

Department of Human Services  
Bureau of Human Service Licensing

November 19, 2022

[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 04/08/2022, 04/15/2022, 04/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

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: *03/31/2023*  
Address: *126 IRON BRIDGE ROAD, SARVER, PA 16055*  
County: *BUTLER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *FAIR WINDS MANOR LP*  
Address: *126 IRON BRIDGE ROAD, ATTN KATE;YN LANDIS, SARVER, PA, 16055*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *04/29/2022*

**Inspection Dates and Department Representative**

04/08/2022 - On-Site: [REDACTED]  
04/15/2022 - On-Site: [REDACTED]  
04/29/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *30* Residents Served: *10*

**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: *10*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *2* Have Physical Disability: *1*

**Inspections / Reviews**

**04/08/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/30/2022*

06/02/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/11/2022  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/09/2022

08/24/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/11/2022  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/31/2022

11/19/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 10/11/2022  
 Reviewer: [REDACTED] Follow-Up Type: Not Required

## 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**

Resident #1 was admitted on [REDACTED] however, the home failed to conduct a Wandering Risk Assessment for [REDACTED]. The home's elopement prevention policy indicates, "Each resident's information will be compiled by the move in coordinator based upon referral source...Move in coordinator will document any known elopement risk information...A care plan will be developed that reflects the potential for elopement and preventive measures...Nurses will complete a Wandering Risk Assessment." Documentation from resident #1's previous placement, dated [REDACTED] indicates [REDACTED] has a history of "Episodes of wandering outside the home and forgetting where [REDACTED] is going...[needs] ongoing medical care due to increased confusion, wandering...[diagnosis of] Parkinson's disease with dementia and delusional thoughts." Due to these needs, resident #1 was ordered a Wander Guard signaling device at [REDACTED] previous placement. However, resident #1's initial assessment and support plan, dated [REDACTED], indicates [REDACTED] needs minimal supervision, needs attendance in unfamiliar places, is fully independent but easily gets lost or is forgetful, and [REDACTED] does not leave the home alone.

On [REDACTED] at approximately [REDACTED], resident #1 eloped from the home. At [REDACTED], staff found [REDACTED] sitting on the back porch of the independent living cottage in the rear of the property, directly adjacent to a pond, crying and saying [REDACTED] was cold and scared. Resident #1 was not wearing a coat and the air temperature was approximately 33 degrees Fahrenheit.

The home was aware of and failed to adequately address resident #1's elopement tendencies and provide adequate staffing and supervision. The home routinely schedules 1 direct care staff person during each 8-hour shift. On [REDACTED], the home served 11 residents, 2 of which had mobility needs. However, only 1 direct care staff worked during each eight-hour shift and one additional staff was training during the evening shift. The home's elopement prevention policy indicates, "Staff members noting elopement risk and wandering behaviors must notify the nursing manager/designee... Staff observations will be noted during the resident's stay and modifications will be made to the care plan and prevention techniques." However, multiple staff interviews indicate resident #1 frequently wanders the interior hallways and has attempted to exit the building through the exit door next to [REDACTED] bedroom on multiple occasions, causing the door alarm to activate. Resident #1 also exited the home in January 2022 and was found outside with no shoes, wearing only a nightgown.

**POC Submission****Accept (SQ - 08/24/2022)**

2600.42.b: Abuse

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

The resident's record was immediately reviewed for elopement risk by the PCHA. An internal investigation was launched by the RDO, Clinical Support, and PCHA. The resident was sent to the hospital for evaluation and treatment and subsequently admitted.

All resident's assessments were reviewed by the PCHA for accuracy relating to elopement/wandering risk. By June 15, 2022, the PC aides, med techs, and PCHA will document elopement/wandering behavior within the progress notes and report any new or changing behavior to the PCHA immediately upon observation. The PCHA will perform an audit of this documentation weekly for 4 weeks.

The PCHA is providing staff with education regarding the company elopement procedure as well as the company's abuse/neglect policy, the education was completed on 4/15/2022. By June 30, 2022, staff will increase to an

**42b - Abuse (continued)**

additional PC aide for 4 hours every waking shift in order to ensure the resident needs are met according to the support plans. During prescreening by the PCHA, for admission to the home, elopement/wandering risks will be identified. A wandering risk assessment will be completed with new admissions within 24 hours of admission to the home by the PCHA.

The PCHA will monitor resident wandering/elopement behaviors by reviewing progress notes and rounding weekly x4 weeks, report changes to resident's PCP, and refer resident to appropriate secured facility if needed. PCHA will report monthly at Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 06/30/2022

Implemented (SQ - 11/19/2022)

**42c - Treatment of Residents****2. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

On [REDACTED] at approximately [REDACTED] resident #1 eloped from the home. [REDACTED] staff found [REDACTED] sitting on the back porch of the independent living cottage in the rear of the property, directly adjacent to a pond, crying and saying [REDACTED] was cold and scared. Resident #1 was not wearing a coat and the air temperature was approximately 33 degrees Fahrenheit.

