

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

April 14, 2023

[REDACTED], LPNAE
FAIR WINDS MANOR LP
126 IRON BRIDGE ROAD
ATTN [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 12/14/2022 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

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 [REDACTED], SARVER, PA, 16055*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *09/09/1992* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/14/2022*

Inspection Dates and Department Representative

12/14/2022 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *30* Residents Served: *9*
 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: *9*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

12/14/2022 - Full
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *01/16/2023*

Inspections / Reviews (*continued*)

03/02/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/06/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 04/07/2023

04/14/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 04/06/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's licensing inspection summaries (LIS), dated 4/8/22 et al., & 8/18/21 et al, were not posted in a conspicuous and public place in the home.

In addition, a copy of 55 Pa. code Chapter 2600 was not posted in a conspicuous and public place in the home.

Repeat Violation: 8/18/2021 et al

Plan of Correction

Accept (█) - 03/02/2023)

PCHA immediately posted licensing inspection summaries from 4/18/22 and 8/18/21 in a conspicuous and public place. NHA will educate PCHA on posting of licensing inspection summaries by January 31, 2023. All documentation of education will be kept. PCHA will continue to monitor posting of licensing. PCHA will audit biweekly for the next 3 months starting January 7, 2023 until April 7, 2023 to ensure the licensing inspection summaries are within compliance. The PCHA will review and report results of the audit at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented (█) - 04/14/2023)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (█) - 03/02/2023)

PCHA immediately reviewed all employee files upon exit of DHS. All employees files were complete except for direct care staff person A. PCHA had direct care staff person A, bring diploma in for employee file. Direct care staff person A brought diploma in on 12/22/2022. PCHA will audit all new employee files biweekly for the next 3 months starting January 7, 2023 until April 7, 2023 to ensure compliance with DHS regulations. PCHA will generate appropriate checklists to maintain in employee files to ensure compliance for the next 3 months starting 12/22/2022 until 3/22/2023. PCHA will train all PC staff on new checklists for employee files. NHA will retrain PCHA on contents of employee files by January 31, 2023. PCHA will implement new checklists by January 31, 2023 and ongoing. Documentation of training will be kept. The PCHA will review and report results of the audit at the monthly Quality Assurance meeting

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented (█) - 04/14/2023)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On the following dates/times there were nine residents were present in the home. However, during this time there were no staff persons present in the home who are trained in first aid and certified in obstructed airway techniques and CPR:

On 12/9/22, from 6:00 a.m., until 12/10/22 at 6:00 a.m.

On 12/10/22 from 10:00 p.m. until 12/11/22 at 6:00 a.m.

On 12/11/22 from 10:00 p.m. until 12/12/22 at 6:00 a.m.

Plan of Correction

Accept () - 03/02/2023)

PCHA will have all current direct care staff first aid, CPR, and AED trained within 90 days by April 7, 2023 by an independent CPR instructor (HeartSaver provider). PCHA will have skilled nursing to assist in a first aid, certified in obstructed airway techniques and CPR if an event occurs. All new direct care staff employees will be first aid, CPR, and AED trained before they are allowed on the floor alone. NHA will educate PCHA on having all direct care staff trained in first aid, CPR, and AED, by January 31, 2023. Documentation of training will be kept. PCHA will audit all direct care staff to have first aid, CPR, and AED training every 6 months to ensure compliance. The PCHA will review and report results at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented () - 04/14/2023)

85e - Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

There were animal ribs and bones scattered on the ground behind the home's dumpsters.

Plan of Correction

Accept () - 03/02/2023)

PCHA immediately went to head of maintenance and had them remove all animal ribs and bones from behind dumpsters, there are only 2 dumpsters on premises. Both trash receptacles were checked to ensure no other animal remains were present. None found. Maintenance will audit that all trash receptacles are covered and free of animal remains. Maintenance will audit the area surrounding the dumpsters daily 5 days a week to check for any carcasses for 3 months, starting December 15, 2023 until March 15, 2023. All maintenance personnel will be trained to monitor that area daily and report any abnormalities to Environmental Director immediately. Audits by Environmental Director will be conducted monthly thereafter and ongoing starting January 31, 2023. The PCHA will review and report results at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented () - 04/14/2023)

91 - Telephone Numbers

5. Requirements

91 Telephone Numbers *(continued)*

2600.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers on or by the telephone in resident room 603.

Plan of Correction

Accept [REDACTED] - 03/02/2023)

PCHA immediately printed and posted all emergency telephone numbers in resident room 603 and all other resident rooms by each telephone. PCHA will educate all direct care staff on posting of emergency numbers in resident's rooms. Documentation of education will be kept. PCHA will audit posting of all emergency telephone numbers weekly for 4 weeks starting December 22, 2022 until January 14, 2023. The PCHA will review and report results at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 01/14/2023

Implemented [REDACTED] - 04/14/2023)

132d Evacuation

6. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's maximum safe evacuation time specified in writing on 8/22/22 by a fire safety expert is 10 minutes and 0 seconds. The home exceeded the maximum time during the 8/24/22 drill at 7:00 p.m. with an evacuation time of 10 minutes and 11 seconds.

