pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 04 2018

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

RE: Fair Winds Manor
Certificate #: 434760

Dear Ms. Saula:

As a result of the Department of Human Services' annual licensing inspection on June 12, 2017, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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: Butler
Administrator: ALETA HOOK	Region: WEST
Legal Entity Name: FAIR WINDS MANOR LP	
Legal Entity Address: 126 IRON BRIDGE ROAD, SARVER, PA 16055	

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Certificate(s) of Occupancy
C-2
09/09/1992
LABOR AND INDUSTRY

Staffing Hours

Resident Support: 0	Total Daily Staff: 24	Waking Staff: 18
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)
Renewal

On-Site Inspections Dates and Department Representatives On-Site
06/12/2017: Bartlett, Patricia; Quinn, Suzanne

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 who:
Number of Residents Served: 23	Receive Supplemental Security Income: 2
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 23
Area:	Have Mental Illness: 0
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1
Number of Current Hospice Residents: 2	Have a Physical Disability: 1
Number of Hospice Residents in past year: 3	

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Violation Report: 43476 - 06/12/2017 - Bartlett, Patricia
PCH Name: FAIR WINDS MANOR

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The resident privacy coding document, with the names of multiple residents, including resident #2 and resident #3, was attached and posted to the licensing inspection summary dated 11/27/13 next to the bulletin board in the resident hall in the white binder labeled "Inspection Reports."

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.

6-12-17 - Binder removed immediately. Staff instructed on violation.

6-16-17 - Attached retraining documentation of all staff

Immediately: A designated staff person will check the home weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. 12-13-17

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) Fair Winds Manor Aleta Hook

Date 11-15-17

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

The above plan of correction is approved as of 12-13-17 (Date)

The above plan of correction was approved by ___ (Initials)

Plan of correction implementation status as of 12.13.17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43476 - 06/12/2017 - Bartlett, Patricia
PCH Name: FAIR WINDS MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(a)(2) - The administrator or a designee shall complete the contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

2a. DESCRIPTION OF VIOLATION

Resident #4's contract, dated [redacted]16, was incomplete. The following sections were blank: personal needs allowance, refund notification requirement, fiscal management arrangement, payment responsibility person, and rent rebate retention.

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.

An audit of resident #4 completed on 6-13-2017. all violations corrected.

Meeting held with daylight & afternoon supervisors to help review all charts -

Immediately: The administrator or designated staff person shall audit all resident contracts for accuracy and completion. Any incomplete or inaccurate contracts shall be immediately corrected. 12-13-17

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) Fair Winds Manor Aleta Hook

Date 11-15-17

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

The above plan of correction is approved as of 12-13-17 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 12-11-17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress ✓
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43476 - 06/12/2017 - Bartlett, Patricia
PCH Name: FAIR WINDS MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #4's contract, dated [redacted]16, was not signed by the resident. The section to indicate if the resident is unable or refused to sign the contract is blank.

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.

6-13-17 Reviewed contract with resident and family - Resident signed contract.

Immediately: The administrator or designated staff person shall audit all resident contracts to ensure all required signatures are present. Any incomplete contracts shall be immediately corrected. 12-13-17 y

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) Fair Winds Manor Aleta Hook.

Date 11-15-17

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

The above plan of correction is approved as of 12-13-17 (Date)

The above plan of correction was approved by Y (Initials)

Plan of correction implementation status as of 12-13-17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress Y
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43476 - 06/12/2017 - Bartlett, Patricia
PCH Name: FAIR WINDS MANOR

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
At 11:48 a.m., the temperature in the kitchen milk cooler measured 50 degrees Fahrenheit and contained multiple cartons of milk.

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.

Addressed this Immediately with dietary supervisor 6-12-2017.

Attached documentations on temperature readings for Milk cooler

Immediately: The administrator or designated staff person shall check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. 12-13-17 ✓

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

Signature of Legal Entity Representative (Required on EVERY Page) Aleta Hodk.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Fair Winds Manor Aleta Hodk

Date 11-15-17

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

The above plan of correction is approved as of 12-13-17 (Date)

The above plan of correction was approved by ✓ (Initials)

Plan of correction implementation status as of 12-13-17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress ✓
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

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Violation Report: 43476 - 06/12/2017 - Bartlett, Patricia
PCH Name: FAIR WINDS MANOR

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident #5 was prescribed Warfarin Sodium 1mg tablet take three tablets to equal 3mg by mouth every day. The medication was discontinued on 3/14/17. However, on 6/7/17, a filled medication bubble pack was stored in the medication cart.

