

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

February 15, 2024

[REDACTED], ADMIN  
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 12/11/2023, 12/12/2023 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: *03/31/2024*  
 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: *Dept L & I*  
 Type: *I-2* Date: *07/22/2010* Issued By: *Jeffrey Richardson*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Incident* Exit Conference Date: *12/12/2023*

**Inspection Dates and Department Representative**

12/11/2023 - On-Site: [REDACTED]  
 12/12/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *30* Residents Served: *14*  
 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: *14*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *6* Have Physical Disability: *0*

**Inspections / Reviews**

12/11/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/29/2023*

Inspections / Reviews *(continued)*

12/29/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/28/2024

02/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2024

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

*On 12/11/23, a complete copy of the most recent licensing inspection summary, dated 12/4/22, issued by the department was not posted in a conspicuous and public place in the home.*

REPEAT VIOLATION: 12/14/22

Plan of Correction

Accept ( [REDACTED] - 12/29/2023)

*PCHA immediately posted license inspection summary from 12/4/2022 within Quality Life Services Sarver Personal Care Home inspection summary binder on 12/13/2023. Inspection summary binder is placed in a conspicuous and public place. Director of Clinical Services educated PCHA on posting of licensing inspections summaries on 12/22/2023. All documentation of education will be kept. PCHA will continue to monitor posting of inspection summaries, audits monthly for the next 3 months starting 12/22/2023 until 3/22/2024 ensuring the licensing inspection summaries are within compliance. PCHA will review and record results of audit at the monthly Quality Assurance Meeting.*

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented ( [REDACTED] - 02/15/2024)

17 Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

*On 12/11/23, the resident privacy coding document, including former resident #1 and former resident #2, was attached to the licensing inspection summary (LIS), dated 4/8/22, and posted in the inspection report binder in the first floor hallway near the bulletin board.*

Plan of Correction

Accept ( [REDACTED] - 12/29/2023)

*PCHA immediately removed privacy coding document that was attached to licensing inspection summary on 4/2/2022 on 12/11/2023. Director of Clinical Services educated PCHA on record confidentiality and HIPAA regulations on 12/22/2023. All documentation of education will be kept. PCHA will continue to monitor posted inspection summaries to assure all HIPAA compliance, audits monthly for the next 3 months starting 12/22/2023 until 3/22/2024 ensuring all documentation are within compliance. PCHA will review and record results of audit at the monthly Quality Assurance Meeting.*

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented ( [REDACTED] - 02/15/2024)

63a First Aid/CPR Training

3. Requirements

63a - First Aid/CPR Training (continued)

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 11/27/23, 1/28/23, and 11/29/23 from 6:00 p.m.-6:00 a.m., approximately 11 residents were present in the home. Staff person A, who is not certified in first aid, obstructed airway techniques and CPR, worked in the home alone from 6:00 p.m. – 6:00 a.m.

REPEAT VIOLATION: 12/14/22

**Plan of Correction**

Accept (█ - 12/29/2023)

PCHA immediately reviewed all residents' records with the dates of 11/27/2023, 11/28/2023 and 11/29/2023 from 6:00pm-6:00am to assure no negative outcome from deficient practice on 12/14/2023. Director of Clinical Services educated PCHA on 12/22/2023 that at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway technique and CPR shall present in the home at all times. PCHA to educate all PC staff by 1/16/2024. All documentation to be kept. PCHA to audit current employees records to assure first aid/ CPR is present and within DHS guidelines. All PC employees that are not certified will be educated by 1/16/2024. PCHA will review and record results of audit at the monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 01/16/2024

Implemented (█ - 02/15/2024)

65b - Rights/Abuse 40 Hours

**4. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

On 12/12/23, the following staff person did not receive training on mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, Reporting of reportable incidents and conditions, and resident rights as required under 2600.65(b):

Staff person B

Staff person C

On 12/12/23, staff person D, hired █, did not receive training on mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions.

