

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/02/2025
NAME OF PROVIDER OR SUPPLIER Fairview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Manchester Road Fairview, PA 16415	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>31185</p> <p>Based on a review of nursing time schedules and staff interviews, it was determined that the facility failed to provide the services of a Registered Nurse (RN) for 8 consecutive hour nursing shifts daily for 21 days out of 21 days reviewed (12/07/24 through 12/27/24).</p> <p>Findings included:</p> <p>A review of facility nurse staffing documents revealed there was no RN on duty for the following days and shifts:</p> <p>12/07/24 3-11 shift 3.10 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/08/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/09/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/10/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/11/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/12/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/13/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/14/24 3-11 shift 6 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/15/24 7-3 shift 6 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 6 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/16/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/17/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/18/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/19/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/20/24 7-3 shift 4 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/21/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>(continued on next page)</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>12/22/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 3 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/23/24 3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/24/24 3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/25/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>11-7 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/26/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>12/27/24 7-3 shift 0 RN hours worked and 8.00 hours were required.</p> <p>3-11 shift 0 RN hours worked and 8.00 hours were required.</p> <p>During an interview on January 2, 2025, at 1:08 p.m.the Nursing Home administrator confirmed that the facility did not have an RN on duty for 8 consecutive hour shifts on the above dates.</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 211.12(c) Nursing Services</p>		