



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.

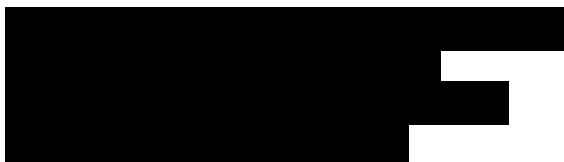
Sincerely,



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

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 and Industry*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *06/07/2022*

Inspection Dates and Department Representative

06/02/2022 - On-Site: [REDACTED]
06/07/2022 - 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: *3* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

06/02/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/13/2022*

06/17/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/21/2022*

06/27/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Exception* Follow-Up Date:

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 A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed

Administrator will follow the checklist before hiring a new staff person and make sure they have high school diploma. Administrator will audit all staff records once a month.

(Directed)

Staff Person A no longer works in the home as of 6/7/22. Effective 6/20/22, the Administrator will verify and document that all new hires have at minimum a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. The Administrator will document this using the new hire checklist. (AS 6.17.22)

Completion Date: 06/14/2022 Licensee's Proposed Date for POC Implementation

Document Submission

Administrator acknowledges above comment.

Not Implemented [redacted] 7/1/22

57a - Designee Present/Age

1. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On 6/6/22 and 6/7/22, 7 residents were present in the home. Staff person A was the only person on duty from 10:00 PM until leaving at 12:49 AM. Staff person A is less than 21 years of age. From 12:49 AM until a staff person arrived at 5:45 AM, no staff were present in the home.

Plan of Correction

Directed

On 6/07/22 at 1:38 am (Night) staff person A texted Administrator that [redacted] quit, Due to no ring for messages at night administrator saw the message at 8:00 am in the morning. Staff person A didn't call the administrator. Staff person A did not reach out to any of the staff members that [redacted] is leaving the facility unattended. Staff person A didn't call a facility supervisor before leaving the facility and didn't provide any reason for leaving facility at 12:49 am unattended. Administrator provided training remaining staff members on above topic on 06/10/22.

(Directed)

The Administrator will develop and implement an emergency staffing plan by 7/1/22. This plan will address emergency call off's and identify staff who are available to work on an as needed basis. The Administrator will contract with a staffing agency to ensure that in emergency situations staff will be available to work in the home. (AS 6.17.22)

Completion Date: 06/14/2022 Licensee's Proposed Date for POC Implementation

Document Submission

Administrator acknowledges.

Not Implemented NSC 7/1/22

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

On 6/6/22 from 10:00 PM until 6/7/22 at 5:45 AM, 7 residents were present in the home. During this time, no staff persons were present who had current certification in CPR and First Aid.

Plan of Correction

Directed

Staff person A was working that night who quit at 12:49 am without reaching out to any of the staff members or administrator. Staff person A is CPR/First aid certified. Administrator will develop a no tolerance policy for all staff members to not to leave facility unattended under any circumstances and provide training to all staff members on 06/15/22 . Administrator will include above policy in new hire checklist for future hires.

(Directed)

The Administrator will ensure that all staff members working in the home have a CPR/First Aid certification by 7/1/22. By 7/1/22, the Administrator will review the staff schedules weekly to verify that at minimum one staff is scheduled to work that is CPR/First Aid certified. (████ 6.17.22)

Completion Date: 06/14/2022 Licensee's Proposed Date for POC Implementation

Document Submission

Not Implemented █████ 7/1/22

Administrator acknowledges.

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of training for direct care staff A and B does not include the date, source, length of each course and copies of any certificates received for training topics required by 2600.65(a) and 2600.65(b).

Plan of Correction

Directed

Staff person B's training record corrected by administrator. Administrator will develop a checklists for new hire and audit staff records on monthly basis .

(Directed)

The Administrator corrected Staff Person B's training record by 6/14/22 to include he date, source, length of each course and copies of any certificates received for training topics required by 2600.65(a) and 2600.65(b). For all new hires, effective 6/20/22 forward the Administrator will use training documentation that includes at minimum date, source, length of each course and copies of any certificates received for training topics required by 2600.65(a) and 2600.65(b). The Administrator will audit all staff training records by 6/22/22 to ensure they include date, source, length of each course and copies of any certificates received for training topics required by 2600.65(a) and 2600.65(b). (████ 6.17.22)

Completion Date: 06/14/2022 Licensee's Proposed Date for POC Implementation

Document Submission

Not Implemented █████ 7/1/22

Administrator acknowledges above directed POC.

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 wood exterior steps from the second floor to the ground on the left side of the home are in poor condition as evidenced by rotted / missing wood on several of the steps. The damaged steps are a tripping hazard if someone gets their toe caught in the depression created by the rotted / missing wood.

