



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DECEMBER 16, 2022

[REDACTED]
Fawn Care, LLC
282 Shawnderosa Drive
Tarentum, Pennsylvania 15084

RE: Fawn Care, LLC
License/COC #: 454051

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 12, 2022, July 13, 2022, July 14, 2022, July 26, 2022, August 4, 2022, September 24, 2022, and October 6, 2022, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time.

In accordance with 55 Pa. Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes or assisted living residences) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *FAWN PERSONAL CARE HOME INC* License #: *44639* License Expiration: *02/18/2023*
Address: *282 SHAWNDEROSA DRIVE, TARENTUM, PA 15084*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *FAWN PERSONAL CARE HOME INC*
Address: *282 SHAWNDEROSA DRIVE, TARENTUM, PA, 15084*
Phone: *7242244400* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *10/06/2014* Issued By: *Fawn Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *07/28/2022*

Inspection Dates and Department Representative

07/12/2022 - On-Site: [REDACTED]
07/13/2022 - Off-Site: [REDACTED]
07/14/2022 - Off-Site: [REDACTED]
07/26/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *12*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

07/12/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/04/2022*

08/26/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *08/26/2022*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/30/2022*

08/31/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *08/29/2022*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/02/2022*

11/10/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *08/31/2022*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

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 is diagnosed with [REDACTED] and ambulates with a rollator walker. The resident's assessment, dated [REDACTED], indicates the resident requires moderate supervision - some supervision in the home and needs attendance when outside the home, and/or tends to wander, has impaired judgment, "tends to make quick, irrational choices," often experiences "visual and auditory hallucinations" and has problems with agitation and aggression, getting "upset very easily."

On 7/10/22, at approximately 8:20 p.m., staff person A went into the room of resident #1 to administer medications. The resident said [REDACTED] wanted to go to the bathroom, yelled at staff person A and pushed [REDACTED] walker into staff person A's knee twice. The resident lost his balance, staff person A grabbed the resident's walker and under the resident's arm, and the resident fell back against the wall and hit [REDACTED] left arm on a metal heating grate. The resident got up by himself, went to the bathroom and staff person A left the room to administer medication to other residents. The resident left the home unsupervised and walked approximately 0.3 miles to a busy intersection near a gas station and sat down on the guardrail. At approximately 8:50 p.m., a bystander saw [REDACTED], had [REDACTED] get into their car and drove [REDACTED] to the hospital. The hospital diagnosed him with left forearm skin tear and left hip contusion. The home failed to adequately supervise the resident.

POC Submission**Directed [REDACTED] - 09/12/2022)**

On [REDACTED] Administrator reviewed the facts of the neglect and immediately terminated staff person A. On 7/11/22, staff was informed of the incident and re-trained on resident rights and the abuse regulation. Fawn PCH employees resigned immediately following this event. Fawn PCH has been sold and new owners are in the process of license application to re-open under Fawn Care LLC.

Fawn Care LLC has new employees and they have been educated and trained according to the DHS standards per new employee training which includes resident rights.

Effective immediately: owners, administrator and the facility manager will conduct monthly reviews of residents who may be in need of elopement risk assessment and completing an assessment of care to assure residents needs can be met. Consults with medical doctor and families to further strategize any ADL adjustments will be communicated.

On September 2, 2022, Administrator will conduct interviews with all residents asking how the Fawn Care staff handles their everyday needs. Administrator will interview all residents for the next 3 months at random times asking how the staff is treating them. Documentation will be kept by the Administrator to accurately record residents responses and the time/date of the interviews.

DIRECTED: Within 30 calendar days from receipt of this plan of correction – All staff persons will be trained on §2600.42(b) by an outside source approved by the Department.

DIRECTED: Within 30 calendar days from receipt of this plan of correction – The administrator will implement procedures that ensure compliance with §2600.42(b). The procedures will include, at a minimum, monthly

42b - Abuse (continued)

administrator or designee interviews with at least 4 residents regarding care and treatment, [including when using assistive devices]. The administrator or designee will increase supervision of staff during care [...with assistive devices...] to ensure that staff are proficiently assisting residents with mobility care needs in a manner that is compliant with §2600.42(b).

DIRECTED: Within 30 calendar days of receipt of this plan of correction (POC) – The home will develop written elopement prevention policies to include elopement risk evaluations. The written policies will be submitted to the Western Regional Office. Within 60 days of receipt of this POC, all staff persons will be trained on the elopement prevention policies. Documentation of training will be kept.

DIRECTED: Within 60 calendar days of receipt of this plan of correction – The administrator will ensure that Elopement Risk Assessments are completed, including a facility-specific elopement risk assessment, and a resident elopement risk assessment for each resident. Resident support plans will incorporate elopement risk into the plan of care with individualized interventions.

DIRECTED: Mock elopement drills will be conducted at least two times within 90 calendar days of receipt of this POC and a least every 6 months thereafter. Mock elopement drills will be documented to include date, time, name of the person conducting the drill. Documentation will be kept.

Directed Completion Date: 08/31/2022

Not Implemented [REDACTED] **11/10/2022**