

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

May 10, 2023

[REDACTED]
FAIRFIELD HEALTH MANAGEMENT LLC
235 FRANKLIN STREET
FAIRFIELD, PA, 17320

RE: FAIRFIELD HEALTH MANAGEMENT
235 FRANKLIN STREET
FAIRFIELD, PA, 17320
LICENSE/COC#: 33455

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/19/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: FAIRFIELD HEALTH MANAGEMENT License #: 33455 License Expiration: 01/20/2023

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: 10 Waking Staff: 8

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Interim Exit Conference Date: 01/19/2023

Inspection Dates and Department Representative

01/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 25 Resident Served: 9

Secured Dementia Care Unit

In Home: No Area: Capacity: Resident Served:

Hospice

Current Resident : 0

Number of Residents Who:

Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 9

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

Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

01/19/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/04/2023

Inspections / Reviews (*continued*)

03/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/15/2023

03/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/27/2023

05/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted]/2023, Resident 1 fell in the home and was treated at the hospital [redacted]. An incident report was not submitted to the Department.

Plan of Correction

Accept ([redacted] - 03/22/2023)

On [redacted] 2023 Resident fell, went to hospital and came back same day [redacted]. Administrator was not on duty at that time, staff notified administrator but due to unavailability of a fax machine, Administrator forgot to notify the state. Administrator does all the reportable incidents so staff wasn't aware weather it was notified to state or not. To help prevent it in the future Administrator set up a reportable incident log so anytime reportable incident happens it will be a staff person on duty's job to report it to the state within 24 hrs via fax which is accessible to all staff members at this facility.

Verbal training was provided by administrator to staff members - date unknown

Reportable incident training & discussion date: 03/15/23

Trainer: Administrator

Place: Comfort care

Administrator will submit the record of training once it is done on 03/15/23.

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented ([redacted] 04/25/2023)

87 - Lighting

2. 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

There are multiple light fixtures within the home with nonfunctioning light bulbs:

Three fluorescent light fixtures in the kitchen are inoperable.

Most of the light bulbs in the ceiling fan fixtures in the main hall are inoperable.

Plan of Correction

Accept ([redacted] - 03/22/2023)

Light fixtures are a common issue at this facility where there is a problem with light bulbs multiple times within a week. Above issues has been resolved on 02/14/2023. Home has a schedule set up for the electrician to come and go through all electrical in June 2023 to find out majority of the issues with this facility. Administrator has set up a weekly checklist for the night shift person where they need to check all the light bulbs and any other electrical issues. Please find attached weekly fixture log.

87 - Lighting (continued)

All three light fixtures are fixed by installing new lights in the kitchen area by [REDACTED] -Electrician on 03/11/2023 and all the light bulbs in the common area fixed by administrator on 02/14/23. Please find attached pictures of the lights installed before and after.

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented ([REDACTED] - 04/25/2023)

132a Monthly Fire Drill**3. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

According to interviews with Staff Members A, B, C and D, fire drills are not conducted. Staff Member A provided the Dept. with a falsified fire drill record that lists fire drills that did not occur.

Staff Persons B and C reported that they had not participated in a fire drill in over a year and specifically identified drills on the falsified record, specifically 11/22/22 and 12/17/22, that did not occur. Staff Member D reported that the documented drill on 7/19/22 did not occur. Staff Member D reported that he/she has worked in the home since [REDACTED] or [REDACTED] of 2020 and has never participated in a drill.

Staff Member A stated that fire drills were documented on occasions when the fire alarm has activated due to a "false alarm" but when residents did not evacuate.

On 1/2/2023, a supervised fire drill was conducted by the local fire department. According to Staff Person A, the direct care staff members present were notified of the drill prior to it being held.

Plan of Correction

Accept ([REDACTED] - 03/22/2023)

Administrator guided residents multiple times for participation in fire drill but have gotten a lot of resistance from residents and not to participate in the fire drills so administrator took all the false alarms as fire drills, It was administrator's fault because not putting any force on any of the residents. Administrator apologize for not taking fire drill seriously. Administrator had meeting with residents on 02/06/23 and educated all the residents about how much important fire drills are and now residents agreed to take part in fire drills. Feb 2023 onward administrator will perform unannounced fire drills monthly. please find attached fire drill record which will begin from 02/13/2023. Supervised fire drill: Administrator reached out to fire department but due to new chief of the department, Person wasn't aware of the situation how does whole things work with unannounced fire drill in a personal care home so for the smooth operation for the fire chief, all residents were told after lunch to hang out in the common area. Administrator has reached out to fire department about above issue and they are willing to perform unannounced fire drill again somewhere in the April 2023, since it will be unannounced we do not have any specific date for it. Administrator will notify department once the fire drill from the fire department occurs.

Administrator spoke with fire chief from Fairfield fire department and scheduled a fire drill. Unannounced fire drill

132a - Monthly Fire Drill (continued)

will take place on 03/20/2023 on Monday though fire chief did not mention any specific time.

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented () - 05/10/2023)

162c - Menus Posted**4. 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 has a rotating menu, which is not often followed due to a lack of ingredients. Substitutions are made to the menu, usually the same day. For example, the menu for 01/19/23 listed baked ziti for lunch, however, because no ziti pasta was available, chicken parmesan was served instead. The menu for the same day listed bacon, lettuce and tomato sandwiches (BLTs) for supper, however the menu was changed to turkey and Swiss sandwiches as the ingredients for BLTs were not available in the home. The white board by the dining room, used for changes in the menu, was not updated.

