 1:15 PM, a rolling clothes rack and two boxed-up bedframes blocked the emergency exit doors out the first floor of the right side of the home.

Plan of Correction

Accept

Administrator contacted junk removal and On 05/06/22, All Matters, reclining chairs ,beds frames sitting outside

121a - Unobstructed Egress (continued)

has been taken away by professional junk removal. Administrator provided education about emergency procedure and operable emergency exits to all the staff and residents on 05/06/22. Assigned direct care staff person will check facility exterior once a week to make sure all the exits are free to any kinds of blockages.

Completion Date: 05/06/2022 Licensee's Proposed Date for POC Implementation Implemented ARS 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

Upon entry to the home on 4/7/22 at 9:00 AM, the home's office was open and unattended. Medications were unlocked and accessible atop the medication cart and on the shelves in the room.

Plan of Correction Accept

It was a omission due to short staff. Administrator provided verbale education to Medtechs on importance of medication administration and storage of medicines on 04/24/22. Train the trainer will provide all medtechs a medication administration training on 07/22/22. Administrator will provide evidence of new med tech certificates once received.

Completion Date 04/24/2022 Licensee's Proposed Date for POC Implementation Not Implemented ARS 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

Residents 4 and 5 stated Staff Person B's [redacted] has administered medications to residents. Resident 5 stated that the [redacted] gave [redacted] an insulin injection within approximately the past two months. Per staff and resident interviews, Staff Person B's [redacted] is [redacted] years old, and has not passed the Department approved Medication Administration Training Course.

Plan of Correction Accept

Administrator has provided written warning to staff person B to not to bring [redacted] to this facility on 04/24/22. Administrator has provided all med techs education on importance of medication administration and Department approved medication administration training course.

Completion Date 04/24/2022 Licensee's Proposed Date for POC Implementation Not Implemented ARS 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.

254a - Records Discharge/Active (continued)**Description of Violation**

Staff Person A's office across from the salon was unlocked and accessible on 4/1 and 4/7/22. The office contains resident records in an unlocked and accessible filing cabinet.

Upon entry to the home on 4/7/22 at 9:00 AM, the home's office was open and unattended. Resident records including assessments and support plans were unlocked and accessible on a shelf in the office.

Plan of Correction**Directed**

Administrator provided a general key to all the staff member for the office. Office has a fax machine and needs to be frequently used by all staff members. all staff members has been educated by administrator on importance of the resident records. Train the trainer will provide training on resident records and storage to all the staff members on 07/22/22.

(Directed)

The home will be inspected by the administrator by 5/15/22 to ensure that resident records are stored in a secure fashion and not accessible to residents or visitors to the home. The administrator will provide training to all staff regarding keeping resident records secure. The training will be provided by 6/1/22.

Completion Date: 06/01/2022

Licensee's Proposed Date for POC Implementation

Implemented ARS 6/2/22