



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

SEP 6 2013

Mr. Daniel M. Guill, Authorized Representative
Lowrie AID OPCO, LLC
301 Commerce Street, Suite 3300
Fort Worth, Texas 76102

RE: Lowrie House
100 Stirling Village Drive
Butler, Pennsylvania 16001

Dear Mr. Guill:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 15, 2013 and August 16, 2013, 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.

Sincerely,

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

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

Page 1 of 7

PCH Name: LOWRIE HOUSE		License Number: 44496
Address: 100 STIRLING VILLAGE DRIVE, BUTLER, PA 16001		County: Butler
Administrator: BARBARA YOHE		Region: WEST
Legal Entity Name: LOWRIE AID OPCO LLC		
Legal Entity Address: 100 STERLING VILLAGE DRIVE, BUTLER, PA 16001		
Certificate(s) of Occupancy C-2 04/07/1997 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 45 Waking Staff: 34		
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/15/2013: Mandock, Nancy 08/16/2013: Mandock, Nancy		
Off-Site Inspection Dates and Inspectors, if Applicable 		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 41 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 1	

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WEST REGION FIELD OFFICE
 Human Services License

Violation Report: 44496 - 08/15/2013 - Mandock, Nancy PCH Name: LOWRIE HOUSE	
1. REGULATION 55 Pa.Code §2600 2600.132(a) - An unannounced fire drill shall be held at least once a month.	
2a. DESCRIPTION OF VIOLATION Per resident and staff interviews, the fire drill held on 8/12/13 was known in advance by resident #1.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> <p style="text-align: center; font-size: 1.2em;">See page 2A of 7</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> <i>Barker Gpm</i>	
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> <i>Barker Gpm</i>	Date <i>9/3/13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>9-4-13</i></u> (Date)	Plan of correction implementation status as of <u><i>9-4-13</i></u> (Date)
The above plan of correction was approved by <u><i>GSP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>GSP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Tuesday, September 03, 2013

Lowrie House
100 Stirling Village Drive
Butler, PA 16061

Violation: 2600.132(a)

Plan of Correction (POC)

Immediately: Lowrie House scheduled and completed an additional Supervised Fire Drill and Fire-Safety Inspection on 8/28/13. The drill was unannounced and not known by any residents in advance.

Changing Practice: Current residents will not be notified in advance of unannounced fire drills.

Teaching: Staff In-Service Training on Fire drills and evacuation, 2600.132 Fire drills, Fire drill record and documentation, Review annual employee training requirements. Attached please find the training handouts; completed education summary will be kept in the training binder. 8/30/13

Ongoing Monitoring: Residence Director, Wellness Director and/or Designee will monitor fire drills and fire drill records.

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9/3/13

JYP 9/3/13

SEP 03 2013

WEST REGION FIELD OFFICE Page 3 of 7
Human Services Licensing

Violation Report: 44496 - 08/15/2013 - Mandock, Nancy
PCH Name: LOWRIE HOUSE

1. REGULATION 56 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 8/12/13 does not include an accurate number for residents evacuated during the drill. The fire drill record for the 8/12/13 drill indicates that 37 residents were in the home at the time the drill was conducted, and that 37 residents were evacuated. Per resident and staff interviews, resident #1 was not not evacuated for this drill, but remained in his/her room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

See page 3A of 7

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Barbara Youe RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Youe RD</i>	Date <i>9/3/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u><i>ASP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ASP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.132(c)

Plan of Correction (POC)

Immediately: Lowrie House scheduled and completed an additional Supervised Fire Drill and Fire-Safety Inspection on 8/28/13. The drill was unannounced and not known by any residents in advance.

Changing Practice: Accurate numbers for residents evacuated will be correctly noted on the fire drill record. Correct number of residents evacuated will be listed.

Teaching: Staff In-Service Training on Fire drills and evacuation, 2600.132 Fire drills, Fire drill record and documentation, Review annual employee training requirements. Attached please find the training handouts; completed education summary will be kept in the training binder. 8/30/13

Ongoing Monitoring: Residence Director, Wellness Director and/or Designee will monitor fire drills and fire drill records.

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Violation Report: 44496 - 08/15/2013 - Mandock, Nancy
PCH Name: LOWRIE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
During the 8/12/13 fire drill, resident #1 remained in his/her room. He/she did not evacuate to a designated meeting place away from the building or within the fire safe area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

See page 4A of 7

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara Lohr*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Lohr RD</i>	Date <i>9-3-13</i>
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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

page 4A of 7

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SEP 03 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.132(h)

Plan of Correction (POC)

Immediately: Lowrie House scheduled and completed an additional Supervised Fire Drill and Fire-Safety Inspection on 8/28/13. The drill was unannounced and not known by any residents in advance.

Changing Practice: During a fire drill, current residents will be evacuated to the designated meeting place away from the building or within the fire-safe area.

Teaching: Staff In-Service Training on Fire drills and evacuation, 2600.132 Fire drills, Fire drill record and documentation, Review annual employee training requirements. Attached please find the training handouts; completed education summary will be kept in the training binder. 8/30/13

Ongoing Monitoring: Residence Director, Wellness Director and/or Designee will monitor fire drills and fire drill records.