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.

This violation was addressed immediately 6-12-17 with physician & corrected.

Staff trained in med-cart audits and retraining done by all certified aids for Medications —

Completed by 6-22-2017

Documentation attached.

Immediately: A designated staff person qualified to administer medications will check the storage of medications monthly to ensure only current prescription, OTC, and CAM for individuals living in the home are kept in the home.

12-17-17 V

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

Signature of Legal Entity Representative (Required on EVERY Page) Alida Hook.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Fair Winds Manor Alida Hook

Date 11-15-17

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

The above plan of correction is approved as of 12-13-17 (Date)

The above plan of correction was approved by V (Initials)

Plan of correction implementation status as of 12-17-17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress ✓
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 43476 - 06/12/2017 - Bartlett, Patricia
PCH Name: FAIR WINDS MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Warfarin Sodium 2.5mg, on Wednesdays take one 2.5mg tablet by mouth at bedtime, and all other days, take two 2.5mg tablets to equal 5mg by mouth at bedtime. However, the medication label on three filled medication bubble packs indicated the following:

* Card #1 indicated 2.5mg, take one tablet by mouth daily or as directed.
* Card #2 indicated 2.5mg, take one tablet – two tablets (5mg) by mouth every day as directed by MD order.
* Card #3 indicated 1mg, take two tablets/2mg by mouth every evening.

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.

This violation was corrected immediately 6-12-17 -
Attached documentation for all med cert aide's training completed
6-22-2017 - Retraining —
Training will always be ongoing

Immediately: A designee qualified to administer medications shall complete an initial and monthly audit of medication carts and any other medication storage areas to ensure all prescription medications are labeled with a current and accurate pharmacy label, to include: the resident's name, medication name, date prescription issued, prescribed dosage and instructions for administration and name and title of the prescriber in accordance with the prescriber's orders. 12-13-17

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

Signature of Legal Entity Representative (Required on EVERY Page) Aleta Hodk.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Fair Winds Manor Aleta Hodk

Date 11-15-17

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

The above plan of correction is approved as of 12-13-17 (Date)

The above plan of correction was approved by ✓ (Initials)

Plan of correction implementation status as of 12-13-17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress ✗
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

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West Regional Field Office
Human Services Licensing

Violation Report: 43476 - 06/12/2017 - Bartlett, Patricia
PCH Name: FAIR WINDS MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed blood glucose checks four times a day for diabetes before breakfast, before lunch, before supper, and near snack time, and is prescribed Humalog Solution 100unit/ml inject per sliding scale four times per day.
70 – 140 = 0 units
141 – 180 = 2 units
181 – 220 = 4 units
221 – 260 = 6 units
261 – 300 = 8 units
301 – 340 = 10 units
Over 340 call physician.
However, resident #5's glucometer readings did not coincide with the resident's June 2017 medication administration record as follows:
* On 6/3/17 at 4:32 p.m., the glucometer indicated 156. The MAR indicated 157.
* On 6/3/17 at 10:09 p.m., the glucometer indicated 176. The MAR indicated 17.
* On 6/10/17 at 7:51 a.m., the glucometer indicated 113. The MAR indicated 112.
* On 6/10/17 at 10:20 p.m., the glucometer indicated 158. The MAR indicated 153,

Resident #7 is prescribed blood glucose checks three times a day for diabetes at 8:00 a.m., 12:00 p.m., and 5:00 p.m., and is prescribed Humulin R Solution inject per sliding scale three times a day:
70 – 140 = 0 units
141 – 180 = 1 unit
181 – 220 = 2 units
221 – 260 = 3 units
261 – 300 = 4 units
301 – 340 = 5 units
341 – 500 = 6 units
Call physician if greater than 341
However, resident #7's glucometer readings did not coincide with the resident's June 2017 MAR as follows:
* On 6/10/17 at 5:12 p.m., the glucometer indicated 139. The MAR indicated 132.

Resident #8 is prescribed blood glucose measurements three times a day for diabetes before breakfast, before lunch and before supper, and is prescribed Humulog R Solution 100 unit/ml, inject per sliding scale three times a day.
Below 69 call physician
0 – 149 = 0 units
150 – 200 = 2 units
201 – 250 = 4 units
251 – 300 = 6 units
301 – 350 = 8 units
251 – 400 = 10 units
401+ = 12 units and call doctor.
However, resident #8's glucometer readings did not coincide with the resident's June 2017 MAR as follows:
* On 6/10/17 at 5:10 p.m., the glucometer indicated 96. The MAR indicated 94.

