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	05/07/2026

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 0656 Level of Harm - Actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to implement a comprehensive person-centered care plan for a resident requiring blood sugar monitoring to meet a resident's needs for one of seven residents reviewed (Resident R1) resulting in hospitalization and actual harm of Hyperosmolar Hyperglycemic State (a serious complication of diabetes characterized by extremely high blood sugar levels and severe dehydration, often leading to confusion and other mental status changes requiring immediate medical attention to prevent life-threatening outcomes). Findings include: Review of facility policy entitled, Care Plan Policy dated 12/2/25, indicated The Manor will develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs . Clinical record review revealed Resident R1 was admitted to the facility on [DATE], with diagnoses to include protein calorie malnutrition, diabetes mellitus, malignant neoplasm of the bladder (uncontrolled growth of abnormal cells in the bladder), dehydration, hypo-osmolality (condition where blood plasma, have a lower concentration of solutes), hyponatremia (low sodium in the blood) and hypokalemia (low potassium in the blood). Review of Resident R1's pre-admission hospital physician's progress note dated 3/28/26, for assessment and plan indicated that under diabetes mellitus - Since appetite is poor we will hold glipizide (diabetes medication) for now. Will order Accu-Checks (blood glucose monitoring) and correction scale and start insulin if needed if sugars are high. Review of Resident R1's admission physician orders dated 4/01/26, included an order to please check resident b/g (blood glucose) in the AM and HS (bedtime) for diabetes. Review of Resident R1's Medication Administration Record (MAR) for April 2026, lacked evidence of blood sugar monitoring twice daily. Review of Resident R1's Impaired Nutritional Status care plan dated 4/06/26, revealed interventions that included, monitor for signs and symptoms of hyper/hypoglycemia and will administer accu checks (blood sugar levels) and intervene as ordered. As of 4/28/26, a period of 22 days accu checks were not implemented. Review of progress notes dated 4/28/26 indicated Resident R1 had been lethargic all day, and family had asked about how Resident R1's blood sugars were, Licensed Practical Nurse (LPN) Employee E1 informed the family member that blood sugars were not being checked. Blood sugar was checked and it was 581. Physician was notified and family requested resident sent out for evaluation. Review of progress note dated 4/29/26, revealed that Resident R1 had been admitted to the Intensive Care Unit with diagnoses of Hyperosmolar Hyperglycemic state, Urosepsis (serious condition related to untreated urinary tract infection spreads to the kidneys), Hyperglycemia (elevated blood sugar level), Hypernatremia (elevated blood sodium level) and hypercalcemia (elevated blood calcium level). During an interview on 5/05/26, at 2:50 p.m. the Director of Nursing (DON) confirmed that the plan of care for Resident R1's impaired nutritional status with interventions that included monitoring for signs and symptoms of hyper/hypoglycemia and to administer accu-checks were not implemented resulting in hospitalization and actual harm of Hyperosmolar Hyperglycemic State. 28 Pa. Code 201.14 (a) Responsibility of Licensee 28 Pa. Code 201.18 (b)(1) Management 28 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

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	05/07/2026

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and hospital records, and staff interview, it was determined that the facility failed to provide care and services consistent with professional standards of practice by failing to follow physician-ordered blood glucose monitoring for one of seven residents (Resident R1) reviewed, which required hospitalization and actual harm resulting in Hyperosmolar Hyperglycemic State (a serious complication of diabetes characterized by extremely high blood sugar levels and severe dehydration, often leading to confusion and other mental status changes requiring immediate medical attention to prevent life-threatening outcomes). Findings include: Review of the facility policy Nursing Policy and Procedure dated 12/02/25, indicated a combination of resource material is used to reflect nursing policy as it pertains to resident care. It also indicated that nurses follow these guidelines in addition to specific physician orders when rendering care. Clinical record review revealed Resident R1 was admitted to the facility on [DATE], with diagnoses to include protein calorie malnutrition, diabetes mellitus, malignant neoplasm of the bladder (uncontrolled growth of abnormal cells in the bladder), dehydration, hypo-osmolality (condition where blood plasma, have a lower concentration of solutes), hyponatremia (low sodium in the blood) and hypokalemia (low potassium in the blood). Review of Resident R1's pre-admission hospital physician's progress note dated 3/28/26, for assessment and plan indicated that under diabetes mellitus - Since appetite is poor we will hold glipizide (a diabetes medication) for now. Will order Accu-Checks (blood glucose monitoring) and correction scale and start insulin if needed if sugars are high. Review of Resident R1's admission physician orders dated 4/01/26, included an order to please check resident b/g (blood glucose) in the AM and HS (bedtime) for diabetes. Review of Resident R1's Medication Administration Record (MAR) for April 2026, lacked evidence of blood sugar monitoring twice daily. Review of Resident R1's Impaired Nutritional Status care plan dated 4/06/26, revealed interventions that included, monitor for signs and symptoms of hyper/hypoglycemia and will administer accu -checks (blood sugar levels) and intervene as ordered. Review of progress notes dated 4/28/26 indicated Resident R1 had been lethargic all day, and family had asked about how Resident R1's blood sugars were and that Licensed Practical Nurse (LPN) Employee E1 informed the family member that blood sugars were not being checked. Blood sugar was checked and it was 581. Physician was notified and family requested resident sent out for evaluation. Review of progress note dated 4/29/26, revealed that Resident R1 had been admitted to the Intensive Care Unit with diagnoses of Hyperosmolar Hyperglycemic state, Urosepsis (serious condition related to untreated urinary tract infection spreads to the kidneys), Hyperglycemia (elevated blood sugar level), Hypernatremia (elevated blood sodium level) and hypercalcemia (elevated blood calcium level). During an interview on 5/04/26 at 11:45 a.m. the Director of Nursing (DON) confirmed that the facility was unable to provide evidence that the physician ordered blood glucose checks were completed as ordered for Resident R1 which resulted in hospitalization with Hyperosmolar Hyperglycemic state. The DON also confirmed that the blood glucose order was transcribed incorrectly by Licensed Practical Nurse (LPN) Employee E4 into the electronic health record for Resident R1 and therefore was not on the MAR. LPN Employee E4 was educated on the correct ordering procedure along with the licensed nursing staff. Interview with Registered Nurse (RN) Employee E2 on 5/04/26, at 1:45 p.m. indicated that he/she was provided education on entering an order for blood sugars into the electronic health record that will be visible on the MAR. Interview with RN Employee E3 on 5/04/26 at 1:50 p.m. indicated that he/she was provided education on entering orders for blood sugars into the electronic health record that will be visible on the MAR. Interview with Licensed Practical Nurse (LPN) Employee E4 on 5/04/26 at 2:00 p.m. indicated that he/she was provided education on entering orders for blood sugars into the electronic health record that will be visible on the MAR. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12(d)(1)(5) Nursing services