



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street  
Room 230  
Pittsburgh, Pennsylvania 15222

**ADULT RESIDENTIAL LICENSING**

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Mailing Date: FEB 24 2011

Ms. Aleta Hook, Administrator  
Fair Winds Manor, LP  
Fair Winds Manor  
126 Iron Bridge Road  
Sarver, Pennsylvania 16055

Dear Ms. Hook:

As a result of the Department of Public Welfare's licensing inspection on December 8, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janine Wenzig".

Janine Wenzig  
Regional Licensing Administrator

Enclosure(s)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME FAIR WINDS MANOR, 126 IRON BRIDGE ROAD SARVER, PA 16055		CURRENT LICENSE NUMBER 434760	
INSPECTION DATES (Include all dates of the inspection) 12/08/2010		REGIONAL REPRESENTATIVE D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Aleta Hook - P.C. Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Aleta Hook</i>	DATE 2-8-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The support plan for resident #1, dated 8/3/09, was not updated to address the resident's increase in confusion which resulted in the resident refusing medications, removing required oxygen, increased falls, and hostile and belligerent behavior as indicated in the resident's physician's disposition, dated 3/26/10.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	2-8-2011	Attended on November 3, 2010 the seminar provided by dpu on "Residential Support Plan Development" to educate myself more on what is expected and needed on a support plan for each resident. the initial plan, the significant change and the annual.  Reviewed all support plans added and up-dated all necessary materials and documentations to be in compliance with 227-d	