

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

May 12, 2025

[REDACTED]
FAWN CARE LLC
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/26/2025 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Interim Exit Conference Date: 03/26/2025

Inspection Dates and Department Representative

03/26/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 16 Residents Served: 14

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 14
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

03/26/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/18/2025

04/23/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/09/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/28/2025

Inspections / Reviews (*continued*)

05/01/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/09/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/06/2025

05/12/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 05/09/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

184c - Sample Prescription Meds.

1. Requirements

2600.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

Resident [REDACTED] is ordered [REDACTED] – [REDACTED] subcutaneously once weekly. At 1:30 p.m., the sample of this medication did have a label that included:

- (1) The resident's name.
- (2) The name of the medication.
- (3) NA
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

Plan of Correction

Accepted [REDACTED] - 05/01/2025

[REDACTED] is delivered to residents [REDACTED] physician's office, [REDACTED] because it requires a licensed health care provider to determine if a patient is qualified to receive it. It is delivered to the personal care home by [REDACTED] CNRP. When [REDACTED] delivers the [REDACTED] resident [REDACTED] receives 4 boxes which each box has a 4 week supply of injections. Resident receives 2mg. for each dose. The boxes do not have [REDACTED] name on it due to it is delivered to [REDACTED] office. The [REDACTED] is stored in a locked box which is then stored in a refrigerator. At this time [REDACTED] CRNP is on vacation, however when [REDACTED] returns the Administrative Assistant will contact [REDACTED] to determine how the [REDACTED] is delivered to the physician's office and how we can correct the concern of how it is being delivered to the personal care home.

The administrative assistant has made outreach to the pharmacy for a label for the [REDACTED]. As of date, one has not been received. A temporary label has been created and applied to the box.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented [REDACTED] - 05/12/2025

185a - Implement Storage Procedures

2. 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 [REDACTED] is prescribed nystatin cream – apply between skin folds twice daily and as needed for dermatitis. At 1:30 p.m., this medication was not available in the home. According to the resident's March 2025 medication administration record (MAR), this medication has not been administered during the month of March.

Plan of Correction

Accepted [REDACTED] - 05/01/2025

Currently a monthly med cart audit is being completed. Moving forward, a weekly audit will be completed by the Administrative Assistant. The results of the audit will be reviewed by the personal care owner who will immediately address any concerns, The results and any concerns that were addressed will be reviewed by the Administrator for any further problem resolutions that may be needed. These audits will begin on 3/21/2025. A copy of the audit that will be utilized is included with this plan of correction.

As of 4/25/2025, the administrative assistant made outreach to the pharmacy requesting a label for the [REDACTED]

185a - Implement Storage Procedures (continued)

however one has not been received. Until the pharmacy sends one, a temporary label with residents #1 name, medication, dosage, and directions to administer, will be applied to the box. The Ozempic is stored in a lock box in the refrigerator until ready to use.

A training was completed on 4/15/2025 on the management of medications and charts. All audits are completed by the administrative assistant, Results of the audit will be reviewed by the owner who will address any concerns. The results and any concerns will be reviewed and addressed by the administrator.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█ - 05/12/2025)

187b - Date/Time of Medication Admin.

3. 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 █ is ordered █ tablet – take one tablet by mouth once daily. Staff person A informed licensing representatives that █ noticed this morning that this medication was not in the resident's roll packs and notified the pharmacy who is to send a blister card of the medication today. However, staff person A signed off the resident's March 2025 medication administration record as having administered this medication this morning at 9:00 a.m.

Plan of Correction

Accept (█ 05/01/2025)

As in the previous violation, a weekly audit will be completed by the Administrative Assistant. The results of the audits will be reviewed by the owner who will immediately address any concerns. The results and any concerns that were addressed will be reviewed by the Administrator for any further problem resolution that may be needed. The med techs also had a training on the management of medications and med carts. Concerns and recommendations were addressed in this training. A copy of the training is included in the plan of correction.

The pharmacy was contacted that morning by the administrative assistant and a card of the bumex was sent. On April 21 the pharmacy sent a new cycle fill which will begin on the 23rd. On the 21st the administrative assistant completed an audit of the med carts. Residents █ bumex was included in cycle fill with the correct times. A training was completed on 4/15/2025 on management of medications and charts. Concerns and recommendations were addressed. All audits that are being completed are kept in a separate binder.

Licensee's Proposed Overall Completion Date: 04/29/2025

Implemented (█ - 05/12/2025)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident █ is ordered █ – Take one tablet by mouth four times a day as needed for uncontrolled blood pressure (Systolic > 160). The medication administration staff did not take the resident's blood pressure on the

187d - Follow Prescriber's Orders (continued)

following dates/times in order to determine if administration of the medication was indicated:

3/2/25 12:00 p.m.

