



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: *7242244400* 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: *15* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/04/2022*

Inspection Dates and Department Representative

08/04/2022 - 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: *3* Have Physical Disability: *0*

Inspections / Reviews

08/04/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/04/2022*

08/31/2022 - POC Submission

Submitted By: [REDACTED]
[REDACTED] [REDACTED]

Date Submitted: 08/30/2022

Follow-Up Type: POC Submission

Follow-Up Date: 09/02/2022

11/10/2022 - POC Submission

Submitted By: [REDACTED]
Reviewer: [REDACTED]

Date Submitted: 09/02/2022

Follow-Up Type: Enforcement

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract dated, [REDACTED] is not signed by the resident.

Resident #2's contract dated, [REDACTED] is not signed by the resident.

POC Submission

Accept [REDACTED] - 08/31/2022)

On August 6, 2022 the facility manager collected signatures for resident #1 and #2 contracts.

On August 6, 2022 the administrator reviewed the regulation w/ the Facility Manager and the Owners. Immediately and on-going the administrator will audit the contracts for signatures to ensure this section is completed, adding a initial/date to confirm completion of the audit.

Licensee's Plan Completion Date: 08/30/2022

Implemented [REDACTED] - 11/10/2022)

96a - First Aid Kit

2. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit does not include tweezers.

POC Submission

Accept [REDACTED] - 08/31/2022)

On August 26th administrator audited the first aid kit to ensure all required items are present. Administrator will wrap the kit in saran wrap and monitor it weekly to ensure the kit was not opened. On this day the administrator educated the owners, facility manager and staff to use items in the kit if needed but to alert the administrator if they did open the kit.

All staff will be responsible to look at the wrapped kit to assess if the kit has been opened. If the kit has been opened they must report it to the owners and/or the administrator.

Licensee's Plan Completion Date: 08/30/2022

Implemented [REDACTED] - 11/10/2022)

132b - Safety Inspection/Fire Drill

3. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

There was no fire safety inspection and fire drill conducted by a fire safety expert in the last year.

POC Submission

Accept [REDACTED] - 09/07/2022)

On August 27th the administrator met w/ the owner to educate him on the importance of scheduling a yearly check with a fire expert and completing a safety and fire drill. On August 29th the owner will contact the local fire chief to arrange this past due event. Documentation of the annual safety/fire drill will be kept in a binder on-site.

On September 1, 2022, Owner has scheduled the fire expert to walk through the facility to perform safety

132b - Safety Inspection/Fire Drill (continued)

inspection and to conduct fire drill on September 9th., 2022. Paperwork will be completed and kept on file. Beginning each year in February and on-going the Administrator/Owner will contact the chief to schedule a safety inspection and fire drill before the summer months are over. This will keep the facility in good standing on this DHS regulation.

Licensee's Plan Completion Date: 09/02/2022

Implemented [REDACTED] - 11/10/2022)

224a - Preadmission Screen Form**4. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Resident #2's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

POC Submission

Accept [REDACTED] - 08/31/2022)

On 8/4/22, Resident #1 Pre-Admission form dated [REDACTED] was corrected and updated. This reflected the resident needs can be met by the facility.

On 8/4/22, Resident #2 Pre-Admission form dated [REDACTED] was corrected and updated. This also reflects that the residents needs can be met by the facility.

On 8/6/22 the Facility Manager reviewed all of the facilities Pre-Screening forms to complete an audit ensuring all Pre-Screens were completed in full.

Beginning 8/12/22 and on-going the Administrator or the Facility Manager will review all Pre-Screenings to ensure accuracy and completion of all Pre-Admissions. A small initial entered on the form will signal the audit has been performed on each screening.

Licensee's Plan Completion Date: 08/30/2022

Not Implemented [REDACTED] - 11/10/2022)

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

The assessment for resident #1, dated [REDACTED], is blank in the following areas: bladder management, bowel management, ambulating, personal hygiene, managing health care, securing health care, turning and positioning in bed/chair, doing laundry and shopping.

Also, the assessment does not include the resident's need for a [REDACTED] or diagnoses of [REDACTED] as indicated on the medical evaluation

225a - Assessment 15 Days (continued)

dated 6/9/22.

POC Submission**Accept** [REDACTED] - 08/31/2022)

On 8/8/22 resident #1 assessment dated [REDACTED] was corrected in the sections that were left blank. Administrator educated the owner and Facility Manager on completing all sections of the assessment and to be accurate in recording the information.

On Aug 10th the Facility Manager reviewed all assessments for all residents by auditing the forms . Beginning 8/12/22 and on-going the Administrator or the Facility Manager will review all assessments to ensure accuracy and completion of all Pre-Admissions. A small initial entered on the form will signal the audit has been performed on each screening.

Licensee's Plan Completion Date: 08/30/2022**Not Implemented** [REDACTED] /10/2022)