Repeated Violation - 11/03/21, et al

Plan of Correction

Accept () - 03/22/2023)

Currently administrator is working with the staffs at the facility about the menus. Based on the grocery menus -all the items sometime not available at the grocery stores so we need to buy substitutes for those items. Due to not checking menu posted in advance there are issues with daily updates for the food white boards. To prevent this we are working on a delivery log and daily updates on the white boards with a night shift person. In current situation we are working with the staff to check the delivery of all the groceries at the time it delivers (person on duty will go over with administrator the day groceries will deliver) and night shift staff person will write the white board for what will be for Breakfast, Lunch and dinner for next day and check all the available items a night prior. Home currently has the 5 weeks menu posted in advance which we are working on to make it 2 weeks of rotating menu. it is work in progress but by mid April all staff will be trained to check the groceries and night shift persons will be train to identify the groceries needed for next day. Administrator will send 2 weeks of Menus which will be a rotating menu to the state by 04/15/2023. Please find attached Grocery list which will be used as a verification list for the delivery-number of items ordered and number of items received will get compared once the grocery delivers every other week.

Persons responsible for checking groceries (Groceries delivers on every other Saturdays for next 2 weeks- Dates: 03/25/23, 04/08/23, 04/22/23, 05/06/23, 05/20/23, 06/03/23, 06/17/23, 07/01/23, 07/15/23, 07/29/23 etc): On shift person at the time of delivery and administrator.

Person responsible for checking correct Menu and writing Breakfast,lunch and dinner for next day on white board: Night shift (2 pm to 10 pm) (Staff person C,D and E) and administrator will verify.

Double verification of available groceries for next day meal prep- Over night shift () and Staff person D)

Licensee's Proposed Overall Completion Date: 03/14/2023

162c - Menus Posted (*continued*)*Implemented (█ - 05/10/2023)*

162d - Past Menus

5. Requirements

2600.

162.d. Past menus of meals that were served, including changes, shall be kept for at least 1 month.

Description of Violation*The home did not retain documentation of past menus or their meal substitutions.***Plan of Correction***Accept (█ - 03/22/2023)**Currently home has a 5 weeks of rotating menus and posted at the place where resident can review it easily. All the meals which made and not in the lists were stick on the menu by a stick notes which staff person gets rid of once the week is ended. Home will start tracking the Menu for a month -March 2023 onward. Please find attached Menu tracker for a month which will be used as a guide.**Please find attached document of Meal tracker for the Month of March, 2023. We are using this method to track the meals of the residents. Monthly meal tracker will be available upon request.***Licensee's Proposed Overall Completion Date:** 03/14/2023*Implemented (█ - 05/10/2023)*

162e - Menu Changes

6. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation*For the menu on Thursday (01/19/2023) chicken parmesan was substituted for baked ziti lunch, and turkey and Swiss sandwiches were substituted for BLTs for supper. The changes to the menu were not posted on the home's white board, by the dining room, to provide the residents advance notice of the changes.***Plan of Correction***Accept (█ - 03/22/2023)**We are working with staff members on duty at the time of deliveries of the groceries and the staff members from the night shift who can check for the items available for the meal preparation a night prior so staff on duty doesn't have to change the meal at the time of preparation. Home will set up a new rules regarding menu posts and changes once the staff will get trained by 04/15/2023.**Menus change and training : Responsible persons- Staff person A,B,C**Update changes on white board: Staff person D,E**erification of updates: Staff person D and Over night shift*

162e - Menu Changes (*continued*)

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented (█) - 05/10/2023)

190a - Completion Medication Course

7. 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 Members D and E administer medications in the home and are not qualified to do so. Staff Member A provided the Dept. with falsified training records that document medication administration observations that did not occur on the documented dates. Staff Members A, D and E confirmed that observations documented on █/22 and █/22 did not occur.

Repeated Violation - 4/01/22, et al, 11/03/21, et al

Plan of Correction

Accept (█) - 03/22/2023)

Please find attached certificate copy of Staff member D and E which online completion of Medication administration course. Also find attached copy of Staff person E's medication administration training from Previous administrator in 2015. Staff person E has been giving medication under the certificate issued in 2015 since last 7 years. Staff person A was train the trainer certified in 2016 and certificate expired in 2019 (in 3 years), under the expired certificate and due to staff shortages staff person A certified staff person D as a medication technician in June 2021. Staff person A acquired a new Train the trainer certificate in December 2022 and recertified Both staff member D and E as a med tech. Staff person A did many observations during the time █ has expired train the trainer license but did not document it so once █ got a new train the trainer certificate █ put the current dates for the observation which was a mistake as █ didn't realize the importance of observation and proper documentation. To re-do the observation staff person A has set up a schedule and under that schedule Staff person B,C,E has performed 2 observations in the presence of staff person A. Copies attached. Staff person D's 2 observations are on schedule in first week of April, 2023 and Staff person B,C,D and E's remaining observations will perform in presence of staff person A on last week of April, 2023. Staff person A will perform these 4 observations annually on licensed med tech staff members and will also train the practicum observer to verify these observation during the times and date noted in staff training records.

MAR reviews and Observations done: Please find attached record of training and dates below.

Staff person E- 02/18/23 (2 Observations and MAR Reviews)

Staff person B,C - 02/22/23 (2 Observations and MAR reviews)

Staff person B,C and E - 03/08/23 (2 observations and MAR reviews)

Please find attached staff training plan attached for 23-24.

190a - Completion Medication Course (continued)

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented ([REDACTED] - 05/10/2023)