



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **BUTLER AL, LLC**

LEGAL ENTITY

To operate **THE ADDISON OF LOWRIE PLACE**

NAME OF FACILITY OR AGENCY

Located at **100 STIRLING VILLAGE DRIVE, BUTLER, PA 15401**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **47**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 11, 2024** until **June 11, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **455010**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23



Emailing Date: June 11, 2024

[REDACTED]
Butler AL LLC
[REDACTED]

RE: The Addison of Lowrie Place
100 Stirling Village Drive
Butler, PA 16001
License #: 45501

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 21, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *The Addison of Lowrie Place* License #: *45501* License Expiration:
Address: *100 Stirling Village Drive, Butler, PA 15401*
County: *BUTLER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *Butler AL, LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/07/1997* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *50* Waking Staff: *38*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *03/21/2024*

Inspection Dates and Department Representative

03/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *38*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

03/21/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/21/2024*

Inspections / Reviews (*continued*)

05/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/08/2024

05/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/31/2024

06/03/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10: 00 a.m., an uncovered partially full container of a black substance identified by kitchen staff as old grease, was stored under kitchen sink, and multiple particles of the black substance were spread in an approximate 8 inch diameter area under and around the container.

Plan of Correction**Accept** [REDACTED] - 05/02/2024)

- 1. On 3/21/24 the griddle cleaning brick was immediately removed from under the sink, the container it was stored in was discarded and the area under the sink was cleaned.*
- 2. Executive Director or designee will provide training for the Dining Director and Assistant Chef on proper sanitary conditions relating to the griddle cleaning brick according to regulation 2600.85.a by 4/30/24.*
- 3. Dining Director or designee will audit the storage of the griddle cleaning brick for sanitary conditions weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month. The results of the audit will be reported to the Executive Director immediately if there is a discrepancy.*
- 4. The audits will be reviewed at the monthly Quality Assurance meeting. Continued review will be based on 3 months of sustained compliance.*

Licensee's Proposed Overall Completion Date: 05/30/2024**Implemented** [REDACTED] 06/03/2024)**85d - Trash Receptacles****2. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:30 a.m. there was a 1/2 full, uncovered, unattended trash can in the dishwashing area of the kitchen.

At 9:45 a.m. there was an approximate 15" diameter hole in the center of the lid on the 1/2 full trash can next to the kitchen prep table.

Plan of Correction**Accept** [REDACTED] - 05/02/2024)

- 1. On 3/21/24 the lids were placed on the garbage cans in the kitchen by the dishwasher and prep table by the Dining Director*
- 2. Executive Director or designee will educate staff by 4/30/24 on regulation 2600.85.d and the need to keep trash receptables covered.*
- 3. Dining Director or designee will audit the trash receptables to ensure they are covered weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month. The results of the audit will be reported to the Executive Director immediately if there is a discrepancy.*
- 4. The audits will be reviewed at the monthly Quality Assurance meeting. Continued review will be based on 3 months of sustained compliance.*

85d - Trash Receptacles (continued)

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] - 06/03/2024)

85e - Trash Outside Home**3. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation*At 9:00 a.m. a large box was stored on the ground between 2 large dumpsters outside of the main kitchen.***Plan of Correction**

Accept [REDACTED] - 05/02/2024)

1. On 3/21/24 the empty cardboard box was placed in the dumpster by Director of Plant Operations.
2. Executive Director or designee will educate staff by 4/30/24 on regulation 2600.85.e and the need for trash outside of the home to be kept in covered receptacles.
3. The Director of Plant Operations or designee will audit that all trash outside of the home is kept in covered receptacles weekly for 4 weeks, bi-weekly for 4 weeks and monthly for one month. The results of the audit will be reported to the Executive Director immediately if there is a discrepancy.
4. Audits will be reviewed at monthly QI meetings. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] 06/03/2024)

123b - Emergency Procedures Posted**4. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation*At 10:45 a.m. the emergency preparedness plan and procedures for the local municipality was stored on a shelf in the activities room, which is not a conspicuous and public place in the home.***Plan of Correction**

Accept [REDACTED] - 05/02/2024)

1. On 3/21/24 the local municipality emergency preparedness plan was relocated to a more conspicuous and public place in the home by the Executive Director.
2. Executive Director or designee will educate staff by 4/30/24 on regulation 2600.123.b and the need for emergency procedures to be posted in a conspicuous and public place in the home.
3. Executive Director or designee will audit that emergency preparedness plan for local municipality is posted in a conspicuous and public place weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month.
4. Audits will be reviewed at monthly QI meetings. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 05/30/2024

123b - Emergency Procedures Posted (*continued*)*Implemented* [REDACTED] - 06/03/2024)

185a - Implement Storage Procedures

5. 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

At 1:00 p.m., resident #1's glucometer was not calibrated to the current date and time.

Plan of Correction

Accept [REDACTED] - 05/02/2024)

- 1. On 3/21/2024 resident #1's glucometer was calibrated to the current date and time by the Health and Wellness Director .*
- 2. Health and Wellness Director or designee will educate current clinical staff on regulation 2600.185.a and the need to verify that glucometers are calibrated to the current date and time by 4/30/2024*
- 3. Health and Wellness Director or designee will audit resident glucometers to ensure they are calibrated to the current date and time weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month.*
- 4. Audits will be reviewed at monthly QI meetings. Continued review will be based on 3 months of sustained compliance.*

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] 06/03/2024)