STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395572	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairview Manor	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on review of facility provided education and clinical records, observations, and staff interviews, it was determined that the facility failed to safely transfer a resident using a mechanical lift for one of one residents reviewed (Resident R1). Based on review of facility provided education and clinical records, observations, and staff interviews, it was determined that the facility failed to safely transfer a resident using a mechanical lift for one of one residents reviewed (Resident R1).Findings include:No facility policy provided.Review of a facility staff education entitled Skill Checklist Transferring a Resident From Bed to Chair Mechanical Lift provided on 10/09/25, revealed that two staff members must be utilized when transferring residents with a mechanical lift.Resident R1's clinical record revealed an admission date of 12/21/18, with diagnoses that included hemiplegia (a condition that causes paralysis or weakness affecting one side of body) and hemiparesis (weakness of one side of body affecting arm, leg and face) of left side of body, weakness, obesity, and vascular dementia (cognitive decline caused by damage to the circulatory system of the brain). Resident R1's physician orders dated 11/04/20, revealed Mechanical Lift X 2 for all transfers. Observation on 10/09/25, at 12:10 p.m. revealed Nurse Aide (NA) Employee E1 lowered Resident R1 into the bed without the assistance of a second staff member. During an interview on 10/09/25, at 12:11 p.m. NA Employee E1confirmed that he/she is supposed to have two people when using the mechanical lift, but only utilized one, himself/herself, when transferring Resident R1.During an interview on 10/09/25, at 12:11 p.m. Licensed Practical Nurse Employee E2 confirmed that all mechanical lifts are to have two staff to operate at all times. During an interview on 10/09/25, at 12:15 p.m. the Nursing Home Administrator also confirmed that mechanical lifts require two staff to operate.28 Pa. Code 201.18(b)(1)(3) Management28 Pa. Code 201. 18(e)(1) Management28 Pa. Code 211.10(c)(d) Resident Care Policies28 Pa. Code 211.12(d)(1)(5) Nursing Services

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