When resident #1 returned inside, staff person A yelled at [REDACTED] saying, "Why did you leave?...I never told you to take a walk! You're lying!...Stop lying! I would never tell [REDACTED] to say such a damn thing! Stop acting like a child!" Resident #1 was visibly upset, crying and stated several times that staff person A told [REDACTED] go take a walk outside. When other staff began to attempt to calm and reassure resident #1, staff person A threw up [REDACTED] arms and in an angry tone of voice said, "I'm not doing this anymore!" and walked away.

**POC Submission**

Accept (SQ - 08/24/2022)

2600.42.c: Treatment of Residents

A resident shall be treated with respect and dignity.

An investigation began immediately resulting in appropriate action taken with the identified employee. The investigation substantiated the claim and the identified employee was terminated. The resident was sent to the hospital for evaluation and treatment. The resident was admitted to the hospital without injury to the geri-psych unit for evaluation and medication adjustment. The resident returned to the home on [REDACTED].

All residents were interviewed by social services on 04/04/2022 to identify similar concerns. Any further concerns of or incidents of mistreatment of residents will be investigated per DHS regulations. No incidents were identified.

The PCHA is providing in house education to the employees regarding the treatment of residents within the home and resident rights. Current employees will complete this education by June 30, 2022. New employees will be educated upon hire. Education and compliance will be monitored ongoing weekly by the PCHA for 2 months.

Licensee's Proposed Overall Completion Date: 06/30/2022

Implemented (SQ - 11/19/2022)

60a - Staff/Support Plan

3. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

On [REDACTED] at approximately [REDACTED], resident #1 eloped from the home. [REDACTED] staff found [REDACTED] sitting on the back porch of the independent living cottage in the rear of the property, directly adjacent to a pond, crying and saying [REDACTED] was cold and scared. Resident #1 was not wearing a coat and the air temperature was approximately 33 degrees Fahrenheit.

The home routinely schedules 1 direct care staff person during each 8-hour shift. On [REDACTED] the home served 11 residents, 2 of which had mobility needs. However, only 1 direct care staff worked during each eight-hour shift and one additional staff was training during the evening shift. Multiple staff interviews indicate resident #1 frequently wanders the interior hallways and has attempted to exit the building through the exit door next to [REDACTED] bedroom on multiple occasions, causing the door alarm to activate. Resident #1 also exited the home in January 2022 and was found outside with no shoes, wearing only a nightgown.

Multiple staff interviews indicate resident #2 frequently exhibits wandering and exit seeking behaviors. Resident #2 resides in the [REDACTED], which is where the adjoined skilled nursing facility is located. On multiple occasions, resident #2 has been found wandering through the skilled nursing facility and staff have had to come upstairs to locate [REDACTED] and return [REDACTED] to [REDACTED] bedroom.

POC Submission

Accept

2600.60.a: Staff/Support Plan

Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Scheduling was reviewed and appropriate adjustments were made to ensure safety of all residents within the home per DHS regulations. An additional 1/2 shift was added per waking hour to ensure resident needs are met related to their support plan.

All resident’s level of care were reviewed by the PCHA and appropriate staffing to meet resident requirements related to their support plan was implemented.

The PCHA is monitoring PPD and support plan needs required by all residents daily by reviewing current staff and current resident needs.

The PCHA will monitor assistive needs of residents on a weekly basis for four weeks by rounding and reviewing any progress notes pertaining to a change in resident status. The PCHA will review and report these needs during the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 06/30/2022

Implemented (SQ - 11/19/2022)

190a - Completion Medication Course

**4. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff person A completed initial medication administration training on [REDACTED]. However, the staff person only completed 1 medication administration record review and medication administration observation on 1/6/21.

Staff person A administered multiple medications to resident #1 on 4/1/22, to include the following:

Levothyroxine Sodium tablet 100 mcg

Seroquel tablet 25 mg

**POC Submission**

**Accept (SQ - 08/24/2022)**

2600:190.a: Completion Medication Course

A staff person who has successfully completed a Department-approved medications administration course that included the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

All employee files were reviewed by the PCHA immediately following discovery of incomplete documentation for medication administration competency and compliance with DHS regulation on 04/12/2022.

Employee files were audited by the PCHA. The staff will receive a medication administration competency review every 6 months per policy, performed by the PCHA or designee. The PCHA will monitor new employee files biweekly for the next three months and ensure compliance with DHS regulations. PCHA will generate appropriate checklists to maintain in employee files to ensure compliance. The PCHA will audit and ensure these documents are within compliance.

