| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395572 | A. Building<br>B. Wing | 06/22/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Fairview Manor | 900 Manchester Road<br>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 0635<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Provide doctor's orders for the resident's immediate care at the time the resident was admitted.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and facility policy, and staff interviews, it was determined the facility failed to ensure physician medication orders were entered in the clinical record upon admission for the resident's immediate care needs for one of one residents (Resident R1). Findings include: Review of facility policy entitled Physician Services dated 12/1/25, indicated All orders must be recorded in the resident's clinical record. Review of Resident R1's clinical record revealed an admission date of 4/22/26, with diagnoses that included anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), end stage renal disease (a diseases where the kidneys no longer work to meet the body's needs), and congestive heart failure (the inability of the heart to maintain an adequate supply of blood to organs and tissues). Review of Resident R1's physician's orders faxed from the discharging facility to the receiving facility revealed a fax date and time stamp of 4/22/26, at 10:54 a.m. Review of Resident R1's census list (area in the clinical record that shows the date and time of admission) revealed that he/she was admitted to the facility on [DATE], at 1:50 p.m. over two and a half hours after the receiving facility received his/her physician's orders. Review of Resident R1's physician's orders from the discharging facility revealed only three medications were ordered morphine 20 mg/ml (milligrams/milliliter) place 0.25 ml under tongue every one hour if needed for discomfort, lorazepam place 0.5 ml under the tongue every one hour if needed for anxiety and acetaminophen 325 mg take two tablets every four hours as needed for headache or fever. Review of the facility's physician's orders for Resident R1 lacked evidence that medication orders were entered into Resident R1's clinical record in a timely manner. During an interview on 6/18/26, at 3:19 p.m. the Director of Nursing confirmed that the physician's orders for Resident R1 were not entered into their clinical record in a timely manner. He/she also confirmed that Resident R1's physician orders should have been entered into the clinical record in a timely manner. 28 Pa. Code 211.5(f)(i) Medical records 28 Pa. Code 211.10 (c) Resident care policies 28 Pa. Code 211.12 (d)(1)(2)(3)(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 |
|---|---|---|
| | | |