**Plan of Correction**

Accept (█ - 12/29/2023)

PCHA immediately reviewed all residents' records to assure no negative outcome from deficient practice on 12/14/2023. Staff member B and C to complete Abuse Training by 1/16/2023. Director of Clinical Services

65b - Rights/Abuse 40 Hours (continued)

educated PCHA on 12/22/2023 within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following 1. Resident rights, 2 Emergency medical plan 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act 4. Reporting of reportable incidents and conditions. PCHA to educate all PC staff by 1/16/2024. All documentation of education to be kept. PCHA to audit current employees records to assure Rights/Abuse 40 hours is present and within DHS guidelines. All PC employees that are not within DHS guidelines will be completed by 1/16/2024. PCHA will review and record results of audit at the monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 01/16/2024

Implemented ( [REDACTED] ) - 02/15/2024)

65d - Initial Direct Care Training

5. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. Infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

On 12/12/23, staff person B, hired [REDACTED], provided unsupervised ADL services but did not complete the following direct care initial training topics:

Normal aging-cognitive, psychological and functional abilities of individuals who are older  
 Implementation of the initial assessment, annual assessment and support plan  
 Recreation and socialization, community resources, social services and activities in the community  
 Gerontology

**65d - Initial Direct Care Training (continued)**

On 12/12/23, staff person C, hired [REDACTED], provided unsupervised ADL services but did not complete the following direct care initial training topics:

- Safe management techniques
- Care of residents with dementia, mental illness, cognitive impairment, mental retardation, and other mental disabilities
- Normal aging-cognitive, psychological and functional abilities of individuals who are older
- Implementation of the initial assessment, annual assessment and support plan
- Recreation and socialization, community resources, social services and activities in the community
- Gerontology

Direct Care Staff person D, hired [REDACTED] provided unsupervised ADL services yet did not successfully complete the Department-approved direct care training course or pass the competency test until 9/16/23.

On 12/12/23, staff person D, hired [REDACTED], provided unsupervised ADL services but did not complete the following direct care initial training topics:

- Normal aging-cognitive, psychological and functional abilities of individuals who are older
- Implementation of the initial assessment, annual assessment and support plan
- Recreation and socialization, community resources, social services and activities in the community
- Gerontology
- Care for individuals with mobility needs, such as prevention of decubitus ulcers, malnutrition and dehydration.

**Plan of Correction**

Accept [REDACTED] - 12/29/2023)

PCHA immediately reviewed all residents' records to assure no negative outcome from deficient practice on 12/14/2023. Staff member B, C and D to have Direct Care Training complete by 1/16/2023. Director of Clinical Services educated PCHA on 12/22/2023 that initial direct care training, direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of training. PCHA to educate all PC staff by 1/16/2024. All documentation of education to be kept. PCHA to audit current employees records to assure Initial Direct Care Training is present and within DHS guidelines. All PC employees that are not within DHS guidelines will be completed by 1/16/2024. PCHA will review and record results of audit at the monthly Quality Assurance Meeting.

**Licensee's Proposed Overall Completion Date: 01/16/2024**

Implemented [REDACTED] - 02/15/2024)

**65g - Annual Training Content**

**6. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.

65g - Annual Training Content (continued)

- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.
- 6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

On 12/12/23, ancillary staff person E, hired [REDACTED], did not receive the following required annual training topics in the training year 2022:

Resident Rights

The Older Adult Protective Services Act

**Plan of Correction**

Accept [REDACTED] - 12/29/2023)

PCHA immediately reviewed all residents' records to assure no negative outcome from deficient practice on 12/14/2023. Staff member E to have Annual Training completed by 1/16/2023. Director of Clinical Services educated PCHA on 12/22/2023 that direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually. PCHA to educate all PC staff by 1/16/2024. All documentation of education to be kept. PCHA to audit current employees records to assure Annual Training Content is present and within DHS guidelines. All PC employees that are not within DHS guidelines will be completed by 1/16/2024. PCHA will review and record results of audit at the monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 01/16/2024

Implemented [REDACTED] - 02/15/2024)

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**

According to staff records, the least amount of direct care and dietary staff working in the home between 7:00 p.m. and 4:00 a.m. is one staff person. However, two staff persons participated in fire drills conducted on 6/19/23 at 5:05 a.m. and 9/29/23 at 5:30 a.m.

