

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, 2012 until November 15, 2013,  
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



NOV 27 2012

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 (Department) licensing inspection on September 4, 2012 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 Human Services Licensing so that compliance can be verified.

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

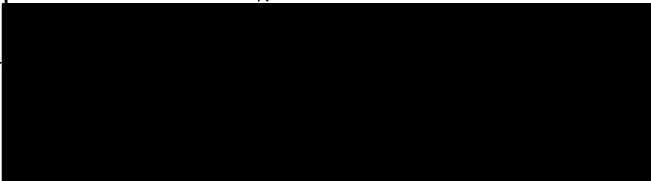
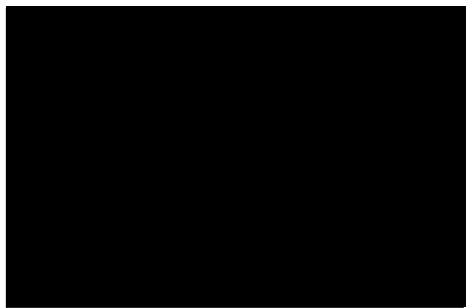
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: CARE		License Number:
Address: P.O. BOX 190, MAINESBURG, PA 16932		County: Tioga
Administrator: ROSE LOWRY		Region: NORTH
Legal Entity Name: CARE		
Legal Entity Address: P.O. BOX 190, MAINESBURG, PA 16932		
<b>Certificate(s) of Occupancy</b> C-2 LP 08/07/2000 LABOR AND INDUSTRY		
<b>Staffing Hours</b>		
Resident Support: 13.5	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
09/04/2012: Dumas, Gerald, Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 18 Number of Residents Served: 18 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	<b>Number of Residents who:</b> 	

Violation Report: 20326 - 09/04/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - 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.

**2. DESCRIPTION OF VIOLATION**

The first aid kit located on a desk next to the dining room accessible to residents contained an instant cold pack. The cold pack was labeled "harmful if swallowed, induce vomiting and consult a physician or poison control center immediately." The residents have not all been assessed to safely identify and handle poisons.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

WE DID NOT REALIZE THAT THE COLD PACK, WHICH WAS INSIDE A SEALED BOX, WAS HARMFUL IF SWALLOWED.

THE COLD PACK WAS IMMEDIATELY DISPOSED OF AT THE TIME OF THE INSPECTION.

IN THE FUTURE, THE ADMINISTRATOR WILL MONITOR ITEMS INSIDE CONTAINERS LIKE THIS FOR POISONOUS MATERIALS

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/17/2012
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Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Rose Lowry* Date *10-3-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11/8/12  
(Date)

Signature of Legal Entity Representative [Signature]  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20326 - 09/04/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**2. DESCRIPTION OF VIOLATION**

The home's dumpster lid was in an open position allowing for the penetration of insects and rodents.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

THE ADMINISTRATOR HAS ADVISED ALL STAFF THAT THE DUMPSTER LIDS ARE TO BE KEPT CLOSED AT ALL TIMES.

THIS WAS CORRECTED THE DAY OF THE INSPECTION.

THE ADMINISTRATOR WILL MONITOR THIS. daily.  
mm  
11/8/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *E. Rose Lowry*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *E. ROSE LOWRY* Date *10-3-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11/8/12  
(Date)

Signature of Legal Entity Representative 11/8/12  
(Date)

The above plan of correction was approved by mm  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20326 - 09/04/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.188(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

**2. DESCRIPTION OF VIOLATION**

The prescription medication for resident # 1 Naproxen 250 mg. tab P.R.N. (take 1 tablet by mouth 2 times daily with food as needed for pain originally prescribed on 1/27/12 ) had expired in July 2012.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

WE, AT CARE, DID NOT KNOW THAT WHEN THE PRESCRIPTION DATE EXPIRES (EVEN THOUGH THE MEDICATION DATE HAS NOT EXPIRED) THAT A NEW PRESCRIPTION NEEDS TO BE OBTAINED OR UPDATED.

ON 9/6/12, A NEW PRESCRIPTION WAS OBTAINED FOR RESIDENT #1. (SEE ATTACHED)

THE ADMINISTRATOR WILL MONITOR ALL PRN PRESCRIPTION EXPIRATION DATES.

The administrator will monitor and assure that all medication prescriptions are kept current.

*[Signature]*  
11/8/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *E. Rose Lowry*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *E. Rose Lowry* Date *10-3-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11/8/12  
(Date)

Signature of Legal Entity Representative *[Signature]*  
(Date) 11/8/12

The above plan of correction was approved by *[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented