

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELIZABETH ROSE LOWRY

LEGAL ENTITY

To operate CARE

NAME OF FACILITY OR AGENCY

Located at P.O. BOX 190, MAINESBURG, PA 16932

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

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 18  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare 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 November 15, 2011 until November 15, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 203260

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

NOV 17 2011

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 October 17, 2011 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.


Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', written over a horizontal line.

Ronald Melusky  
Director


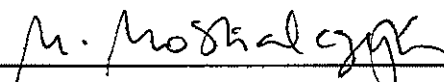
Enclosures  
License  
Violation Report

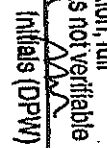
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P O BOX 190 MAINESBURG, PA 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATES (Include all dates of the inspection) 10/17/2011		REGIONAL REPRESENTATIVE Betty Bloch, Meriam O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;"><i>ELIZABETH ROSE LOWRY, OWNER, ADMINISTRATOR</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>11-7-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Magrasczyk</i>	DATE <i>11-9-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
28f1 Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.	Resident #1 was transferred to a higher level of care on June 22, 2011. The home did not provide the resident, or the resident's designated person, with a final itemized written account of the resident's funds or money owed to the resident as a result of overpayments for room, board or personal care services.  <p style="text-align: center; font-size: 1.5em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">NOV 08 2011</p> <p style="text-align: center;">SCRANTON FIELD OFFICE Adult Residential Licensing</p>	<i>10/31/11</i>	<p><i>Administrator and office staff will make sure that in the future a final itemized written account will be given upon a resident leaving the home.</i></p> <p><i>This was corrected for resident #1</i></p> <p><i>See Attached</i></p>	<i>mm</i> <i>11-9-11</i>


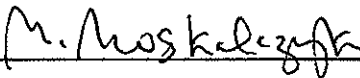
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

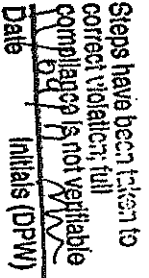
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28E Refunds shall be made within 30 days of the resident's discharge.	Resident #1 was transferred to a higher level of care on June 22, 2011. The resident's designated person removed the resident's personal property from the home on June 27, 2011. The home did not refund the resident's payment for room, board and personal care services from June 28, 2011 through June 30, 2011.	10/31/11 *ongoing	Administrator & Office staff will make sure that refunds are given even if they do not want one. A refund was given to Resident #1  See Attached *The administrator will assure documentation is kept in residents records regarding	Steps have been taken to correct violation; full compliance is not verifiable Date: 11/09/11 Initials (DPW): 

Refunds made within 30 days. 11/09/11  
M. Moskalczyk


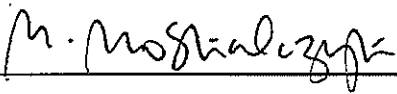
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	In room #9, a can of 3-in-one oil was found in the open closet of resident #2. The resident's most current support plan (dated 6/27/2011) and assessment (dated 6/27/2011) did not indicate that the resident is able to manage poisons unsupervised. Written on the can of oil were cautions for petroleum distillate ingredients and warnings not to induce vomiting if ingested, and to get emergency medical treatment from a physician immediately.  Repeated Violations: 08/05/2010	10/17/11 * ONGOING	We did not know that Resident #2 had bought this can of oil, so the Administrator talked to Resident #2 and explained that all poisonous materials must be kept locked up. All new residents will be advised of this. The can of oil was locked up at the time of inspection.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: _____ Initials (DPW): </p> </div>

\* The administrator will monitor for ongoing compliance with this regulation. M. Moskalezyk


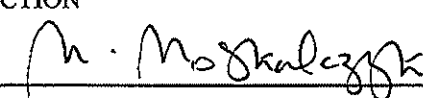
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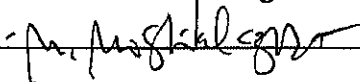
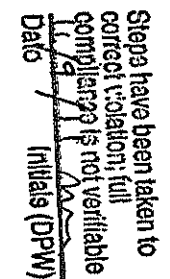
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85a Sanitary conditions shall be maintained.	The bathroom across from the medication closet had dried urine on and behind the toilet seat, and on the floor nearby. The inside of the toilet bowl had a dark substance that appeared to be dirt around the inside of the bowl. The mirror was spotted with what appeared to be soap and toothpaste, and there were several dead insects on the floor and inside the bathtub.	10/17/11 + * ongoing	Housekeeping had not made it to that bathroom yet, that morning. Administrator told all staff that they are to check all bathrooms through out their shifts and to keep them clean. This bathroom was thoroughly cleaned the day of inspection.	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____


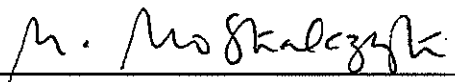
\* The administrator or designee will monitor sanitary conditions throughout the building on a daily basis and assure that sanitary conditions are maintained. M. Markel, MD