Plan of Correction

Accept [REDACTED] - 03/02/2023)

PCHA immediately had Environmental Director do a fire drill on 12/16/2022 at 5:35 am and was completed at 5:41 am. PCHA will educate all direct care staff and maintenance employees and all ancillary staff on fire evacuation procedures by January 31, 2023. Documentation of the education will be kept. PCHA will check the accuracy of all transcriptions on a monthly basis. PCHA will continue to check the accuracy of all transcripts monthly starting December 2022 and ongoing. The PCHA will review and report results at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented [REDACTED] 04/14/2023)

132g Fire Drills Days/Times

7. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely has 1 staff person working per shift; however, the home conducts fire drills with a minimum of 2 staff persons as evidenced by the following drills: 3/31/22 at 4:10 a.m. and 8/24/22 at 7:00 p.m.

132g - Fire Drills Days/Times (continued)

Plan of Correction

Accept () - 03/02/2023)

PCHA immediately checked all fire drill transcripts for 3/31/22 at 4:10 am and 8/24/22 at 7:00 pm, upon DHS exit. Maintenance performed a fire drill on 12/16/2022 at 5:35 am and was completed at 5:41 am with only one direct care staff employee on duty. During the two fire drills in question, there was a direct care staff trainee on the floor as well as a direct care staff employee. PCHA will educate maintenance on the proper protocol for fire drills while a trainee is on shift with the direct care staff employee by January 31, 2023. Documentation of all education will be kept. PCHA will review all fire drill transcripts for accuracy monthly starting January 1, 2023 and ongoing. The PCHA will review and report results at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented () - 04/14/2023)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on (). The resident's previous medical evaluation was completed on ().

Plan of Correction

Accept () - 03/02/2023)

PCHA immediately reviewed all resident's charts upon exit of DHS. Resident #1 medical evaluation was to be done by 2/24/22 which was out of compliance with DHS. PCHA had updated medical evaluation for resident #1 on 6/22/22 to get resident #1 in compliance with DHS. PCHA found no other discrepancy in any resident's charts. PCHA will generate appropriate checklists to maintain resident's charts, to ensure compliance. PCHA will train all direct care staff employees on resident's chart checklist by January 31, 2023. PCHA will put checklist in all resident's charts by February 10, 2023 and ongoing for all new resident's. Documentation of all training will be kept. PCHA will audit resident's charts at the beginning of every month for any upcoming medical evaluations starting January 1, 2023 and ongoing. The PCHA will review and report results at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented () - 04/14/2023)

162c - Menus Posted

9. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 12/11/22 - 12/17/22 was posted. However, the advance week of 12/18/22 - 12/24/22 was not posted.

Plan of Correction

Accept () - 03/02/2023)

PCHA immediately posted advance week menu of 12/17/2022-12/23/2022. PCHA will retrain all direct care staff

162c - Menus Posted (continued)

and dietary staff on placing weekly and 1 week in advance menus in a conspicuous and public place in the home by January 31, 2023. Documentation of all training will be kept. PCHA will audit menus weekly for the next 8 weeks starting December 24, 2022 until February 18, 2023 to ensure compliance. The PCHA will review and report results at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 02/18/2023

Implemented (█) 04/14/2023)

185a - Implement Storage Procedures

10. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2's glucometer was not calibrated to the correct time. The glucometer indicated 3:32 p.m.; however, the actual time was 2:29 p.m.

In addition, resident #2 is ordered blood glucose checks 3 times a week on Monday, Wednesday and Friday in the morning. The resident had readings recorded on his/her December 2022 medication administration record (MAR) that were not on the glucometer:



Plan of Correction

Accept (█) - 03/02/2023)

PCHA immediately replaced resident #2 glucometer with a new glucometer upon exit of DHS, at no cost to resident #2. PCHA will reeducate all direct care staff on how to calibrate the correct time and date on all glucometers in the home, time and date is to be checked weekly for accuracy. PCHA or designee will educate all new employees on proper way to calibrate the correct time and date as well as the process of when by 40 hours of hire. Documentation of all training will be kept. PCHA will audit all glucometers in the home weekly for correct date and time for 3 months, starting December 15, 2022 until March 15, 2023. The PCHA will review and report results at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented (█) - 04/14/2023)

187b - Date/Time of Medication Admin.

11. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed █, give 1 tablet by mouth one time a day every Monday, Tuesday, Wednesday, Thursday, Friday and Saturday. Resident #1's December 2022 MAR does not include the initials of the staff person who administered █.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept (█ - 03/02/2023)

PCHA will retrain all direct care staff on medication administration. PCHA will have direct care staff employees retrain for correct documentation of missed medication with a MAR review every 2 weeks for the next 3 months, starting December 18, 2023 until March 18, 2023. Documentation of all training will be kept. The PCHA will audit missed medications, weekly for the next 3 months, starting January 7, 2023 until April 7, 2023. The PCHA will review and report results at the monthly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented (█ - 04/14/2023)