

Department of Human Services
Bureau of Human Service Licensing

October 19, 2021

[REDACTED]
FAIR WINDS MANOR LP
126 IRON BRIDGE ROAD
[REDACTED]
SARVER, PA 16055

RE: QUALITY LIFE SERVICES - SARVER
126 IRON BRIDGE ROAD
SARVER, PA, 16055
LICENSE/COC#: 43476

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/11/2021, 08/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Amy Duncan

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *QUALITY LIFE SERVICES - SARVER* License #: 43476 License Expiration Date: 03/31/2022
Address: 126 IRON BRIDGE ROAD, SARVER, PA 16055
County: BUTLER Region: WESTERN

Administrator

Name: [REDACTED] Phone: 7243531531 Email: [REDACTED]

Legal Entity

Name: *FAIR WINDS MANOR LP*
Address: 126 IRON BRIDGE ROAD, ATTN ALETA HOOK, SARVER, PA, 16055
Phone: 7243531531 Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 07/19/2010 Issued By: L&I
Type: C-2 LP Date: 09/09/1992 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: 08/13/2021

Inspection Dates and Department Representative

08/11/2021 - On-Site: [REDACTED]
08/13/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30 Residents Served: 13

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 13
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 6 Have Physical Disability: 0

Inspections / Reviews

08/11/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/02/2021*

9/1/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/09/2021*

9/2/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/17/2021*

10/19/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 8/5/21, it was reported to staff person B that resident #1 was overheard by staff stating that on multiple occasions staff person A, the home's administrator, hit the resident's leg and foot into a table while transporting [redacted] roughly and too quickly in [redacted] wheelchair. The resident also indicated that on one occasion staff person A hit the table so hard with [redacted] foot that he thought [redacted] busted [redacted] toe. However, the allegation of abuse was not immediately reported to the Area Agency on Aging.

Plan of Correction

Accept

§ 2600.15a. Abuse reporting covered by law.

- 1. Protective services personnel were made aware of the allegation on 8-6-21. When the NHA was made aware.
- 2. The act 13 was completed for resident #1 on 8-6-21
- 3. Staff were educated that all allegations of abuse must be reported to DHS within 24 hours and an Act 13 must be completed within 2 hours with Adult Protective Services.
- 4. See attached Staff education.

Completion Date: 09/17/2021

Document Submission

Implemented

documentation submitted

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 8/5/21, it was reported to staff person B that resident #1 was overheard by staff stating that on multiple occasions staff person A, [redacted], hit the resident's leg and foot into a table while transporting [redacted] roughly and too quickly in [redacted] wheelchair. The resident also indicated that on one occasion staff person A hit the table so hard with [redacted] foot [redacted] thought [redacted] busted [redacted]s toe. On 8/6/21, staff person A, who after being notified of this allegation was not immediately suspended or put on a plan of supervision, went to the resident's room. While in the resident's room, staff person A told resident #1 in a harsh and intimidating manner that [redacted] didn't have any business telling anyone else, and if [redacted] ever had a problem, to come to [redacted]r. Resident #1 indicated that during this conversation [redacted] felt uncomfortable and fearful of retaliation from reporting the incident. However, staff member A was not suspended until 8/6/21 at approximately 11:00 a.m.

15b - Supervisor Plan (continued)

Plan of Correction

Accept

§ 2600.15b. Abuse reporting covered by law.

1. Staff person A was walked out of the building on 8-6-21 and was suspended but not before [REDACTED] spoke to the resident.
2. Further investigation by the home substantiated the abuse and the Employee was terminated.
3. Upon an accusation of abuse towards a resident by a staff member. That staff member will be immediately escorted to the building supervisor. The employees belongings will be retrieved for them and the employee will be escorted out of the building. The employee will not have access to residents until a plan of supervision is approved by DHS. Once the employee has left the building the PCHA or designee will immediately notify the resident and responsible party of the incident.
4. Staff were educated that any person accused of abuse must leave the building immediately until a plan of supervision is approved by DHS.
5. See attached staff education.

Completion Date: 09/17/2021

Document Submission

Implemented

documentation submitted

15d - Resident Abuse-Notification

1. Requirements

2600.

