

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LOWRIE AID OPCO LLC  
LEGAL ENTITY

To operate LOWRIE PLACE  
NAME OF FACILITY OR AGENCY

Located at 100 STIRLING VILLAGE DRIVE, BUTLER, PA 16001  
(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 47  
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 April 18, 2014 until April 18, 2015  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 444960

Robert E. Robinson  
ISSUING OFFICER

  
ACTING 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.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

APR 18 2014

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  
License #: 444960

Dear Mr. Guill

As a result of the Department of Public Welfare's licensing inspection on January 15, 2014, January 16, 2014, January 24, 2014 and March 25, 2014, 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 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew B. Jones", with a long horizontal flourish extending to the right.

Matthew B. Jones  
Director

Enclosures  
License  
License Inspection Summary

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

Page 1 of 5

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		<b>RECEIVED</b>
Legal Entity Address: 100 STERLING VILLAGE DRIVE, BUTLER, PA 16001		
Certificate(s) of Occupancy C-2 04/07/1997 L&I		MAR 14 2014 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 45	Working Staff: 34
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Provisional, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/15/2014: Mandock, Nancy; Orme, Melinda 01/16/2014: Mandock, Nancy; Orme, Melinda 01/24/2014: Mandock, Nancy		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b> 01/29/2014: Mandock, Nancy		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
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: 4 Number of Hospice Residents in past year: 8		<b>Number of Residents who:</b> 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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MAR 14 2014

Violation Report: 44496 - 01/15/2014 - Mandock, Nancy  
PCH Name: LOWRIE HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 1/15/16, the notebook containing the medication administration record (MAR) for part of the home's residents, including resident #1, was observed unlocked, accessible and unattended on top of a medication cart which was located outside room # 125.

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 0A of 5

See Attached Pages

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date 3/7/14

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

The above plan of correction is approved as of 4-1-14  
(Date)

Plan of correction implementation status as of 4-1-14  
(Date)

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

The above plan of correction was approved by *JP*  
(Initials)

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MAR 14 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation 2600.17

Plan of Correction (POC)

Immediately -1/16/2014 Certified Medication Assistant immediately put the MAR, Narc book and medication cart in her sight.

Changing Practice -1/16/2014 Certified Medication Assistants will keep the MAR, Narc book and medication cart in their sight at medication pass times.

Teaching -3/6/2014 In-serviced staff on Regulation 2600.17 and the importance of the privacy of PHI (Personal Health Information) of our residents.

Ongoing Monitoring -3/6/2014 Residence Director, Wellness Director and/or designee will ensure continued compliance and privacy of PHI (Personal Health Information) by ensuring that the medication record, the Narc book and the medication cart remains in constant sight of the Certified Medication Assistant.

5-10-14 the administrator will monitor the home at least weekly to ensure all resident records including medication records are confidential, kept safe and locked.  
See In-Service Training Summary  
JHP 4-1-14

*[Handwritten signatures and dates]*  
JHP 4-1-14

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MAR 14 2014

Page 3 of 5

Violation Report: 44496 - 01/16/2014 - Mandock, Nancy  
PCH Name: LOWRIE HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan, dated 11/27/13, for resident # 1 indicates the resident requires assistance with toileting, bladder, and bowel management. Per the home's internal task sheets, resident # 1 was scheduled for incontinence checks during the midnight shift at the following times: 10:45 PM - 11:15 PM, 1:00 AM - 1:30 AM, 3:00 AM - 3:30 AM, and 5:00 - 6:15 AM. On the midnight shift of 1/9/14 - 1/10/14, the resident did not receive this assistance as required at any of the scheduled times.

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 5

See Attached pages

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Barbara Yoh Date 3-7-14

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The above plan of correction is approved as of 4-1-14 (Date)

Plan of correction implementation status as of 4-1-14 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented

Page 3A of 5  
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MAR 14 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation 2600.23(a)

Plan of Correction (POC)

Immediately -1/16/2014 Wellness Director audited current resident's current support plans (RASP's) and task sheets to ensure that care needs on RASP were reflected on task sheets.

