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

May 12, 2025

[redacted] OWNER
FAWN CARE LLC
282 SHAWNDEROSA DRIVE
TARENTUM, PA, 15084

RE: FAWN CARE
282 SHAWNDEROSA DRIVE
TARENTUM, PA, 15084
LICENSE/COC#: 45405

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/20/2024, 10/17/2024 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: *FAWN CARE* **License #**: *45405* **License Expiration**: *07/11/2025*

Address: *282 SHAWNDEROSA DRIVE, TARENTUM, PA 15084*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *FAWN CARE LLC*

Address: *282 SHAWNDEROSA DRIVE, TARENTUM, PA, 15084*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *R-4* **Date**: *05/11/2017* **Issued By**: *Middlesex Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *21* **Waking Staff**: *16*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *10/17/2024*

Inspection Dates and Department Representative

09/20/2024 - On-Site: [redacted]

10/17/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *16*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *5* **Have Physical Disability**: *0*

Inspections / Reviews

09/20/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/06/2024*

12/24/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/06/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/31/2024*

Inspections / Reviews *(continued)*

01/27/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/06/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/01/2025*

05/12/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *03/06/2025*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

13b - Capacity

1. Requirements

2600.
13.b. The maximum capacity specified on the license may not be exceeded.

Description of Violation

Beginning on or around 4/21/2024, the operators, [redacted] have been serving additional residents on the premises at 313 Shawnderosa Drive in Tarentum which is unlicensed and approximately 450 feet from the licensed home located at 282 Shawnderosa Drive. The home has been exceeding its capacity of 16. According to staff person A, the licensed home has been at capacity with 16 residents served in the licensed home since prior to March 2024 in addition to residents served on the premises at 313 Shawnderosa Drive. Resident #1 was served at 313 Shawnderosa Drive from [redacted] until [redacted] discharge in [redacted]. The operators provided resident #1 with personal care services to include medication management in regard to reordering medication as needed, laundry services, meal preparation and cleaning. Resident #1 was also receiving physical therapy and nursing services through Veteran's Administration home care. Resident #1 had a contract/admissions agreement for with Fawn Care LLC and a check for payment to Fawn Care LLC.

Residents #2 and #3 were admitted to the licensed home on [redacted] following a closure and emergency relocation of an unrelated personal care home. On or around [redacted] residents #2 and #3 were transferred to 313 Shawnderosa Drive where they are currently served. Resident #2 requires personal care services to include assistance with ordering [redacted] prescription medication, laundry, shopping, arranging transportation and meal preparation. Resident #2 also has hospice services providing care to [redacted] Resident #3 requires personal care services to include assistance with ordering [redacted] prescription medication, laundry, shopping and meal preparation. These are shared services by the staff of the licensed home and the additional residents served at 313 Shawnderosa Drive to include residents #2 and #3 calling the licensed home if they are in need of grocery staples, reordering or questioning of prescription medication, laundry, and meal preparation. Specifically, staff person C was providing laundry services to resident #1 on the date [redacted] moved out of the home located at 282 Shawnderosa Drive in [redacted]

Plan of Correction ***Directed ([redacted] - 01/27/2025)***

313 Shawnderosa Dr., Tarentum, is a separate entity from Fawn Personal Care at 282 Shawnderos Dr., Tarentum. Fawn Personal Care is licensed for 16 and has not exceeded this capacity.
Staff from Fawn Personal care volunteer their own time to [redacted] that reside at 313 Shawnderosa Dr., to support [redacted] who previously resided at Fawn Personal Care.

AN INCREASE FOR CAPACITY APPLICATION WAS SUBMITTED 1-13-25 AND I ALSO REACHED OUT TO DOM CARE FOR AN APPLICATION TO BECOME AN APPROVED PROVIDER. THERE ARE NO SERVICES OF ANY KIND BEING PROVIDED TO [redacted] BECAUSE THEY ARE ABLE TO CARE FOR THEMSELVES.
VERBAL EDUCATION WAS PROVIDED TO ALL STAFF BY [redacted] ON 1-9-25 FOR MAINTAINING COMPLIANCE OF CAPACITY AND WILL BE KEPT IN THE STAFF TRAINING BINDER.
WEEKLY MONITORING BY THE ADMININSTRATOR OF ALL RESIDENTS WILL BEGIN ON 1-13-25, AND WILL BE KEPT IN THE AUDIT BINDER.

Proposed Overall Completion Date: 03/01/2025

Within one day of receipt of the accepted plan of correction: The administrator shall ensure no new residents at either address will be admitted unless or until the home has an increased capacity to serve the combined total

13b - Capacity (continued)

number of residents at both addresses. If the home doesn't obtain an increased capacity to serve residents at 313 Shawnderosa Drive by 3/1/25, then the currently served residents there will be issued 30-day discharge notices and subsequently discharged with no future resident admission.