3/4/25 5:00 p.m. and 9:00 p.m.

3/7/25 9:00 p.m.

3/10/25 12:00 p.m. and 9:00 p.m.

3/11/25 12:00 p.m. and 9:00 p.m.

3/12/25 5:00 p.m. and 9:00 p.m.

3/13/25 9:00 p.m.

3/14/25 12:00 p.m. and 5:00 p.m. and 9:00 p.m.

3/15/25 8:00 a.m., 12:00 p.m. and 9:00 p.m.

3/16/25 9:00 p.m.

3/17/25 12:00 p.m., 5:00 p.m. and 9:00 p.m.

3/18/25 12:00 p.m., 5:00 p.m. and 9:00 p.m.

3/19/25 12:00 p.m., 5:00 p.m. and 9:00 p.m.

3/20/25 9:00 p.m.

3/21/25 12:00 p.m., 5:00 p.m. and 9:00 p.m.

3/22/25 8:00 a.m., 12:00 p.m., 5:00 p.m. and 9:00 p.m.

Resident [REDACTED] is prescribed [REDACTED] – Take 1 tablet by mouth 2 (two) times a day with meals in the morning and the evening. This medication is listed on the resident's March 2025 medication administration record (MAR) for administration at 9:00 a.m. and 5:00 pm. However, the medication is included in the roll packs for 9:00 a.m. and 9:00 p.m. which is when it has been administered.

Repeat violation [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 05/01/2025)

Resident [REDACTED] is alert and oriented. [REDACTED] has a signed physician's order that states [REDACTED] has demonstrated competency in self administering [REDACTED] blood pressure checks. The order is included in this plan of care.

There are times that resident [REDACTED] does not take [REDACTED] blood pressure at the designated times that are on the MARS, therefore [REDACTED] is late at times or has not taken [REDACTED] blood pressure at all. Because of these reasons, med techs are not able to document [REDACTED] blood pressure or the fact that [REDACTED] did not take it at all on the MARS, however the owner and the administrative assistant are able to document residents [REDACTED] blood pressure or that [REDACTED] did not take it. Included with this plan of correction are the times that [REDACTED] blood pressure was late or that [REDACTED] just didn't take which should correspond to the dates above.

Resident [REDACTED] has been educated on the importance of monitoring [REDACTED] blood pressure by the Administrative Assistant. When the physician's CRNP comes to the personal care home [REDACTED] will also speak to resident [REDACTED] regarding the importance of monitoring [REDACTED] blood pressure.

The pharmacy was contacted and made the change to the MAR with the correct times, 9am and 5pm. A copy of the MAR is included with this plan of care.

A weekly audit will be completed by the Administrative Assistant. The results of the audit will be reviewed by the owner who will immediately address any concerns. The results and any concerns that were addressed will be reviewed by the Administrator for any further problem resolution that may be needed.

Currently, resident [REDACTED] medications are pre-packaged according to day and times of medication administration as is all residents at Fawn Care. The pharmacy was contacted and agreed to change the time of the magnesium to 5pm, which was corrected. However, currently the magnesium is still pre-packed for 9pm, which the pharmacy has

187d - Follow Prescriber's Orders (continued)

agreed to change and pack it for 5pm for the next cycle fill which is scheduled to begin on May 7th. As of the current date and when the previous plan of correction was submitted, the 5pm dosage of magnesium is being taken out of the 9pm medication packet and is being administered at 5pm. The 9pm medication packet includes residents Labetalol, 200 mg. two (2) tabs and [REDACTED] magnesium. Each packet is labeled with the medication, dosage, and the color of the medications. The med tech removes the magnesium and then staples the packet closed. Each med tech has been trained and demonstrated on how to remove the medication from the packet and then remove the magnesium from the packet and administer the medication. The administrative assistant completed the training on 4/15/2025. A copy of the training was submitted with the previous plan of correction. A new medication card for the magnesium was not requested due to the magnesium for 9pm would still have to be taken out and disposed of. A weekly audit of the med cart began on 3/21/2025. The administrative assistant completes the weekly audit which is reviewed by the personal care owner who will address any concerns. The results and any concerns that were addressed will be reviewed by the Administrator for any further problem resolutions that may be needed. All audits that have been addressed in previous plan of corrections are kept in a separate binder.

Licensee's Proposed Overall Completion Date: 04/29/2025

Implemented [REDACTED] - 05/12/2025)