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

August 17, 2023

[redacted], OWNER/ADMINISTRATOR
T A RAHM
27 KYLE AVENUE
FAIRCHANCE, PA, 15436

RE: FAIRFIELD PERSONAL CARE HOME
27 KYLE AVENUE
FAIRCHANCE, PA, 15436
LICENSE/COC#: 40445

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/19/2023 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 PERSONAL CARE HOME* **Licen e #**: *40445* **Licen e Expiration**: *04/16/2024*

Address: *27 KYLE AVENUE, FAIRCHANCE, PA 15436*

County: *FAYETTE* **Region**: *WESTERN*

Administrator

Name: *Terry A Rahm* **Phone**: *7245649794* **Email**: *terryrahm77@gmail com*

Legal Entity

Name: *T A RAHM*

Address: *27 KYLE AVENUE, FAIRCHANCE, PA, 15436*

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

Certificate(s) of Occupancy

Type: *C 3 SP* **Date**: *11/13/1981* **I ued By**: *L & I*

Staffing Hours

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

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/19/2023*

Inspection Dates and Department Representative

07/19/2023 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *8*

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

Have Mobility Need: *3* **Have Physical Disability**: *0*

Inspections / Reviews

07/19/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/11/2023*

08/07/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/13/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/14/2023*

Inspections / Reviews *(continued)*

08/10/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/13/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/17/2023*

08/17/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *08/13/2023*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

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

On 7/19/23, the home's record of annual direct care staff training, completed on 1/24/22, for direct care staff person A, does not include the length of the training course for the required training topics.

Plan of Correction ***Accept (- 08/07/2023)***

Corrective Action was taken by Administrator on (7/20/23) Form has been updated to include length time of each course. The Administrator will go through all staff Training records to ensure compliance with Reg. 260065.i. Administrator will review all staff training qualifications during Quarterly Review.

Licensee's Proposed Overall Completion Date: *08/04/2023*

Implemented - 08/17/2023)

66a - Staff Training Plan

2. Requirements

2600.
66.a. A staff training plan shall be developed annually.

Description of Violation

On 7/19/23, there was no annual staff training plan for the 2022 and 2023 training years.

Plan of Correction ***Accept - 08/10/2023)***

Corrective Action was taken by Administrator (7/21/23) Staff Training Plan for 2022 & 2023has been completed. Monthly monitoring will be made by Administrator to ensure compliance with Reg. 2600 66 a and to make any changes.

Licensee's Proposed Overall Completion Date: *08/08/2023*

Implemented - 08/17/2023)

92 - Windows

3. 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

On 7/19/23, there was no screen in the left window facing the driveway in bedroom #3.

Plan of Correction ***Accept - 08/07/2023)***

Corrective Action was taken by Maintenance Man on 7/20/23 Screen was installed in Bedroom #3. Administrator will check on all windows per Reg.2600 92 monthly to ensure compliance.

Licensee's Proposed Overall Completion Date: *08/04/2023*

Implemented - 08/17/2023)

93b - Railings

4. Requirements

2600.
93.b. Each porch must have a well-secured railing.

Description of Violation

On 7/21/23, the concrete steps off the exterior porch from the laundry room has white aluminum railings on both sides. The railing posts are secure; however, the railings have a lot of give, back and forth from approximately the middle of the railing to the end posing a fall hazard. Going down the steps, the right railing moves outward approximately 1 ½" and inward approx. 1". The left railing moves inward approximately 2".

Plan of Correction ***Accept [redacted] - 08/07/2023)***

Corrective Action was taken day of inspection(7/19/23) Maintenance man made the necessary repairs to ensure Compliance with Re. 2600 93.b. Administrator will monitor monthly to ensure all is done.

Licensee's Proposed Overall Completion Date: *08/04/2023*

Implemented (JK - 08/17/2023)

100a - Exterior - Free of Hazards

5. 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 emergency egress route from the front screened porch to the Spring House is approximately 100' to 150' from the front door of the home and identified as the designated meeting place for emergency evacuations. The first wooden step to the porch of the Spring House is rotted and in disrepair. The step bows when weight is applied and the edge of the first step has a piece of the wood that has splintered and rotted approximately 19" long.

Plan of Correction ***Accept [redacted] - 08/07/2023)***

Corrective Action was taken on 7/22/23 by Maintenance man. Steps & Stringers were replaced. Maintenance Man was instructed by Administrator to ALWAYS check that all outside steps,sidewalks,railings ,porches are all in good repair. Administrator will check monthly to ensure compliance with reg.100a

Licensee's Proposed Overall Completion Date: *08/04/2023*

Implemented [redacted] - 08/17/2023)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

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

The medical evaluation, dated [redacted] for resident #1, does not indicate whether the resident does/does not have any Special Health or Dietary Needs. The section is blank.

The medical evaluation, dated [redacted], for resident #2 does not indicate whether the resident does/does not have any Special Health or Dietary Needs. The section is blank.

Plan of Correction ***Accept [redacted] - 08/10/2023)***

Medical Evaluation for resident#1 & #2 were taken to Physicians Office for correction on (8/2/23)to correct the section on health & dietary needs. Administrator will ensure when Medical Evaluations are returned that it be checked over to ensure compliance of 2600141.a. The Evaluations shall be checked monthly to ensure compliance.

Licensee's Proposed Overall Completion Date: *08/08/2023*

Implemented [redacted] - 08/17/2023)

141b1 - Annual Medical Evaluation

7. Requirements

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

Description of Violation

The medical evaluation, dated [redacted]/22, for resident #3 does not indicate whether the resident does/does not have any Special Health or Dietary Needs. The section is blank.

Plan of Correction ***Accept [redacted] - 08/10/2023)***

Corrective Action was taken (8/2/23) by taking Medical Evaluation to Physician office to complete the section on Special Health & Dietary Needs. Administrator will ensure that when returned it is completed & all other Medical Evaluations of Residents are completed to be in Compliance with Reg. 2600 141.b.1 The Medical Evaluations of all Residents will be checked Monthly.

Licensee's Proposed Overall Completion Date: *08/08/2023*

Implemented ([redacted] - 08/17/2023)

187a - Medication Record

8. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.

Description of Violation

Resident #1 is prescribed [redacted] accordance with the sliding scale three times a day with meals (breakfast, lunch and dinner). Sliding Scale: <150-0u; 151-200-2u; 201-250-4u; 251-300-6u; 301-350-8u; >350-12u.
The residents blood glucose readings, units of insulin administered are recorded in the residents Monthly Blood Glucose Logbook. On 7/19/21, review of the Monthly Blood Glucose Logbook indicated the amount of insulin administered was incorrectly documented on the following dates and times, to include:
** On [redacted]23 (Dinner) Blood Glucose Reading of [redacted] of insulin was administered in accordance with the sliding scale; however, [redacted] of insulin was documented.*
** On [redacted]/23, (Lunch) Blood Glucose Reading of [redacted] units of insulin was administered in accordance with the sliding scale; however, [redacted] of insulin was documented.*

Plan of Correction ***Accept ([redacted] - 08/07/2023)***

Corrective Action has been implemented(7/20/23) Updates to Mar to correct readings and educate all staff qualified to administer Meds. Reg 2600 187.a. Also the Policy & Procedure Manual for administering Medications Administer will monitor mar monthly to ensure with compliance of reg 2600 187a starting (8/1/23)

Licensee's Proposed Overall Completion Date: *08/03/2023*

Implemented ([redacted] 08/17/2023)

225a - Assessment 15 Days

9. 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

Resident #3 was admitted,[redacted] however, the assessment was not completed until [redacted]/22.

Plan of Correction ***Accept [redacted] - 08/10/2023)***

Administrator to audit current Assessments to ensure all are completed and dated .Administrator will monitor within 15 days of Admission to ensure Compliance of reg. 2600 225a Resident #3 Assessment date was corrected for the right date on 8/2/23. Administrator will be more careful when filling out all paperwork in the future to be in Compliance.

Licensee's Proposed Overall Completion Date: *08/08/2023*

Implemented [redacted] - 08/17/2023)

225c - Additional Assessment

10. Requirements

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

225c - Additional Assessment *(continued)*

Description of Violation

The assessment, dated [redacted]/23, for resident #4, does not include a Mobility Needs assessment. The section is blank

Plan of Correction ***Directed ([redacted] - 08/10/2023)***

Residents form was updated([redacted]/23)Administrator will ensure all forms are filled out completely for Compliance 2699 225c. Administrator will Audit all current resident records & any newly completed assessments for Accuracy & Completeness.

DIRECTED
Within 5 calendar days of receipt of the accepted plan of correction: The administrator will complete the audit of all current assessments for accuracy and completeness, 8/10/23[redacted]

Directed Completion Date: *08/08/2023*

Implemented ([redacted] - 08/17/2023)

251b - Record Entries Legible

11. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident #2's medical evaluation, dated [redacted], under the Diagnoses Addendum, section (2) Medical Diagnoses, Physical/Mental – writing on line #5 and #6 was covered with correctional fluid.

Plan of Correction ***Accept [redacted] - 08/07/2023)***

Corrective Action was taken on 7/21/23) Administrator initialed & put a line through Corrected lines 5 & 6 . Administrator will audit all documents to ensure no correction fluid is used. reg 2600 251b

Licensee's Proposed Overall Completion Date: *08/04/2023*

Implemented [redacted] - 08/17/2023)

252 - Record Content

12. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
3. A photograph of the resident that is no more than 2 years old.

Description of Violation

On [redacted]/23, the most recent photo included in resident #4's record is dated [redacted]/21.

Plan of Correction ***Accept [redacted] - 08/10/2023)***

Corrective Action was taken on [redacted]/23 with a new updated photo. Administrator will ensure all resident photos are current and dated for compliance 2600 252. All other residents photos were Audited and in Compliance. Administrator will check Monthly to ensure all Dates are no older than 2 years.

Licensee's Proposed Overall Completion Date: *08/08/2023*

Implemented [redacted] - 08/17/2023)