Directed Completion Date: *03/01/2025*

Implemented (- 05/01/2025)

51 - Criminal Background Check

2. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person D was hired . However, the home did not have a criminal history check completed for staff person D until . The previous criminal history check for staff person D was completed on

Repeat Violation 4/10/23

Plan of Correction ***Directed (- 01/14/2025)***

Fawn Personal Care will complete their own backgrounds checks for each new employee. On 12/3/2024 a background check was completed on staff person D.
, Administrative Assistant, will be the designated staff to ensure background checks are completed prior to new hire starting date. A copy of staff person's D background check is included with this plan of correction.

A COPY OF THE HOME'S EMPLOYEE FILE AUDIT IS INCLUDED IN POC, ALONG WITH CURRENT STAFF'S PERSONAL FILE AUDIT, WHICH WAS COMPLETED ON OR PREVIOUS TO THE DATE OF HIRE. ADMIN. ASS. COMPLETED AUDIT 1-6-25 AND WILL CONTINUE TO AUDIT MONTHLY AND KEEP DOCUMENTAION IN THE AUDIT BINDER SO THAT THE ADMIN IS ABLE TO REVIEW AND MONITOR MONTHLY.

Proposed Overall Completion Date: 01/13/2025

DIRECTED
Within 1 day of receipt of the accepted plan of correction: The administrator shall ensure documentation of audits shall be maintained by the administrator. 1/14/25

Directed Completion Date: *01/13/2025*

Implemented (- 05/01/2025)

65i - Training Record

3. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The 2023 staff annual training documentation provided by the home did not include the length of each course for the

65i - Training Record (continued)

following trainings:
January 2023 – Preventing and treating scabies, bed bugs and lice.
February 2023 – Abuse, Neglect and Domestic Violence; Older Adult Protective Services Act
March 2023 – Personal Care Needs of the Resident, Falls and Accident Prevention, Safe Management Techniques
April 2023 – OSHA, Bloodborne Pathogens, Infection Control, TB, Nutrition, Dehydration and UTI
May 2023 – Abuse, Neglect and Domestic Violence/Older Adult Protective Services Act
June 2023 – Residents Rights and Responsibilities, Compliance/HIPPA
July 2023 – Personal Care Needs of the Resident, Falls and Accident Prevention, Safe Management Techniques

Plan of Correction ***Directed (- 01/14/2025)***

Department of Human Service record of training will be utilized which states the training source, content, length of training, and a copy of certificates, is available. A copy of a record of training is included with this plan of correction.

A copy of the homes employees file audit is included with this plan of correction along with staff current audit for the current employees. Each audit was completed on or before the first date of hire. [redacted] administrative assistant completed the audits on 1/6/2025 and will ensure monthy audits will be completed each month. This audit will begin on 2/1/2025.
Each staff will have a 2025 record of training in their file which will be monitored by [redacted], administratvie assistant and [redacted] will also receive copies to ensure trainings are being complete.

Proposed Overall Completion Date: 01/13/2025

DIRECTED
Within 1 day of receipt of the accepted plan of correction: The administrator shall ensure documentation of audits shall be maintained by the administrator. [redacted] 1/14/25

Directed Completion Date: *01/15/2025*

Implemented (- 05/01/2025)

144c1 - Smoking Area Guidelines

4. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is located on the back deck. On 9/20/24 at approximately 12:15 p.m., the furniture in the smoking area had cushions that did not have tags indicating that the cushions meet California's flammability standards or were fire resistive.

Plan of Correction ***Directed (- 01/14/2025)***

On 9/20/2024 the cushions were immediately relocated to a different area of the property. a designated smoking

144c1 - Smoking Area Guidelines (continued)

area sign was visibly displayed and all resdents and visitors are informed of the designated smoking area. [redacted], Administrator, will ensure that policies and procedures are being follwed. A training was also completed regarding the smoking policy. A weekly audit will be completed regarding the smoking area. A designated staff will be responsible for completing the audit along with the proper documentation.

Proposed Overall Completion Date: 01/13/2025

DIRECTED
Within 1 day of receipt of the accepted plan of correction: The administrator shall ensure documentation of education will be kept in accordance with Regulation 2600.65(i). [redacted] 1/1424

Within 1 day of receipt of the accepted plan of correction: The administrator shall ensure documentation of audits shall be maintained by the administrator. [redacted] 1/14/25

Directed Completion Date: *01/15/2025*

Implemented ([redacted] - 05/01/2025)

187a - Medication Record

5. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.