Plan of Correction

Directed

Corrected by administrator. Administrator has developed a weekly checklists to inspect exterior of the building to make sure there are no tripping hazards. Administrator will follow this checklists on weekly basis.

(Directed)

The Administrator replaced the rotten stair treads on 6/14/22 and installed non-skid material on them. Starting 6/14/22, the Administrator will develop and use a weekly checklist to assess and inspect the exterior of the home. The purpose of this weekly inspection will be to identify any potential safety hazards, if hazards are identified they will be documented on the checklist and will be corrected within one week of identifying the hazard(s). (6.17.22)

Completion Date: 06/14/2022 Licensee's Proposed Date for POC Implementation

Not Implemented 7/1/22

Document Submission

Administrator acknowledges above directed POC.

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 bathroom window facing the rear of the home on the ground floor was open and had no screen. The window in the upstairs bedroom facing the left side of the home was open and did not have a screen. The window crank for this window was broken and prevented the window from being closed.

Plan of Correction

Directed

Corrected by administrator. Administrator will develop a weekly a checklist for inspecting inside of the building by 06/18/22.

(Directed)

On 6/14/22, the Administrator installed a screen in the bathroom window and repaired the broken window located in the upstairs bedroom so that it could be closed . Starting 6/14/22, the Administrator will develop and use a weekly checklist to assess and inspect the interior of the home. The purpose of this weekly inspection will be to identify any potential safety hazards, if hazards are identified they will be documented on the checklist and will be corrected within one week of identifying the hazard(s). (6.17.22)

Completion Date: 06/14/2022 Licensee's Proposed Date for POC Implementation

Not Implemented 7/1/22

Document Submission

Administrator acknowledges above directed POC and will develop a checklist. Administrator will hire professionals to fix it and work it as per professionals availability.

127a - Portable Space Heaters

1. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

On 6/2/22, there was a small, portable space heater in the downstairs closet near the office.

Plan of Correction

Directed

Corrected by administrator. Administrator has developed a checklist for hazardous materials . Administrator will follow and inspect inside & exterior of the building to check the hazardous materials.

(Directed)

On 6/14/22, the Administrator removed and discarded the space heater located in the downstairs closet . Starting 6/14/22, the Administrator will develop and use a weekly checklist to assess and inspect the interior of the home. The purpose of this weekly inspection will be to identify any potential safety hazards, if hazards are identified they will be documented on the checklist and will be corrected within one week of identifying the hazard(s). (██████████ 6.17.22)

Completion Date: 06/14/2022 Licensee's Proposed Date for POC Implementation

Document Submission

Not Implemented ██████████ 7/1/22

Administrator acknowledges above directed POC.

141b1 - Annual Medical Evaluation

1. Requirements

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

Description of Violation

Resident 1's most recent medical evaluation was completed on 3/██████████. Resident 2's most recent medical evaluation was completed on ██████████.

Plan of Correction

Directed

Supervisor of the facility has contacted Resident 1 and resident 2's Power of attorneys and doctor's offices for a new evaluations. Administrator will audit resident records once a month to make sure they have a current evaluations.

(Directed)

On 6/14/22 the supervisor of the facility Resident 1 and resident 2's Power of attorneys and doctor's offices to schedule new medical evaluations. The medical evaluations for Resident 1 and Resident 2 will be completed by ██████████. By 6/24/22 the Administrator will audit all current resident records to ensure that medical evaluations are completed and up to date. Any resident evaluations that are outdated or not completed will be completed by ██████████. Starting 6/24/22 the Administrator will conduct a once monthly audit to ensure that all residents have up to date medical evaluations, any residents that are coming due for evaluations within that month will be scheduled to have evaluations completed by month's end. (██████████ 6.17.22)

Completion Date: 06/14/2022 Licensee's Proposed Date for POC Implementation

Document Submission

Not Implemented ██████████ 7/1/22

Administrator acknowledges above directed POC.

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 3's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Directed

Corrected by Administrator. Administrator will audit resident records once a month and provide training to staff members by 06/15/22.

(Directed)

On 6/14/22 the Administrator completed and dated Resident 3's preadmission screening to indicate that the home could meet Resident 3's needs. By 6/24/22 the Administrator will audit all current resident records to ensure that the preadmission screening forms are completed in their entirety. Any resident preadmission screening forms that are not completed will be completed by [REDACTED]. Starting 6/24/22 the Administrator will conduct a once monthly audit to ensure that all residents have preadmission screening forms that are complete, any issues noted by the Administrator will be corrected and documented appropriately to include the date the form was amended ([REDACTED] 6.17.22)

Completion Date: 06/14/2022 Licensee's Proposed Date for POC Implementation

Document Submission

Not Implemented [REDACTED] 7/1/22

Administrator acknowledges above directed POC.