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.

Retraining - all documentations attached 6-22-17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Fair Winds Manor Alda Hook — Date 11-15-17

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

The above plan of correction is approved as of 12-13-17 (Date) — Plan of correction implementation status as of 12-11-17 (Date)

See page 9A of 11

Violation Report: 43476 - 06/12/2017 - Bartlett, Patricia
PCH Name: FAIR WINDS MANOR

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

The above plan of correction was approved by _____ (Initials)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress ✓
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Alda Hook 11-15-17 12-13-17

Violation Report: 13178 - 08/12/2017 - Bartlett, Patricia
PCH Name: FAIR WINDS MANOR

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #5 is prescribed blood glucose checks four times a day for diabetes before breakfast, before lunch, before supper, and near snack time, and is prescribed Humalog Solution 100unit/ml inject per sliding scale four times per day.
70 – 140 = 0 units
141 – 180 = 2 units
181 – 220 = 4 units
221 – 260 = 6 units
261 – 300 = 8 units
301 – 340 = 10 units
Over 340 call physician.
However, resident #5's glucometer readings did not coincide with the resident's June 2017 medication administration record as follows:
* On 6/3/17 at 4:32 p.m., the glucometer indicated 158. The MAR indicated 167.
* On 6/3/17 at 10:09 p.m., the glucometer indicated 176. The MAR indicated 17.
* On 6/10/17 at 7:51 a.m., the glucometer indicated 113. The MAR indicated 112.
* On 6/10/17 at 10:20 p.m., the glucometer indicated 158. The MAR indicated 153.

Resident #7 is prescribed blood glucose checks three times a day for diabetes at 8:00 a.m., 12:00 p.m., and 6:00 p.m., and is prescribed Humulin R Solution inject per sliding scale three times a day:
70 – 140 = 0 units
141 – 180 = 1 unit
181 – 220 = 2 units
221 – 260 = 3 units
261 – 300 = 4 units
301 – 340 = 5 units
341 – 500 = 6 units
Call physician if greater than 341
However, resident #7's glucometer readings did not coincide with the resident's June 2017 MAR as follows:
* On 6/10/17 at 5:12 p.m., the glucometer indicated 139. The MAR indicated 132.

Resident #8 is prescribed blood glucose measurements three times a day for diabetes before breakfast, before lunch and before supper, and is prescribed Humulog R Solution 100 unit/ml, inject per sliding scale three times a day.
Below 69 call physician
0 – 149 = 0 units
150 – 200 = 2 units
201 – 250 = 4 units
251 – 300 = 6 units
301 – 350 = 8 units
251 – 400 = 10 units
401+ = 12 units and call doctor.
However, resident #8's glucometer readings did not coincide with the resident's June 2017 MAR as follows:
* On 6/10/17 at 5:10 p.m., the glucometer indicated 96. The MAR indicated 94.

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.

Immediately: A designated staff person qualified to administer medications shall audit all resident glucometers, MARs, and blood glucose testing records to ensure the glucometers are indicated in each resident's glucometer and the correct blood glucose reading is recorded. 12-13-17

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 - P.C. Administrator

Date 12-12-2017

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Violation Report: 43476 - 06/12/2017 - Bartlett, Patricia
PCH Name: FAIR WINDS MANOR

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #5 is prescribed blood glucose checks four times a day for diabetes before breakfast, before lunch, before supper, and near snack time, and is prescribed Humalog Solution 100unit/ml inject per sliding scale four times per day.
70 – 140 = 0 units
141 – 180 = 2 units
181 – 220 = 4 units
221 – 260 = 6 units
261 – 300 = 8 units
301 – 340 = 1 0units
Over 340 call physician.
On 6/3/17 at 10:09 p.m., the resident's glucometer reading indicated 176. The resident should have received 2 units of Humalog. However no medication was administered.

Resident #5 is prescribed Warfarin Sodium 2.5mg, on Wednesdays take one 2.5mg tablet by mouth at bedtime, and all other days, take two 2.5mg tablets to equal 5mg by mouth at bedtime. However, on 6/7/17, the resident was administered one 2.5mg tablet plus two 2.5mg tablets to equal 7.5mg by mouth at bedtime.