Description of Violation

*Resident #4 is ordered clonidine Hcl 0.1mg tablet – take 1 tablet by mouth four times daily if SPB>160. However, the entry on the resident's September 2024 medication administration record (MAR) indicates Clonidine HCL 0.1mg tablet – Take 1 tablet by mouth four times daily. *Hold if SBP>160*.*

Resident #4 was ordered Nystatin powder – [redacted] until rash resolves. Staff person A states that the rash is resolved and the medication is not available in the home. However, there is still an entry on the resident's September 2024 MAR indicating Nystatin 100K U/G powder – Apply topically to [redacted] rash as needed for redness or itching.

Repeat Violation 4/10/23

Plan of Correction ***Directed ([redacted] - 01/14/2025)***

On 12/2/2024 a new order was issued which states when the clonidine is to be administered. The order and the MAR match. A copy of the order and the MAR is included with this plan of correction.

187a - Medication Record (continued)

In December the present medication techs had a review of the proper procedure for administering medications along with the correct documentation. A review of each residents MAR along with their charts was completed to ensure correct medications are administered per physician's orders. Each month physician's orders are reviewed by [redacted], administrative assistant and then signed by the physician. At the beginning of each month a reconciliation will be completed between prior month and current MARS and will be documented on a MAR/Medication audit form. [redacted] administrative assistant will be responsible for completing these audits which will begin on 1/13/2025.

Proposed Overall Completion Date: 01/13/2025

DIRECTED
Within 1 day of receipt of the accepted plan of correction: The administrator shall ensure documentation of education will be kept in accordance with Regulation 2600.65(i). [redacted] 1/14/25

Within 1 day of receipt of the accepted plan of correction: The administrator shall ensure documentation of audits shall be kept by the administrator. [redacted] 1/14/25

Directed Completion Date: *01/15/2025*

Implemented ([redacted] - 05/01/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

*Resident #4 is ordered clonidine Hcl 0.1mg tablet – take 1 tablet by mouth four times daily if SPB>160. The entry on the resident's September 2024 medication administration record (MAR) indicates Clonidine HCL 0.1mg tablet – Take 1 tablet by mouth four times daily. *Hold if SBP>160*. However, the resident's blood pressure was not documented as being measured but medication was held/administered as follows:*
9/12/24 1:00 p.m. – no blood pressure entry – medication held
9/13/24 9:00 p.m. - no blood pressure entry – medication administered
9/16/24 5:00 p.m. - no blood pressure entry – medication held
9/18/24 9:00 p.m. - no blood pressure entry – medication administered
9/19/24 1:00 p.m. – no blood pressure entry – medication held

Plan of Correction ***Directed ([redacted] - 01/14/2025)***

Resident's blood pressure will be documented of the MAR.
On 12/4/2024, med techs were re-educated on proper documentation on the MAR.
A copy of the training is included with [redacted] plan of correction.

Proposed Overall Completion Date: 01/13/2025

DIRECTED
Within 1 day of receipt of the accepted plan of correction: The administrator shall ensure documentation of

187d - Follow Prescriber's Orders (continued)

education will be kept in accordance with Regulation 2600.65(i).

Within 1 day of receipt of the accepted plan of correction: The administrator shall complete a monthly audit of all current resident MARs and physician orders to ensure compliance with Regulation 2600.187(d). Documentation of audits shall be maintained by the administrator. [redacted] 1/14/25

Directed Completion Date: *01/15/2025*

Implemented ([redacted] - 05/01/2025)

190b - Insulin Injections

7. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Resident #4 is ordered Ozempic 2mg/dose (6mg/3ml) – Inject 2mg subcutaneously once weekly. The home does not have a waiver from the Department permitting administration of this medication by a non-licensed medical professional. However, the medication was administered by a medication technician as follows:
9/2/24 at 9:00 a.m. by staff person E
9/9/24 and 9/16/24 at 9:00 a.m. by staff person F

Plan of Correction ***Directed ([redacted] - 01/14/2025)***

A waiver was submitted on October 15, 2024, permitting administration of Ozempic or any other subcutaneous of GLP-1 agonist medication, by unlicensed staff. As of date, no information regarding the waiver has been received. A copy of the waiver is included with this plan of care.

Until the waiver is obtained, Larissa Metz, RN, will administer the residents Ozempic.

Proposed Overall Completion Date: 01/13/2025

DIRECTED
Within 1 day of receipt of the accepted plan of correction: The Administrator shall conduct a monthly audit of all staff records to ensure compliance with Regulation 2600.190(b). Documentation of audits shall be maintained by the administrator. [redacted] 1/14/25

Directed Completion Date: *01/15/2025*

Implemented ([redacted] - 05/01/2025)