- 15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On 8/5/21, it was reported to staff person B that resident #1 was overheard by staff stating that on multiple occasions staff person A, [REDACTED] hit the resident's leg and foot into a table while transporting [REDACTED] roughly and too quickly in [REDACTED] wheelchair. The resident also indicated that on one occasion staff person A hit the table so hard with [REDACTED] foot that [REDACTED] thought [REDACTED] busted his toe. However, the home did not notify resident #1 of the report of suspected abuse.

15d - Resident Abuse-Notification (continued)

Plan of Correction

Accept

§ 2600.15d. Abuse reporting covered by law.

1. The resident and responsible party were not informed on 8-6-21.
2. The Responsible party and resident were informed on 8-11-21 of the suspected abuse.
3. Upon an accusation of abuse towards a resident by a staff member. That staff member will be immediately escorted to the building supervisor. The employees belongings will be retrieved for them and the employee will be escorted out of the building. The employee will not have access to residents until a plan of supervision is approved by DHS. Once the employee has left the building the PCHA or designee will immediately notify the resident and responsible party of the incident.
4. Staff were educated that if there is an allegation of abuse the resident and or responsible party must be notified immediately.
5. See attached staff education.

Completion Date: 09/17/2021

Document Submission

Implemented

documentation submitted

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 8/5/21, it was reported to staff person B that resident #1 was overheard by staff stating that on multiple occasions staff person A, [REDACTED], hit the resident's leg and foot into a table while transporting [REDACTED] roughly and too quickly in [REDACTED] wheelchair. The resident also indicated that on one occasion staff person A hit the table so hard with [REDACTED] foot that [REDACTED] thought [REDACTED] busted [REDACTED] toe. However, the home failed to report the allegation of abuse to the department within 24 hours.

16c - Written Incident Report *(continued)*

Plan of Correction

Directed

§ 2600.16c. Reportable incidents and conditions.

1. The PCHA or designee shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department.
2. At the time of an accusation the resident in question and two other like residents will be interviewed by the PCHA as part of the homes investigation. To ensure proper care of the residents.
3. Staff will be educated that all allegations must be reported to Management immediately.
4. See attached reportable and staff education.

(Directed)

Beginning 9/12/21, the personal care administrator or designee will confidentially interview 2 residents weekly for 7 weeks, then 5 residents per month for 6 months, to ensure there are no care or treatment concerns. Documentation will be maintained by the facility. **(AD 9/2/21)**

Completion Date: 09/17/2021

Document Submission

Implemented

documentation submitted

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 8/5/21, it was reported to staff person B that resident #1 was overheard by staff stating that on multiple occasions staff person A, [REDACTED], hit the resident's leg and foot into a table while transporting [REDACTED] roughly and too quickly in [REDACTED] wheelchair. The resident also indicated that on one occasion staff person A hit the table so hard with [REDACTED] foot that [REDACTED] thought [REDACTED] busted [REDACTED] toe. On 8/6/21, after being notified of this allegation, staff person A, who was not immediately suspended or put on a plan of supervision, went to the resident's room. While in the resident's room, staff person A told resident #1 in a harsh and intimidating manner that [REDACTED] didn't have any business telling anyone else, and if [REDACTED] ever had a problem, to come to [REDACTED]. Resident #1 indicated that during this conversation [REDACTED] felt uncomfortable and fearful of retaliation from reporting the incident.

42b - Abuse (continued)

Plan of Correction

Directed

§ 2600.42. Specific rights.

1. Staff person A was immediately suspended on 8-5-21 when the allegation was made and did not return to work. The homes investigation substantiated abuse and the employee was terminated.
2. Staff were educated to report allegations of abuse to management immediately. Education was provided verbally on 8-5-21 and then formally as part of this plan of correction on 9-1-21.
3. Personal care administrator or designee will confidentially interview 5 residents times 2 weeks to ensure there are no care or treatment concerns. Resident interviews to begin 9-2-21 **(Directed)** Beginning 9/12/21, the personal care administrator or designee will confidentially interview 2 residents weekly for 7 weeks, then 5 residents per month for 6 months, to ensure there are no care or treatment concerns. Documentation will be maintained by the facility. **(AD 9/2/21)**
4. Personal care administrator or designee will do daily rounds to further monitor care provided to residents.
5. Care concerns are shared daily in a clinical meeting with the Skilled Nursing, Director of Nursing. They are documented on the 24 hour personal care report and the resolution is discussed in a end of day follow-up meeting. Concerns are also reported in quality management meetings monthly.

Completion Date: 09/17/2021

Document Submission

Implemented

documentation submitted