Teaching -3/6/2014 Residence Director has conducted training for current staff to educate on Regulation 2600.231(a). Residence Director also in-serviced staff that Resident's care needs on RASP's must be reflected on task sheets.

Changing Practice -3/6/2014 Changing Practice/Ongoing Monitoring - Residence Director and Wellness Director will monitor daily each shift's task sheets to ensure that resident's care needs are being met.

Ongoing Monitoring -3/6/2014 Changing Practice/Ongoing Monitoring - Residence Director and Wellness Director will monitor daily each shift's task sheets to ensure that resident's care needs are being met.

See attached In-Service Training Summary

*[Handwritten signature]*  
3-7-14  
JBD  
4-1-14

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Violation Report: 44496 - 01/15/2014 - Mandock, Nancy  
PCH Name: LOWRIE HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - 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.

2a. DESCRIPTION OF VIOLATION

The label on the card of aspirin 81 mg tablets belonging to resident # 2 does not include the resident's name, prescribed dosage, and instructions for administration.

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 5

See Attached pages.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of 4-1-14  
(Date)

Plan of correction implementation status as of 4-1-14  
(Date)

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

The above plan of correction was approved by OSP  
(initials)

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Violation 2600.184(a)

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Plan of Correction (POC)

MAR 14 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Immediately –1/16/2014 Wellness Director immediately called the Pharmacy to send a label to be attached to the aspirin card that reflected the resident’s name, prescribed dosage, and instructions for administration, per the State Regulation.

Teaching – 3 /6/2014 Residence Director has conducted an in-service training for the Wellness Director and current Certified Medication Assistants to the Regulation 184(a) and the “3 Way Audit” procedure and proper medication administration procedures.

Changing Practice –3/6/2014 The “3 Way Audit” procedure is to be performed by Wellness Director and/or designee and the Certified Medication Assistants when a new medication is received at the house, to ensure that the medication is properly labeled with resident’s name, prescribed dosage, and instructions for administration.

Ongoing Monitoring –3/6/2014 The Residence Director, Wellness Director and/or designee will audit new medications that arrive at the house, to ensure that medications received are properly labeled with resident’s name, prescribed dosage, and instructions for administration.

See In-Service Training Summary

*[Handwritten signature]*  
3-7-14  
JSP  
4-1-14

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Violation Report: 44496 - 01/15/2014 - Mandock, Nancy  
PCH Name: LOWRIE HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident #1 receives incontinence care and has difficulty understanding instructions; however, this is not indicated on the resident's assessment dated 11/27/13.

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 SA of 5

See Attached Pages.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Date 3-7-14

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(Date)

Plan of correction implementation status as of 4-1-14  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *JSP*

Partially Implemented - Inadequate Progress

Not Implemented

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(Initials)

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MAR 14 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation 225(a)

Plan of Correction (POC)

Resident #1 is no longer a resident.

Changing Practice -3/6/2014 Residence Director, Wellness Director and/or designee will ensure that upon initial assessment, annual assessment or at time of significant change, the RASP shall reflect a resident's current medical condition.

Any changes in care needs noticed by staff will immediately be reported to the Wellness Director and/or Residence Director who will then change RASP and task sheet to reflect the change of care need.

5-10-14 the administrator or designated staff person will review all current resident assessments for accuracy including all care needs, allergies and assistance required by staff. JAP 4-1-14

Teaching -3/6/2014 Residence Director and Wellness Director in-serviced the staff to Regulation 2600.225(a) that care a resident receives shall be reflected on the support plan (RASP).

Residence Director and Wellness Director also in-serviced the staff that any changes in the care needs of a resident will immediately be reported to the Wellness Director and/or Residence Director so that the change in care need can be reflected on the RASP and task sheets.

Ongoing Monitoring -3/6/2014 Residence Director and Wellness Director will monitor that initial assessments, yearly assessments and significant change assessments reflect the care needs of each resident.

See attached In-Service Training Summary

*[Handwritten signature]*  
3-7-14