



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 30 2013

Elizabeth Rose Lowry, Owner/Administrator  
CARE  
P.O. Box 190  
Mainsburg, Pennsylvania 16932

Dear Ms. Lowry:

As a result of the Department of Public Welfare's licensing inspection on September 12, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period November 15, 2013 to November 15, 2014 was issued on July 30, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matt Jones".

Matthew Jones  
Acting Director /s/

Enclosure  
License Inspection Summary



Violation Report: 20326 - 09/12/2013 - Yellenic, Cindy PCH Name: CARE	
1. REGULATION 55 Pa.Code §2600 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	
2a. DESCRIPTION OF VIOLATION On 9/12/2013, the dryer ducts on the outside of the home, had lint on the ground next to the facility, posing a potential fire hazard.	
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.	
The lint was removed off the ground on the day of the inspection, 9/12/13. All staff were told to keep lint cleaned up off of the ground at all times, as this could be a potential fire hazard. The administrator will monitor this weekly.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>E Rose Lowry</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) E. Rose Lowry	Date 10/16/13
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>10.24.13</u> (Date)	Plan of correction implementation status as of <u>10.24.13</u> (Date)
The above plan of correction was approved by <u><i>ML</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20326 - 09/12/2013 - Yellenic, Cindy  
 PCH Name: CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.182(b) - 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.  
 (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 as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**  
 Staff Person A completed the Initial Medication Administration Test on 10/18/11 and an Annual Practicum on 6/20/13. The staff person did not complete an Annual Practicum during 2012 and is therefore not properly trained to administer medication.  
 Staff Person B completed the initial Medication Administration Test on 10/18/11 and an Annual Practicum on 6/20/13. The staff person did not complete an Annual Practicum during 2012 and is therefore not properly trained to administer medication.  
 Staff Person C, who is the administrator, completed the initial Medication Administration Test on 10/18/11 and an Annual Practicum on 6/20/13. The staff person did not complete an Annual Practicum during 2012 and is therefore not properly trained to administer medication.

**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.  
 Staff A,B,& C were retrained on all medication administration training by the medication administration trainer on 9/13/13. (See attached) The administrator & the medication administration trainer will ensure that all staff are properly trained and that all medication administration training is completed and documented on time.

*The Administrator shall monitor for ongoing compliance.*  
 m  
 10/24/13

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

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: 10/16/13

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Violation Report: 20326 - 09/12/2013 - Yellenic, Cindy  
 PCH Name: C A R E

**1. REGULATION 55 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

It is the home's policy that all insulin be dated when opened for use. Lantus insulin prescribed to Resident #1 was not dated when opened.  
 It is the home's policy that all narcotic medications be counted by two staff persons at the beginning and end of each shift. Two staff members are routinely counting narcotics at the beginning and end of each shift per the home's policy, but staff is not counting the narcotics not currently in use that are stored separately and are considered "overflow."

**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.*

The Lantus insulin for resident #1 was dated on the day of the inspection, 9/12/13. All staff were again reminded that all insulin boxes are to be dated immediately upon opening each box. The administrator and the medication supervisor will ensure that this policy is being followed.  
 The administrator briefed all staff that the narcotics "overflow" that are stored separately, are to be counted by two staff at the beginning & end of each shift, at the same time that they count the narcotics. A count log was set up for this on the day of the inspection, 9/12/13. (See attached). The administrator will monitor this weekly.

Repeat Violation: No

Date(s) of Previous Violation(s):

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: 10/16/13

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 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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