



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
100 LACKAWANNA AVENUE  
ROOM 330, SCRANTON STATE OFFICE BUILDING  
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209  
1-800-833-5095  
FAX: (570) 963-3018

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 12, 2010**

Ms. Elizabeth Rose Lowry, Owner  
CARE  
P.O. Box 190  
Mainesburg, Pennsylvania 16932

Dear Ms. Lowry:

As a result of the Department of Public Welfare's licensing inspection on February 12, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

*Bob Bisignani*

Regional Licensing Administrator

Enclosure  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		<b>CURRENT LICENSE NUMBER</b> 203260	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 12, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Rene J. J...</i>	<b>DATE</b> 2-23-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>BA B...</i>	<b>DATE</b> 5/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Located in the facility dining room there was a clear plastic bin, which was unlocked and accessible to residents. The bin contained the following medications:  *Alpharma Hydrocortisone ointment usp 1% -Rx only.  *Bactroban Cream mupirocin calcium cream -Rx only.  *SAF-gel Hydrating Dermal wound dressing with Alginate.  *Ketoconazole cream-Rx only.  *Mupirocin ointment belonging to resident #1.  *Derma Carin ointment.	2/12/10	ALL PRESCRIPTION MEDICATIONS WERE REMOVED FROM THE PLASTIC BIN AND ARE NOW PROPERLY STORED OR DISCARDED AS NEEDED.  THE ADMINISTRATOR WAS TOLD BY THE MED SUPERVISOR THAT THESE WERE CHECKED + OKAY.  WE HAVE NOW CHANGED MED SUPERVISORS + THE ADMINISTRATOR WILL DOUBLE CHECK THE MED SUPERVISOR.	COA 08-05-10

**RECEIVED**  
FEB 25 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		<b>CURRENT LICENSE NUMBER</b> 203260	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 12, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Ron Jandy</i>	<b>DATE</b> 2-23-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Ed Bergman</i>	<b>DATE</b> 2/23/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>Located in the facility dining room in a clear plastic (unlocked) bin were the following medications:</p> <p>*Alpharma Hydrocortisone ointment usp 1%, expired 02/09 –Rx only. Unknown owner of this medication.</p> <p>*Bactroban Cream mupirocin calcium cream, expired 09/09 –Rx only. Unknown owner of this medication.</p> <p>*Ketoconazole cream-Rx only. Unknown owner of this medication.</p> <p>*Mupirocin ointment belonging to resident #1, expired 9/22/08.</p> <p>*Derma Carin belonging to resident #2, who is no longer served in the home, expired 06/09.</p> <p><b>Repeated violation - 10/26/09</b></p>	2/12/10	<p>ALL PRESCRIPTION MEDS WERE DISCARDED WHILE THE INSPECTOR WAS HERE.</p> <p>THE ADMINISTRATOR WAS TOLD BY THE MED SUPERVISOR THAT THESE WERE CHECKED &amp; OKAY.</p> <p>WE HAVE NOW CHANGED MED SUPERVISORS &amp; THE ADMINISTRATOR WILL DOUBLE CHECK THE MED SUPERVISOR</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2-5-10 <i>OS</i></p> <p>Date Initials (DPW)</p>

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SCRANTON FIELD OFFICE  
Adult Residential Licensing

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		<b>CURRENT LICENSE NUMBER</b> 203260	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 12, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Brian J. [Signature]</i>	<b>DATE</b> 2-23-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5/7/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The original container of Bacitracin, prescribed for resident #3, located in the medication cart, was not labeled with the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber.  Located in the dining room in a clear plastic bin (unlocked) were the following prescription medications that were not labeled with a resident's name: *Alpharma Hydrocortisone ointment usp 1% -Rx only. Unknown owner of this medication.  *Bactroban Cream mupirocin calcium cream -Rx only. Unknown owner of this medication.  Ketoconazole cream-Rx only. Unknown owner of this medication.	2/12/10	THE BACITRACIN FOR RESIDENT #3 WAS PLACED IN A BAG WITH DOCTORS ORDER RESIDENT NAME, NAME OF MEDICATION, PRESCRIBED DOSAGES & INSTRUCTIONS FOR ADMINISTRATION. ALL PRESCRIPTION MEDS WERE DISCARDED WHILE THE INSPECTOR WAS HERE. THE ADMINISTRATOR WAS TOLD BY THE MED SUPERVISOR THAT THESE THINGS WERE CHECKED & OKAY. WE HAVE NOW CHANGED MED SUPERVISOR & THE ADMINISTRATOR WILL NOW DOUBLE CHECK THE MED SUPERVISOR	08-05-10

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FEB 25 2010

Repeated violation - 10/26/09