10-30-13 All residents will be educated on the need to evacuate to a designated meeting place away from the building or within the fire safe area during each fire drill. All refusals will be documented, resident will be counseled and if refusals continue a 30 day notice may be issued. JFP 9-4-13

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WEST REGION FIELD OFFICE Page 5 of 7
Human Services Licensing

Violation Report: 44486 - 08/16/2013 - Mandock, Nancy
PCH Name: LOWRIE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #2, dated 7/30/13, does not include include a mobility assessment for the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

See page 5A of 7

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara Yone RD*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara Yone RD* Date *9/3/13*

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

<p>The above plan of correction is approved as of <u>9-4-13</u> (Date)</p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>9-4-13</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partilly Implemented - Adequate Progress <i>[Signature]</i></p> <p><input type="checkbox"/> Partilly Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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page 5A of 7

Violation: 2600.141(a)(2)

Plan of Correction (POC)

Immediately: The medical evaluation for Resident #2 was updated by a documented call with the physician. Resident has Minimal (Mobile) needs. 8/16/13

Changing Practice: Mobility Needs Assessment will be completed for residents per the Document of Medical Evaluation (DME) requirements within 60 days prior to admission or within 30 days after admission.

Teaching: Residence Director and Wellness Director were re-educated on 2600.141 Resident medical evaluation and health care regulations. Attached please find the training handouts; completed education summary will be kept in the training binder. 8/30/13

Ongoing Monitoring: Residence Director, Wellness Director and/or Designee will audit current resident files by 9/6/13 for completion of Mobility Needs Assessment section of the DME. By 9/30/13 Regional Director of Operations or member of the regional team will audit resident files upon quarterly visits to ensure continued compliance.

10-30-13 Residence Director, Wellness Director and/or Designee will review all newly completed medical evaluations for accuracy and completion including a mobility assessment. JYP 9-4-13

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WEST REGION FIELD OFFICE
Human Services Licensing

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TRD
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JYP
9/3/13

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WEST REGION FIELD OFFICE Page 6 of 7
Human Services Licensing

Violation Report: 44496 - 08/15/2013 - Mandock, Nancy
PCH Name: LOWRIE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
The initial assessment for resident # 2, finalized 7/26/13, does not address the resident's diagnosis of hypercholesterolemia as listed on the resident's medical evaluation, dated 7/30/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

See page 6A of 7

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Rosemary York RD</i>	<i>9/3/13</i>

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page 6A of 7

Violation: 2600.225(a)

Plan of Correction (POC)

Immediately: The Medical Diagnoses section of the RASP for Resident #2 was updated to include Hypercholesterolemia and included plans to meet the medical need. 8/16/13

Changing Practice: Initial assessments (RASP) will include complete and current Medical Diagnoses as listed on the Documentation of Medical Evaluation (DME).

Teaching: Residence Director and Wellness Director were re-educated on 2600.225 Initial and annual assessment regulations. Attached please find the training handouts; completed education summary will be kept in the training binder. 8/30/13

Ongoing Monitoring: Residence Director, Wellness Director and/or Designee will audit current resident files by 9/6/13 for complete match of Medical Diagnoses listed on the DMEs to Medical Diagnoses listed on the RASPs. By 9/30/13 Regional Director of Operations or member of the regional team will audit resident files upon quarterly visits to ensure continued compliance.

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**WEST REGION FIELD OFFICE
Human Services Licensing**

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Dunham RD
9/3/13
JYP
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SEP 03 2013

EST REGION FILE # 1997-017
Human Services Liaison

Violation Report: 44496 - 08/15/2013 - Mandock, Nancy
PCH Name: LOWRIE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
The most recent annual assessment for resident #1, dated 1/26/13, does not address the resident's diagnoses of osteoarthritis, anemia, emboli, HTN, Gerd, chronic pain, and hx. pelvic fracture as listed on the resident's most recent medical evaluation, dated 1/12/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

See page 7A of 7

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Barbara Vohr RD

9/3/13

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page 7A of 7

Violation: 2600.225(c)

Plan of Correction (POC)

Immediately: The Medical Diagnoses section of the RASP for Resident #1 was updated to include Osteoarthritis, Anemia, Emboli, HTN, Gerd, Chronic pain, Falls, Hx. Pelvic fx, and Osteoporsis and included plans to meet the medical need. 8/16/13

and annual of 8/24/13

Changing Practice: Initial assessments (RASP) will include complete and current Medical Diagnoses as listed on the Documentation of Medical Evaluation (DME).

Teaching: Residence Director and Wellness Director were re-educated on 2600.225 Initial and annual assessment regulations. Attached please find the training handouts; completed education summary will be kept in the training binder. 8/30/13

Ongoing Monitoring: Residence Director, Wellness Director and/or Designee will audit current resident files by 9/6/13 for complete match of Medical Diagnoses listed on the DMEs to Medical Diagnoses listed on the RASPs. By 9/30/13 Regional Director of Operations or member of the regional team will audit resident files upon quarterly visits to ensure continued compliance.

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SEP 03 2013
WEST REGION FIELD OFFICE
Human Services Licensing

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9/3/13
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