REPEAT VIOLATION: 12/14/22

**Plan of Correction**

Accept [REDACTED] - 12/29/2023)

PCHA immediately reviewed fire drill transcripts for 6/19/23 and 9/26/23 on 12/13/2023. Fire drills were performed when dietary staff was present to assure two staff participation. PCHA reviewed DHS fire drill requirements with SNF NHA, letter drawn up to assure 1 SNF staff to member to assist with fire drill and fire evacuation between the hours of 7:00pm and 4:00am for DHS compliance. Letter to be added to the fire drill Quality Life Services Personal Care Home Fire Drill Policy. NHA to provide SNF staff education, PCHA to education personal care home direct staff of new policy. All documentation of education to be kept and completed by 1/16/2024. PCHA will review and record results of audit at the monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 01/16/2024

Implemented [REDACTED] - 02/15/2024)

141a - Medical Evaluation

8. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

On 12/11/23 resident #3’s medical evaluation, dated [REDACTED], is blank in the field for height.

Plan of Correction

Accept [REDACTED] - 12/29/2023)

PCHA immediately reviewed resident #3 Medical Evaluation on 12/13/2023. PCHA placed resident #3 Medical Evaluation on doctor rounds board to addendum documentation on [REDACTED] to be in compliance with DHS. Director of Clinical Services educated PCHA on Medical Evaluation completion on 12/22/2023. PCHA to review all resident’s charts to assure Medical Evaluation are complete in all fields. All documentation of education to be kept. PCHA to form a checklist with audits to be performed monthly for the next 3 months starting 12/22/2023 until 3/22/2024. PCHA will review and record results of audit at the monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented [REDACTED] - 02/15/2024)

141b1 - Annual Medical Evaluation

9. Requirements

2600.

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

Description of Violation

On 12/11/23 resident #4’s medical evaluation, dated [REDACTED], is blank in the field of height.

Plan of Correction

Accept [REDACTED] - 12/29/2023)

PCHA immediately reviewed resident #4 Annual Medical Evaluation on 12/14/2023. PCHA placed resident #4 Annual Medical Evaluation on doctor rounds board to addendum documentation on 8/31/2023 to be in compliance with DHS. Director of Clinical Services educated PCHA on Medical Evaluation completion on 12/22/2023. All documentation of education to be kept. PCHA to review all resident’s charts to assure Medical Evaluation are complete in all fields. PCHA to form a checklist with audits to be performed monthly for the next 3 months starting 12/22/2023 until 3/22/2024. PCHA will review and record results of audit at the monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented [REDACTED] 02/15/2024)

184a - Resident's Meds Labeled

10. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

184a - Resident's Meds Labeled (continued)

**Description of Violation**

On 12/12/23, resident #4 is ordered [REDACTED], 1 capsule by mouth every 4 hours as needed; however, the medication label indicates [REDACTED] by mouth every 6 hours as needed.

**Plan of Correction**

Accept ( [REDACTED] - 12/29/2023)

PCHA immediately reviewed resident #4 [REDACTED] label on 12/14/2023. PCHA reviewed [REDACTED] order with physician assistance on 12/12/2023, orders received for [REDACTED] every 6 hours as needed, PA changed order within computer to match label on medications. Director of Clinical Services educated PCHA on resident's medication labels on 12/22/2023. PCHA to provide education to all staff by 1/16/2023. All documentation of education to be kept. PCHA to form audit checklist for direct care staff medication technicians to preform weekly checks for 4 weeks to assure accuracy of prescribe order and pharmacy medication label. Audits to begin 12/29/2023 until 1/26/2024. PCHA will review and record results of audit at the monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented ( [REDACTED] - 02/15/2024)

227g -Support Plan Signatures

11. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

On 12/11/23, the support plan for #5, dated [REDACTED], was not signed by the resident nor the person who completed the support plan until [REDACTED]

**Plan of Correction**

Accept ( [REDACTED] - 12/29/2023)

PCHA immediately reviewed resident #5 Support Plan dated [REDACTED]. PCHA printed and reviewed support plan with resident #5 on 12/11/2023. Director of Clinical Services educated PCHA that individuals who participate in the development of the support plan shall sign and date the support plan on 12/22/2023. PCHA to provide education to all staff by 1/16/2023. Documentation of training shall be kept. PCHA to form an audit checklist for 4 weeks to assure all residents support plans are signed and dated for date of review. Audit to begin 12/22/2023 until 1/19/2024. PCHA will review and record results of audit at the monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 01/19/2024

Implemented ( [REDACTED] - 02/15/2024)