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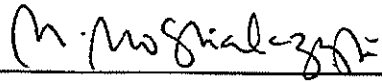
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89c A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.	The required January 2011 Coliform test for the home's well was not completed until February 4, 2011. The previous two quarterly Coliform tests were completed on July 6, 2010 and October 5, 2010.  Repeated Violations: 08/05/2010	2/2011 + ongoing	In February 2011, the Administrator called <del>Severald</del> <sup>again</sup> <del>Lalis</del> about our quarterly tests + they have been on time since.  The administrator will be responsible for maintaining documentation for Coliform water test at least every 3 months. The Documentation will be made available, upon request by the Department.  	Steps have been taken to correct violation; full compliance is not verifiable Date 11/9/11 Initials (DPW) 

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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have documentation that a fire safety inspection of the home was completed by a fire safety expert in 2010 or 2011.	11/8/11	<p>A fire safety training + inspection is scheduled for 11/8/11. Administrator + Office Staff will make sure that fire safety inspection will be included with the fire safety training annually.</p> <p>Will follow up with a fax from this inspection.</p>	 11/09/11

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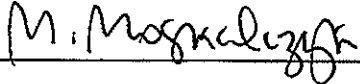
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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	The following direct care staff persons' Department-approved medication administration training was incomplete and, therefore, they are not currently qualified to administer medications to residents: <b>Staff person A</b> • The required 2010 annual Student Certification Form was not completed for the Initial Annual Practicum, which was due within 12 months of the Initial Training completed on 10/29/09  <b>Staff person B</b> • The required 2010 annual Student Certification Form was not completed for the Annual Practicum within 12 months of the Initial Annual Practicum dated 10/21/09; it was dated 11/19/10 • The required 2010 medication administration record reviews of the Annual Practicum were not completed within the required 12 months of the Initial Annual Practicum completed on 10/21/09; they were completed on 11/19/10  <b>Staff person C</b> • The required 2010 annual Student Certification Form was not completed for the Annual Practicum dated 11/15/10, which was due within 12 months	10/18/11 + Ongoing	All staff was re-trained on all medication administration training by the med. administrator trainer.  Administrator + Med. Administrator Trainer will make sure all training + paperwork is completed on time and documentation will be made available upon the request by  See Attached for Department.	Steps have been taken to correct violation; full compliance is not verifiable  Date _____ Initials (DPW) _____


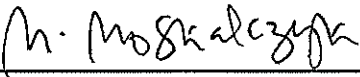
*M. Moskalyk*  
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(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	<p>of the Initial Annual Practicum dated 10/15/09</p> <ul style="list-style-type: none"> <li>• The required 2010 medication administration record reviews for the Annual Practicum were not completed within 12 months of the Initial Annual Practicum completed on 10/15/09; they were completed on 11/15/10</li> </ul> <p>Staff person C worked alone on 10/12/11 from 6:30am to 8:00am and on 10/16/11 from 6:30am to 2:30pm</p> <p>Staff person D</p> <ul style="list-style-type: none"> <li>• The required 2010 annual Student Certification Form was not completed for the Initial Annual Practicum dated 10/19/10, which was due within 12 months of the Initial Training dated 10/29/09</li> </ul> <p>Staff person D worked alone on 10/12/11 from 2:30pm to 10:30pm</p> <p>Staff person E</p> <ul style="list-style-type: none"> <li>• The required 2010 annual Student Certification Form was not completed for the Annual Practicum dated 10/30/10, which was due within 12 months of the Initial Annual Practicum dated 10/12/09</li> <li>• The Annual Practicum form dated 10/30/10 did not indicate if this staff person successfully completed the training requirements; this area of</li> </ul>		<p style="font-size: 2em; font-family: cursive;">Cont. from previous page.</p>	

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	<p>the form was left blank</p> <p>Staff person E worked alone on 10/14/11 from 6:30am to 8:00am; 10/16/11 from 2:30pm to 10:30pm; and 10/12/11, 10/13/11, and 10/15/11 from 10:30pm to 6:30am</p> <p>Staff person F</p> <ul style="list-style-type: none"> <li>• Only 1 of the required 4 required medication administration record reviews was completed on the Initial Annual Practicum (dated 5/5/11) with 12 months of the Initial Training completed 5/9/10</li> <li>• Only 1 of the required 2 medication administration observations were completed on the Initial Annual Practicum (dated 5/5/11) within 12 months of the Initial Training completed on 5/9/10</li> </ul> <p>Staff person F worked alone on 10/10/11, 10/11/11, and 10/16/11 from 10:30pm to 6:30am</p> <p>Staff person A, who is the administrator, stated the above staff all administer medications to residents.</p>		<p><i>Cont. from previous page.</i></p>	


