



October 21, 2019

Ms. Emily George
NHA
Fair Winds Manor, LP
ATTN: ALETA HOOK
126 Iron Bridge Road
Sarver, Pennsylvania 16055

RE: Quality Life Services - Sarver
Certificate #: 434760

Dear Ms. Hook:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 28, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

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,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *QUALITY LIFE SERVICES - SARVER*

License Number: *43476*

Address: *126 IRON BRIDGE ROAD,, SARVER, PA 16055*

County: *BUTLER*

Region: *WESTERN*

Administrator

Name: *Aleta Hook*

Phone: *7243531531*

Email: *CSAULA@QUALITYLIFESERVICES.COM*

Legal Entity

Name: *FAIR WINDS MANOR LP*

Address: *126 IRON BRIDGE ROAD, ATTN ALETA HOOK, SARVER, PA, 16055*

Certificate(s) of Occupancy

Type: *I-2*

Date: *07/19/2010*

Issued By: *Labor and Industry*

Type: *C-2 LP*

Date: *09/09/1992*

Issued By: *Laobr and Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *22*

Waking Staff: *17*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

06/28/2019 - On-Site; Laurie Garrigan, Patricia Bartlett

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30*

Residents Served: *22*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *22*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

65i - Training Record

Regulations

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

Direct care staff person A, hired 10/7/14, completed training in fire safety on 11/9/18 for the January 1st, 2018-December 31st, 2018 training year. However, the home did not have a record of this training that included staff person A.

Repeat Violation: 7/5/18 et al

Plan of Correction (POC)

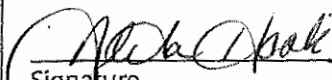
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Immediate Compliance = Contacted direct care staff. She stated she did attend training. Forgot to sign. Care giver gave statement, which we immediately sent to inspector.

Follow-up - Held meeting with environmental Director - Barb Johnston - a new sign & check sheet for all trainings have been implemented.

Long-Term Monitoring - This new form will require (2) signatures. Environmental Director will receive a copy & PC Administrator - These will be reviewed at Q.A. monthly meetings to ensure all staff has completed training.

Legal Entity Representative


Signature

Alida Hook - PC Administrator 9/6/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

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

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

103g - Storing Food

Regulations

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 10:30 a.m., there was a large unsealed bag of approximately 3 dozen six-inch garlic bread sticks in chest freezer #4.

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.)

Immediate Compliance - Dietary Manager removed the opened bag of bread sticks & discarded immediately.

Follow-up - Theresa Rayer, manager monitors & check freezers & refrigerators to ensure she is in compliance. Ms Rayer also re-educated new staff. The manager will conduct checks of freezers and refrigerators at least weekly. *JH* 9/13/19

Long-term monitoring - As dietary manager Theresa Rayer, re-educate current staff & new staff, this is an on-going education, & training.

Legal Entity Representative

Alta Hook
Signature

Alta Hook - PC Administrator 9/6/19
Printed Name and Title Date

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132d - Evacuation

Regulations

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. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's maximum evacuation time is 7 minutes and 48 seconds as determined by a fire safety expert on 12/7/18. The home exceeded this time during the following fire drills:

Date	Time	Evacuation Time
2/26/19	2:27 p.m.	8 minutes
5/20/19	7:09 p.m.	8 minutes
6/20/19	4:45 a.m.	8 minutes

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.)

immediate compliance - Barb Johnston researched violation & discovered fire safety expert documented time in error - we have always been 8 minutes - called immediately to correct error -

Fire Safety expert did a total evac of entire bldg - Nursing & PC. After discussion on evacuating safely within 8 minutes - Fire Safety Expert documented the following forms - on actual time to evac safely - This will always be on going training with staff turnover

Legal Entity Representative

The administrator will observe the next three fire drills conducted by the home to ensure that the home has the appropriate staffing at all times to assist residents to safely evacuate in 8 minutes as specified in writing by the fire safety expert in accordance with §2600.132(d). In addition, the administrator or designated staff person will review fire drill records monthly to ensure continued safe evacuation of residents within specified timeframes. *JH* 9/13/19

[Signature]
Signature

Aleta Jodk - Administrator
Printed Name and Title

9/6/19
Date

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 was prescribed Ipratropium-Albuterol Solution 0.5-2.5(3) mg /3 ml-inhale 1 vial orally for shortness of breath four times a day as needed. However, the prescription label on the medication indicates Albuterol Sulfate-administer 1 unit dose via nebulizer four times a day.

