

Department of Human Services
Bureau of Human Service Licensing

September 13, 2022

[REDACTED]
FAIRMOUNT HOMES
333 WHEAT RIDGE DRIVE
EPHRATA, PA, 17522

RE: FAIRMOUNT HOMES - WHEAT
RIDGE
333 WHEAT RIDGE DRIVE
EPHRATA, PA, 17522
LICENSE/COC#: 32196

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/26/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: FAIRMOUNT HOMES - WHEAT RIDGE License #: 32196 License Expiration: 05/18/2023
Address: 333 WHEAT RIDGE DRIVE, EPHRATA, PA 17522
County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: FAIRMOUNT HOMES
Address: 333 WHEAT RIDGE DRIVE, EPHRATA, PA, 17522
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/13/2004 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 29 Waking Staff: 22

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 07/26/2022

Inspection Dates and Department Representative

07/26/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 Residents Served: 29

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

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

Inspections / Reviews

07/26/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/01/2022

09/01/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *09/08/2022*

09/13/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

181d -Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

In Resident [redacted] (Resident 3's room), [redacted] was found on the bathroom counter. [redacted] with a prescription label was being stored in an unlocked drawer. The resident was not in room and the door to the room was not locked.

In Room [redacted] (Resident 1's room), Resident 1 had [redacted] with a prescription label and [redacted] in an unlocked drawer in the room. The resident was not in the room and the door to the room was not locked.

Plan of Correction

Accept

- On 7/28/2022 The Administrator obtained an order from the Primary Care Provider for [redacted] to be kept in Medication Room/Treatment cart and to be administered by staff.
- On 7/26/2022, Director of Personal Care provided [redacted] with education that all self-administered medications and treatments must be locked in a locked drawer (or [redacted] room locked) while [redacted] is out of her room. A check of [redacted] room on 7/27/2022 by Director of Personal Care revealed compliance.
- A thorough room audit was completed on 8/29/2022 of all rooms in Wheat Ridge Personal Care by the Administrator for the purpose of ensuring self-administration medications are secure and that all medicines have a Dr. Order. (see attached Form A)
- Initial and annual training of Personal Care team members will be conducted by the Administrator and include training about the importance of daily observations for medications in a resident's room and reporting to charge nurse so that resident can be assessed for self-administration.
- Director of Personal Care will provide training and re-education to Resident Assistants and LPNs on 8/30/2022 and 9/1/2022 to daily observe and report any unsecured medications found in resident rooms.
- Ongoing medication self-administration audits are completed quarterly by the Personal Care Coordinator. Re-education and training with Personal Care Coordinator was completed by the Director of Personal Care on 8/24/2022.
- The results of these audits will be reviewed at Fairmount's QAPI committee meetings until compliance has been substantiated.

Completion Date: 09/01/2022

Document Submission

Implemented

- On 7/28/2022 The Administrator obtained an order from the Primary Care Provider for [redacted] to be kept in Medication Room/Treatment cart and to be administered by staff.
- On 7/26/2022, Director of Personal Care provided [redacted] with education that all self-administered medications and treatments must be locked in a locked drawer (or [redacted] room locked) [redacted] is out of her room. A check of [redacted] room on 7/27/2022 by Director of Personal Care revealed compliance.
- A thorough room audit was completed on 8/29/2022 of all rooms in Wheat Ridge Personal Care by the

181d - Storing Medication (continued)

Administrator for the purpose of ensuring self-administration medications are secure and that all medicines have a Dr. Order. (see attached Form A)

- Initial and annual training of Personal Care team members will be conducted by the Administrator and include training about the importance of daily observations for medications in a resident's room and reporting to charge nurse so that resident can be assessed for self-administration.
- Director of Personal Care will provide training and re-education to Resident Assistants and LPNs on 8/30/2022 and 9/1/2022 to daily observe and report any unsecured medications found in resident rooms.
- Ongoing medication self-administration audits are completed quarterly by the Personal Care Coordinator. Re-education and training with Personal Care Coordinator was completed by the Director of Personal Care on 8/24/2022.
- The results of these audits will be reviewed at Fairmount's QAPI committee meetings until compliance has been substantiated.

183f - Discontinued Medications**1. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The house stock of Pro re nata (PRN) medication, [REDACTED] located in the Nurse's office, expired on 6/22/2022.

Plan of Correction**Accept**

- Expired medication was disposed of immediately by Administrator on 7/26/2022.
- Night shift audit form was updated on 8/30/2022 by the Administrator to include a line verifying that refrigerated medications are checked for expiration dates.
- Personal Care Coordinator provided education to night shift staff about medication room audits including refrigerated meds on 8/21/2022.
- Personal Care Coordinator will conduct quarterly medication room audits to ensure compliance beginning 08/30/2022.
- The results of these audits will be reviewed at Fairmount's QAPI committee meetings until compliance has been substantiated by 08/30/2022.

Completion Date: 08/30/2022

Document Submission**Implemented**

- Expired medication was disposed of immediately by Administrator on 7/26/2022.
- Night shift audit form was updated on 8/30/2022 by the Administrator to include a line verifying that refrigerated medications are checked for expiration dates.
- Personal Care Coordinator provided education to night shift staff about medication room audits including refrigerated meds on 8/21/2022.
- Personal Care Coordinator will conduct quarterly medication room audits to ensure compliance beginning 08/30/2022.