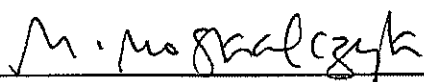
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SIGNATURE OF LEGAL ENTITY 	DATE 11-7-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Moskalskyk	DATE 11/09/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183a1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	On the day of this inspection, direct care staff person C stated resident #3's 4:00pm medications were re-packaged into a zip-lock type plastic bag from their original containers and taken to the resident's day program which is outside of the home. The medications were Lorazepam 0.5mg tablet and Clozapine 100mg tablet.	10/17/11	<p>Administrator + Med Administrator Trainer corrected staff person C on this matter</p> <p>All staff was also reminded of this regulation.</p> <p>Original medication containers will be sent with any resident going out from the home.</p> <p>The administrator will monitor</p>	<p>Steps taken to correct violation</p> <p>Date: 11/09/11</p> <p>Initials (DPM):</p>

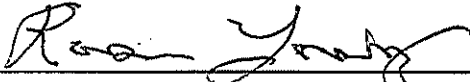
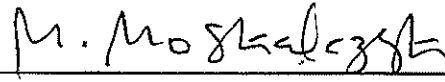
The administrator will monitor compliance of this regulation M. Moskalskyk

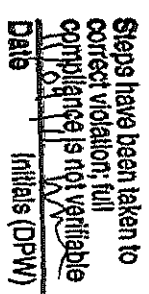
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P O BOX 190 MAINESBURG, PA 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATES (Include all dates of the inspection) 10/17/2011		REGIONAL REPRESENTATIVE Betty Bloch, Meriann O'Malley	
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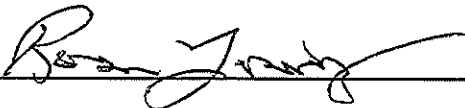
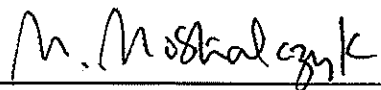
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #4's Lantus 100 units/ml expired September 29, 2011. The date hand-written on the manufacturer's box indicated the bottle was first punctured for use on September 2, 2011. The manufacturer's instructions indicate an opened bottle expires after 28 days after first use.	10/17/11	Corrected at the time of inspection Administrator addressed all staff on checking expiration dates on all insulin. Administrator will check dates on all insulin monthly.	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date _____ Initials (DPW) _____</p> </div>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P O BOX 190 MAINESBURG, PA 16932		CURRENT LICENSE NUMBER 203260	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.	Staff persons B, C, D, E, and F did not have the required forms indicating they successfully completed their respective annual Department-approved medication administration course prior to administering insulin to the following residents in October 2011:  Resident #4 - Novolog was administered by staff person F Resident #6 - Humalog was administered by staff persons B, C, D, and E	10/18/11 + ongoing	All staff was re-trained on all medication administration training by the Med. Administrator trainer.  Administrator + Med Administrator trainer will make sure all training + paperwork is completed on time - and Documentation will be made available upon the request of the Department. See Attached	

*M. Moskalczyk*

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P O BOX 190 MAINESBURG, PA 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATES (Include all dates of the inspection) 10/17/2011		REGIONAL REPRESENTATIVE Betty Bloch, Meriam O'Malley	
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<ul style="list-style-type: none"> <li>The October 2011 medication administration record for resident #5 did not include a diagnosis or purpose for any of the resident's medications which included, but not limited to, Fluticasone Prop, Divalproex, Thiothixene, Clonidine, Loratadine, Hydroxyzine, and Levothyroxine.</li> <li>The October 2011 "Master Key" used in conjunction with the medication administration record did not include the staff persons' printed names.</li> </ul> <p>Repeated Violations: 08/05/2010</p>	10/19/11	<p>We did not have the diagnosis yet for new resident #5. [redacted] came from a home that was flooded + we were in the process of switching [redacted] from Bradford County to Susquehanna County + changing [redacted] physicians. Since then, we have gotten [redacted] diagnosis.</p> <p>Administrator will continue to get diagnosis on all new residents + see Attached (Cont'd on next page)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 11/09/11 Initials (DPW): [redacted]</p> <p>Current residents M. Moskalcyk 11/9/11</p>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P O BOX 190 MAINESBURG, PA 16932		CURRENT LICENSE NUMBER 203260	
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<b>RECEIVED</b>  NOV 08 2011  SCRANTON FIELD OFFICE Adult Residential Licensing	10/18/11	Administrator looked into the Master Key matter + it was being done correctly up until February 2011. After that month, staff stopped printing their names. A new form was made so this will not happen again. All staff was addressed on this matter + Administrator will check this monthly. See Attached	Cont. from previous page  Steps have been taken to correct violation, full compliance is not verifiable Date: 11/11/11 Initials (DPW): [Signature]