The following medications for resident #2, did not have the correct instructions for administration on the medication labels:

*Resident #2 was prescribed Coumadin Tablet 5 mg (Warfarin Sodium)- give 1 tablet by mouth at bedtime every Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday. However, the label on the medication label indicates Coumadin tablet 5 mg (Warfarin Sodium)- give 1 tablet by mouth at bedtime every Tuesday, Thursday, Saturday, and Sunday.

*Resident #2 was prescribed Coumadin Tablet 2.5 mg (Warfarin Sodium)- give 1 tablet by mouth at bedtime every Monday. However, the medication label indicates Coumadin tablet 2.5 mg (Warfarin Sodium)- give 1 tablet by mouth at bedtime Monday, Wednesday and Friday.

*Resident #2 was prescribed Levemir Flex Touch 100 u/6 ml- inject 20 units subcutaneously in the morning. However, the medication label indicates Levemir Flex Touch Solution Pen - Injector 100 ml (Insulin Detemir)- Inject 24 units subcutaneously in the morning.

Repeat violation: 7/5/18 et al, 6/12/17

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.)

immediate compliance - care staff member Jonda Scheel immediately addressed - a change of direction sticker was applied -

Follow-up - A medication audit system will now be put in place - this will be done monthly - this will include

each staff (med pass certified) will check & document that they audited the resident list given to them each month.

Long-Term monitoring - this will be included in monthly QA to reassure this is done & documented

184a - Labeling OTC/CAM (continued)

Legal Entity Representative

Within 30 days of receipt of this plan of correction, all staff persons responsible for administering medications, will be educated on the importance of proper labeling of prescription medications in accordance with §2600.184a JH 9/13/19

[Signature]
Signature

Meta Hook - Sr Administrator
Printed Name and Title

9/13/19
Date

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186a - Authorized Prescriber

Regulations

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

On 5/12/19, resident #2 was prescribed Oxycodone HCL tablet 5 mg-give 1 tablet by mouth every 3 hours as needed for severe pain. The prescription label indicates Oxycodone HCL 5 mg- give 1 tablet by mouth every 4 hours as needed for severe pain. Resident #2's medications were changed on 6/21/19; however, the home did not have written documentation from the prescriber of the change in medication.

Repeat violation: 7/5/18 et al

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.)

Immediate compliance: Direct staff and read orders immediately to correct this error.

Follow-up: Experienced direct care givers will be in charge to complete all orders with physicians. This monitoring will be given to administrator. This monitoring will include, at a minimum, weekly review of prescribers orders to ensure that the orders are received in writing and kept current. 9/13/19

long-term monitoring = these steps will be completed, monitored, any concerns will be addressed immediately, will N/P = physician's will implement sign off training sheets for all prescribed orders

Legal Entity Representative

[Signature]
Signature

Nita Hawk Administrator
Printed Name and Title

9/6/19
Date

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187a - Medication Record

Regulations

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 was prescribed Acetaminophen 650 mg suppository every six hours as needed for mild pain/fever. However, the resident's June 2019 medication administration record (MAR) did not include the dose. Resident #1 was also prescribed Morphine 10 mg/0.5 ml oral- give 10 mg /0.5 ml under tongue every 2 hours as needed for shortness of breath/pain. The medication was present in the home's medication refrigerator; however, the medication was not included on the resident's June 2019 MAR.

Repeat violation: 7/5/18 et al

Plan of Correction (POC)

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Immediate Compliance - This was addressed immediately by Vonda Scheel. This medication was brought in by hospice services & never used. However, training pet back in place "all" medication PRN or not must be put in the electronic MAR - etc. Education, will be added to QA - to assure being done monthly

Legal Entity Representative

The administrator or designated staff person will review medication administration records at least twice per month to ensure compliance with §2600.187(a)(1)-(14) *9/13/19*

[Signature]
Signature

Aleta Hook, Administrator
Printed Name and Title

9/6/19
Date

187a - Medication Record (continued)

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