



Sent via e-mail: ahook@qualityliveservices.com
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Mailing Date: December 13, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on September 10, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1's annual medical evaluation, dated 11/17/18, indicates the following diagnoses: anemia, generalized weakness, hypertension, anxiety, unspecified diabetic, arthropathies and polyosteoarthritis. However, these diagnoses are not adequately addressed on the resident's current assessment and support plan, dated 7/22/19. The plan to address all of these medical needs reads "staff gives meds daily"

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.)

Attached are all forms done to correct the revised documentation of assessment process - All staff re-educated on "RASP" & additional forms must be filled out timely - Administrator will follow-up - all RASP, closely

Resident #1's support plan has been updated. SE 12/11/19

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident support plans to ensure they are complete, accurate and indicate the care and services the home will provide to the resident. The administrator shall be notified immediately of any missing, outdated or inaccurate information discovered and the support plan shall immediately be updated. Documentation of the audit shall be kept.

Legal Entity Representative

Signature: [Handwritten Signature] Printed Name and Title: Aleta Hook - Administrator Date: 11-11-19

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The above plan of correction is approved as of 12/11/19 (Date) Plan of correction implementation status as of 12/11/19 (Date)
The above plan of correction was approved by SE (Initials)
[] Fully Implemented
[X] Partially Implemented - Adequate Progress
[] Partially Implemented - Inadequate Progress
[] Not Implemented