The PCHA will review audits of the competency review and report results of the audits at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 06/30/2022

**Implemented (SQ - 11/19/2022)**

225a - Assessment 15 Days

**5. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident #1’s initial assessment and support plan, dated [REDACTED] indicates [REDACTED] needs minimal supervision, needs attendance in unfamiliar places, is fully independent but easily gets lost or is forgetful, and [REDACTED] does not leave the home alone. However, documentation from resident #1’s previous placement, dated [REDACTED], indicates [REDACTED] has a history of “Episodes of wandering outside the home and forgetting where [REDACTED] is going...[needs] ongoing medical care due to increased confusion, wandering...[diagnosis of] [REDACTED].” Due to these needs, resident #1 was ordered a Wander Guard signaling device at [REDACTED] previous placement.

Resident #2’s initial assessment and support plan, dated [REDACTED] indicates [REDACTED] has minimal supervision needs.

225a - Assessment 15 Days (continued)

However, multiple staff interviews indicate resident #2 frequently exhibits wandering and exit seeking behaviors. Resident #2 resides in the [REDACTED], which is where the adjoined skilled nursing facility is located. On multiple occasions, resident #2 has been found wandering through the skilled nursing facility and staff have had to come upstairs to locate [REDACTED] and return [REDACTED] to [REDACTED] bedroom.

**POC Submission**

**Accept (SQ - 08/24/2022)**

2600.225a: Assessment 15 Days

A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may be complete the initial assessment.

All resident's charts were reviewed by the PCHA immediately following the exit interview on 05/02/2022 and assessments were updated to properly reflect the current needs of the resident as well as how those needs will be met.

All resident's charts will be reviewed and any significant changes or updates will be added to the resident's support plan by the PCHA by June 15, 2022. New residents will have assessment done thoroughly and appropriately by the PCHA.

The PCHA will monitor progress notes and track the changes within a tracking tool weekly for 4 weeks. The PCHA will interview residents and staff to ensure monitoring of change in condition. The PCHA will educate all staff, by 06/15/2022, on how to appropriately report significant changes to the PCHA and upon education, staff will ensure proper notification of significant change is reported to the PCHA. The PCHA will utilize an auditing tool to monitor education compliance. Staff will also utilize a 24 hour report sheet to be turned into the PCHA daily. Staff will be educated on the proper use of a 24 hour report sheet by May 30, 2022.

Weekly assessment by the PCHA of all resident's with the PC home will occur. Any change in condition will be documented within the resident's progress notes as needed. The PCHA will review and report changes during clinical meetings to the DON, every work day morning, as needed- as well as during the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 06/30/2022

**Implemented (SQ - 11/19/2022)**

225c - Additional Assessment

**6. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

Resident #1's initial medical evaluation, dated [REDACTED], indicates multiple diagnoses to include [REDACTED]. However, resident #1's initial assessment, dated [REDACTED], does not include these diagnoses.

**POC Submission**

**Accept (SQ - 08/24/2022)**

2600.225.c: Additional Assessment

The resident shall have additional assessments as follows:

- 2: If the condition of the resident significantly changes prior to the annual assessment.

Resident's record was reviewed and updated on [REDACTED] to reflect the resident's current diagnosis by the PCHA.

**225c - Additional Assessment (continued)**

All resident's records were reviewed by the PCHA during the month of April 2022 for accuracy and were updated to reflect their current diagnosis and/or care needs.  
 The PCHA will thoroughly review all admission records and ensure the proper documentation occurs. The PCHA will review current records weekly for 4 weeks to ensure accuracy, including diagnosis and care needs.  
 The PCHA will review and report audit results during the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 06/30/2022

Implemented (SQ - 11/19/2022)

**227d - Support Plan Medical/Dental**

**7. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident #2's initial assessment, dated [REDACTED] indicates [REDACTED] has minimal supervision needs. However, resident #2's initial support plan, dated [REDACTED], does not document how this need will be met.

**POC Submission**

Accept (SQ - 08/24/2022)

2600:227.d: Support Plan Medical/Dental

Each home shall document in the resident's support plan the medical, dental, vision, mental health, or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. The requirement does not require a home to pay for the cost of these medical or behavioral care services.

The indicated resident's record were reviewed and updated to reflect how the resident's need will be/is met on [REDACTED]

All resident's records were reviewed by the PCHA on 05/03/2022. Support plans are being updated to reflect needs of the identified residents and how the home will meet those needs by the PCHA. Records will be updated per DHS guidelines by May 30, 2022 and as significant change occurs.

The PCHA will monitor resident records weekly for 4 weeks to ensure accuracy and completeness of support plans by reviewing each resident's record and documenting within an auditing tool.

The PCHA will report audit findings during the monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 06/30/2022

Implemented (SQ - 11/19/2022)