183f - Discontinued Medications (continued)

- The results of these audits will be reviewed at Fairmount's QAPI committee meetings until compliance has been substantiated by 08/30/2022.

187a - Medication Record**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

4. Strength.
6. Dose.

Description of Violation

Resident 3's medication administration record (MAR) does not include the dose/strength for a [REDACTED] [REDACTED] to be taken by mouth one time per day for Dietary Supplement.

Plan of Correction**Accept**

- On 8/25/2022, the order for Resident 3 was updated by physician to include the generic & brand name and the dose/strength of the supplement.
- Training and re-education will occur on 8/30/2022 and 9/1/2022 by Administrator for Night shift to verify that all required items are present in the EMAR and match the medication packet/bottle delivered from the pharmacy each night when completing New Orders Checklist. Discrepancies will be reported by the Administrator to the Primary Care Provider for clarification.

Completion Date: 09/01/2022

Document Submission**Implemented**

- On 8/25/2022, the order for Resident 3 was updated by physician to include the generic & brand name and the dose/strength of the supplement.
- Training and re-education will occur on 8/30/2022 and 9/1/2022 by Administrator for Night shift to verify that all required items are present in the EMAR and match the medication packet/bottle delivered from the pharmacy each night when completing New Orders Checklist. Discrepancies will be reported by the Administrator to the Primary Care Provider for clarification.

202 - Prohibitions**1. Requirements**

2600.

202. The following procedures are prohibited:

2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.

Description of Violation

Audible alarm instruments are used outside of the [REDACTED] during overnight hours to alert staff when these residents attempt to leave their rooms. The application of startling stimuli is prohibited.

Plan of Correction**Directed**

- Resident 4 and 5 alarm [REDACTED] was removed immediately by Administrator on 7/26/2022 following

202 - Prohibitions (continued)

recommendation from PA DHS inspectors. The Director of Personal Care will provide training on 8/30/2022 and 9/1/2022 to not use these door alarms. All alarms were removed from Wheat Ridge Personal Care by Administrator on 8/25/2022.

Directed-

Beginning by 8/30/2022, the Administrator will conduct walk throughs of the home weekly to ensure audible alarms are not used on Resident doors. 09/01/2022.

Completion Date: 09/01/2022

Document Submission**Implemented**

• Resident 4 and 5 [REDACTED] was removed immediately by Administrator on 7/26/2022 following recommendation from PA DHS inspectors. The Director of Personal Care will provide training on 8/30/2022 and 9/1/2022 to not use these door alarms. All alarms were removed from Wheat Ridge Personal Care by Administrator on 8/25/2022.

Directed-

Beginning by 8/30/2022, the Administrator will conduct walk throughs of the home weekly to ensure audible alarms are not used on Resident [REDACTED] 09/01/2022.

226b - Mobility Requirements**1. Requirements**

2600.

226.b. If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

Description of Violation

Resident 1 has a physician's order for [REDACTED]. The Resident Assessment-Support Plan (RASP) for Resident #1 does not indicate that the resident has been assessed [REDACTED] on the resident's bed, how they will benefit from the use of [REDACTED] and the plan to ensure safety while in use.

Plan of Correction**Accept**

- [REDACTED] for Resident 1 was added to her RASP on 7/26/2022 by Administrator. Primary Care Provider assessed resident for use of the [REDACTED] 12/23/2021 for turning and positioning.
- Director of Personal Care will provide training and re-education to Resident Assistants, and LPNs on 8/30/2022 and 9/1/2022 regarding [REDACTED] Form created by Administrator and attached for use by nursing when a resident needs a [REDACTED] (see attached Form B)
- LPNs and Med Techs review and update RASPs daily as needed. Monthly reviews beginning 09/01/2022 will also completed for each resident by LPNs and Med Techs. Personal Care Coordinator will conduct quarterly RASP audits beginning 09/01/2022.
- The results of this audit will be reviewed at Fairmount's QAPI committee meetings until compliance has been substantiated starting 09/01/2022.

Completion Date: 09/01/2022

226b - Mobility Requirements (continued)

Document Submission**Implemented**

- [REDACTED] for Resident 1 was added to her RASP on 7/26/2022 by Administrator. Primary Care Provider assessed resident for use of the [REDACTED] on 12/23/2021 for turning and positioning.
- Director of Personal Care will provide training and re-education to Resident Assistants, and LPNs on 8/30/2022 and 9/1/2022 regarding [REDACTED] Form created by Administrator and attached for use by nursing when a resident needs a [REDACTED] (see attached Form B)
- LPNs and Med Techs review and update RASPS daily as needed. Monthly reviews beginning 09/01/2022 will also be completed for each resident by LPNs and Med Techs. Personal Care Coordinator will conduct quarterly RASP audits beginning 09/01/2022.
- The results of this audit will be reviewed at Fairmount's QAPI committee meetings until compliance has been substantiated starting 09/01/2022.