



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 01 2016

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

RE: Fair Winds Manor
License #: 434760

Dear Ms. Saula:

As a result of the Department of Human Services' annual licensing inspection on July 26, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: FAIR WINDS MANOR		License Number: 43476
Address: 126 IRON BRIDGE ROAD, SARVER, PA 16055		County: Buller
Administrator: Alela Hook		Region: WEST
Legal Entity Name: FAIR WINDS MANOR LP		RECEIVED
Legal Entity Address: 126 IRON BRIDGE ROAD, SARVER, PA 16055		
Certificate(s) of Occupancy C-2 09/09/1992 Labor & Industry		SEP 23 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/26/2016: Park, Beth; Sutherland, Brent		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 22 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 22 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0


Violation Report: 43476 - 07/23/2016 - Park, Bath
PCH Name: FAIR WINDS MANOR

1. REGULATION 55 Pa.Code §2800
2800.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 56 Pa. Code Chapter 2800 (relating to assisted living residences). The home's sign located at the entrance to the driveway leading to the parking lot of the home states "Fair Winds Manor, Assisted Living & Skilled Care". Fair Winds Manor is not licensed as an Assisted Living Residence.

3. PLAN OF CORRECTION (P/C) (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.

the term "Assisted Living" was removed from
F.W.M. sign on July 26, 2016.

 the Environmental Director for
FWM removed the wording.

All sign & literature reviewed to make sure all
is in compliance to read "Personal Care" all
are.

Pictures attached.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Aleta Hook*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Aleta Hook - PC Administrator* Date *9-22-2016*

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

The above plan of correction is approved as of 10/7/16
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 10/7/16
(Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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SEP 23 2016

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Violation Report: 43476 - C7/26/2016 - Park, Belh
PCH Name: FAIR WINDS MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted] 2014, did not receive required training in the following topics during the 2015 training year:

- * The Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102)
- * Resident rights

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.

Training for Older Adult Protective Services Act & Resident's rights have been scheduled by Administrator, [redacted] to take place on October 6, 2016 for all staff.

Training to be done by Butler County Area on Aging, [redacted] clinical supervisor to do training at 10:00 am at F.W.M. This training added to yearly documentation, Butler County Area on Aging - 724-282-3008

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Aleta Hoak</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Aleta Hoak - PC Administrator</i>	Date	<i>9-22-2016</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/7/16</u> (Date)	Plan of correction implementation status as of <u>10/7/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43476 - 07/26/2016 - Park, Belh
PCH Name: FAIR WINDS MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The right side of the walkway outside of the front doors of the home has a two foot by three foot area of bricks which are uneven and present a tripping hazard.

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.

Pictures taken by [redacted] FWM
Environmental Director, submitted to QLS.
[redacted] for bidding and approval.
Repairs to correct the hazard will be
completed by October 22, 2016

[redacted] PC Adman, and [redacted]
NHA - approved the cost of this
repair.
Maintenance will do routine rounds ^{at least weekly} to
continue safety checks -

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Aleta Hook*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Aleta Hook - PC Adman's brother* Date *9-22-16*

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(Date)

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(Initials)

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