Resident #8 is prescribed blood glucose checks three times a day for diabetes before breakfast, before lunch, and before supper, and is prescribed Humalog Solution 100unit/ml per sliding scale three times per day.
Below 69 call doctor.
0 – 149 = 0 units
150 – 200 = 2 units
201 – 250 = 4 units
251 – 300 = 6 units
301 – 350 = 8 units
351 – 400 = 10 units
401+ = 12 units and call doctor.
The resident's blood glucose levels met the criteria to notify the physician. However the physician was not notified as follows:
* On 6/5/17 before lunch, the resident's blood glucose measured 427.
* On 6/5/17, before supper, the resident's blood glucose measured 61.

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.

Retraining - all documentations attached. This training will be an going & reviewed - 6-22-17

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) Fair Winds Manor Aleta Hook.

Date 11-15-17

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

The above plan of correction is approved as of 12-13-17 (Date)

The above plan of correction was approved by ____ (Initials)

Plan of correction implementation status as of 12-13-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

See page 11 of 11

Violation Report: 43476 - 08/12/2017 - Bartlett, Patricia
PCH Name: FAIR WINDS MANOR

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #5 is prescribed blood glucose checks four times a day for diabetes before breakfast, before lunch, before supper, and near snack time, and is prescribed Humalog Solution 100unit/ml inject per sliding scale four times per day.
70 – 140 = 0 units
141 – 180 = 2 units
181 – 220 = 4 units
221 – 260 = 6 units
261 – 300 = 8 units
301 – 340 = 1 0units
Over 340 call physician.
On 6/3/17 at 10:09 p.m., the resident's glucometer reading indicated 178. The resident should have received 2 units of Humalog. However no medication was administered.

Resident #5 is prescribed Warfarin Sodium 2.5mg, on Wednesdays take one 2.5mg tablet by mouth at bedtime, and all other days, take two 2.5mg tablets to equal 5mg by mouth at bedtime. However, on 6/7/17, the resident was administered one 2.5mg tablet plus two 2.5mg tablets to equal 7.5mg by mouth at bedtime.

Resident #6 is prescribed blood glucose checks three times a day for diabetes before breakfast, before lunch, and before supper, and is prescribed Humalog Solution 100unit/ml per sliding scale three times per day.
Below 80 call doctor.
0 – 140 = 0 units
150 – 200 = 2 units
201 – 250 = 4 units
251 – 300 = 6 units
301 – 350 = 8 units
351 – 400 = 10 units
401+ = 12 units and call doctor.
The resident's blood glucose levels met the criteria to notify the physician. However the physician was not notified as follows:
* On 6/5/17 before lunch, the resident's blood glucose measured 427.
* On 6/5/17, before supper, the resident's blood glucose measured 61.

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.

Immediately: A designated staff person qualified to administer medications shall audit all resident glucometers, MARs, and blood glucose testing records to ensure the glucometers are indicated in each resident's glucometer, the correct blood glucose reading is recorded and the resident received the correct dose of insulin medication. 12-13-17

Immediately: A designee qualified to administer medications shall observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the medications are being administered as prescribed. Documentation of observations shall be kept. 12-13-17

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 12-12-2017

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

The above plan of correction is approved as of 12-13-17 (Date)

The above plan of correction was approved by ____ (Initials)

Plan of correction implementation status as of 12-13-17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress ✓
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

NOV 17 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43476 - 06/12/2017 - Bartlett, Patricia
PCH Name: FAIR WINDS MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #4's annual assessment, dated 4/10/17, does not include the diagnoses of CVA, epilepsy, senile dementia, cardiomegaly, and hypothyroidism that are indicated on the medical evaluation, dated 4/7/17. The resident's assessment indicates the resident is minimal mobile. Additionally, the resident's assessment indicates not applicable for the following: securing health care, doing laundry, shopping, securing/using transportation, managing finances, using the telephone, writing correspondence, engaging in social/leisure activities, and obtaining clean, seasonal clothing. However, staff person A, the home's administrator, indicated the resident needs total physical assistance for these needs.

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.

Resident #4 chart audit was completed & all ordations corrected 6-13-17 -

Additional training done for daylight and afternoon supervisors to assist the administrator to help with the completion of assessments. 6-22-17

Training of support and Assessment certificate attached.

Immediately: The administrator or designated staff person shall review all current resident assessments to ensure accuracy and completeness. 12-13-17

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Aleta Hodk			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Fair Winds Manor Aleta Hodk	Date	11-15-17	

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

The above plan of correction is approved as of 12-11-17 (Date)

The above plan of correction was approved by K (Initials)

Plan of correction implementation status as of 12-13-17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress ✓
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented