

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to FAIR WINDS MANOR LP
LEGAL ENTITY

To operate FAIR WINDS MANOR
NAME OF FACILITY OR AGENCY

Located at 126 IRON BRIDGE ROAD, SARVER, PA 16055
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 31, 2013 until March 31, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 434760

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 21 2013

Ms. Donna C. Saula, Administrator
Fair Winds Manor, LP
Fair Winds Manor
126 Iron Bridge Road
Sarver, Pennsylvania 16055

Dear Ms. Saula:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 15, 2013 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.


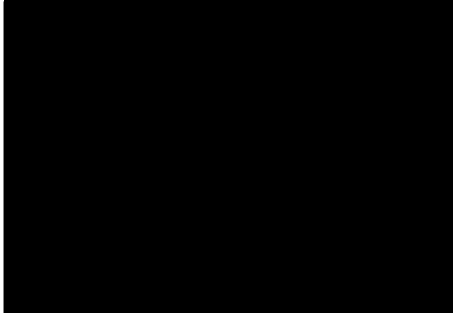
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: FAIR WINDS MANOR		License Number: 434760
Address: 126 IRON BRIDGE ROAD, SARVER, PA 16055		County: Butler
Administrator: Aleta Hook	Western Field Office	Region: WEST
Legal Entity Name: FAIR WINDS MANOR LP		
Legal Entity Address: 126 IRON BRIDGE ROAD, SARVER, PA 16055		
Certificate(s) of Occupancy C-2 LP 01/08/1990 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 25 Waking Staff: 19		
Type of Inspection: Full		Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 01/15/2013: Garrigan, Laurie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators: 27d, 97, 98a, 123a 234b		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 24 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 43476 - 01/15/2013 - Garrigan, Laurie
PCH Name: FAIR WINDS MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's maximum designated evacuation time, determined by a fire safety expert on 7/24/12, is 4 minutes 30 seconds. However, this time was exceeded on the following drills:

Date	Time	Evacuation Time
03/31/12	4:35 AM	4 min. 35 sec.
06/30/12	4:01 AM	4 min. 40 sec.
11/29/12	6:01 PM	4 min. 35 sec.

The fire drill record indicates not all residents evacuated the entire building to a public thoroughfare or to a fire-safe area on the following dates:

Date	Time	# Residents in the Home	# Residents Evacuated
09/28/12	4:17 AM	22	20
11/29/12	6:01 PM	24	14
12/30/12	4:55 AM	22	4

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Plan of correction done 1-16-2013. Maintenance Director and myself held training of regulatory documentation for all maintenance employees. Firm fire drills are done by maintenance men. This education and training will be monitored by and myself. We will continue this process, this will be ongoing. Documentation attached.

A fire drill was conducted on 1/3/13 at 10:30 AM with all residents evacuating to a fire safe area within 4 minutes to seconds. MS 2/5/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Aleta Hook* P.C. Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Aleta Hook - P.C. Administrator* Date *2-1-2013*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/5/13</u> (Date)	Plan of correction implementation status as of <u>2/5/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FIRE DRILL RECORDS
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PCH Name: FAIR WINDS MANOR

Number: 434760

<u>Date</u>	<u>Time</u>	<u>Evac Time</u>	<u>Supervised by Fire Safety Expert</u>
12/30/2012	04:55 AM	3 min 30 sec	
11/29/2012	06:00 PM	4 min 35 sec	
10/30/2012	12:00 PM	3 min 43 sec	
09/28/2012	04:15 AM	3 min 55 sec	
08/27/2012	09:35 PM	3 min 40 sec	
07/30/2012	01:15 PM	4 min 0 sec	
06/30/2012	04:00 AM	4 min 40 sec	
05/31/2012	06:00 PM	4 min 20 sec	
04/30/2012	02:00 PM	3 min 50 sec	
03/31/2012	04:35 AM	4 min 35 sec	
02/28/2012	03:35 PM	8 min	
01/30/2012	01:24 PM	3 min 30 sec	