



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 0 1 2015

Ms. Elizabeth Rose Lowry, Owner/Administrator
P.O. Box 190
Mainesburg, Pennsylvania 16932

RE: C A R E
License #: 203260

Dear Ms. Lowry:

As a result of the Department of Human Services' annual licensing inspection on September 3, 2015 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.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director
MSH

Enclosure
License Inspection Summary

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

PCH Name: C A R E		License Number: 20326
Address: P O BOX 190, MAINESBURG, PA 16932		County: Tioga
Administrator: Rose Lowry		Region: NORTHEAST
Legal Entity Name: ELIZABETH ROSE LOWRY		
Legal Entity Address: P.O. BOX 190, MAINESBURG, PA 16932		
Certificate(s) of Occupancy C-2 LP 06/07/2000 Department of L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 17 Waking Staff: 13		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/03/2015: Hummel, Jesse; Patton, Leslie		
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: 18 Number of Residents Served: 17 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 10 Have Mental Illness: 12 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 20326 - 09/03/2015 - Hummel, Jesse
 PCH Name: CARE

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 The home did not develop a contract for resident #1 who was admitted to the home on [redacted] 14.

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.

ADMINISTRATOR DID NOT THINK THAT A CONTRACT WAS REQUIRED BECAUSE RESIDENT #1 WAS A RELATIVE. RESIDENT #1 NO LONGER RESIDES HERE, [redacted] IS NOW IN A NURSING HOME.
 IN THE FUTURE ADMINISTRATOR WILL CHECK WITH DEPT. OF HUMAN SERVICES FOR WHAT PAPERWORK IS NEEDED FOR RELATIVES.

Adm / Designee will review all admission paperwork for new residents prior to filing to ensure ongoing compliance. Cf. 11-13-15


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 10/1/2015

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

The above plan of correction is approved as of <u>11-13-15</u> (Date)	Plan of correction implementation status as of <u>11-13-15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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 - 09/03/2015 - Hummel, Jesse PCH Name: C A R E	
1. REGULATION 55 Pa.Code §2600 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.	
2a. DESCRIPTION OF VIOLATION Resident room number 4 and number 9 do not have an operable source of bedside lighting.	
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>	
THE LIGHTBULBS IN THE BEDSIDE LAMPS WERE BLOWN AND WE WERE UNAWARE OF THIS. (ROOM #9 WAS AN EMPTY ROOM AT THE TIME) NEW BULBS WERE PUT IN THE BEDSIDE LAMPS THE DAY OF INSPECTION. ADMINISTRATOR HAS INFORMED HOUSEKEEPING TO CHECK LIGHTBULBS IN LAMPS DAILY. ADMINISTRATOR WILL MONITOR THIS.	
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 10/1/2015
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Violation Report: 20326 - 09/03/2015 - Hummel, Jesse
 PCH Name: C A R E

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The home did not obtain a medical evaluation for resident #1 who was admitted to the home on [REDACTED] 14. Resident #2 was admitted to the home on [REDACTED] 15. The medical evaluation in the resident's record was completed on [REDACTED] 15, more than 60 days prior to the resident's admission and therefore, it was not completed in a timely manner.

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.

ADMINISTRATOR DID NOT THINK THAT A MEDICAL EVALUATION WAS REQUIRED BECAUSE RESIDENT #1 WAS A RELATIVE. RESIDENT #1 NO LONGER RESIDES HERE, [REDACTED] IS NOW IN A NURSING HOME. IN THE FUTURE ADMINISTRATOR WILL CHECK WITH DEPT. OF HUMAN SERVICES FOR WHAT PAPERWORK IS NEEDED FOR RELATIVES.

ADMINISTRATOR WILL ENSURE THAT ALL MEDICAL EVALUATIONS WILL BE COMPLETED IN A TIMELY MANNER.

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 10/1/2015

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Violation Report: 20326 - 09/03/2015 - Hummel, Jesse
 PCH Name: C A R E

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 regularly administers medications to residents. Staff person A did not complete a Medication Administration Annual Practicum including 4 Medication Administration Record Reviews and 2 Observed Medication Passes which is required to continue to administer medications to residents.

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.

MEDICATION ADMINISTRATION TRAINER WILL ENSURE THAT ALL MEDICATION ADMINISTRATION TRAINING WILL BE COMPLETED IN A TIMELY MANNER AS REQUIRED. ADMINISTRATOR WILL MONITOR THIS.

(STAFF PERSON A IS NO LONGER EMPLOYED WITH CARE)


Adm or Designee will also track annual training dates for MAR reviews and observed med passes in order to ensure ongoing compliance. QP, 11-13-15

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 **10/1/2015**

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Violation Report: 20326 - 09/03/2015 - Hummel, Jesse
 PCH Name: CARE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed sliding-scale insulin to be administered as needed based upon routine blood glucose readings. Before lunch on 8/29/15, the resident's blood glucose level was 95, which would require staff to administer two units of insulin. Staff incorrectly administered four units of insulin and did not follow the prescriber's orders. Before dinner on 8/30/15, the resident's blood glucose level was 141, which would require staff to administer four units of insulin. Staff incorrectly administered two units of insulin and did not follow the prescriber's orders.

Resident #4 is prescribed Novolog insulin to be administered as needed based upon routine blood glucose readings. On 8/23/15 at 6:00am the resident's blood glucose level was 235, which would require staff to administer ten units of insulin. Staff incorrectly administered two units. On 8/29/15 at 3:48pm the resident's blood glucose level was 234, which would require fourteen units of insulin. Staff incorrectly administered seventeen units. The facility is not following prescribers orders.

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.

ADMINISTRATOR HAD STAFF TRAINING AND REVIEWED THE PROCEDURES OF BLOOD GLUCOSE READINGS, INSULIN ADMINISTRATION, AND PROPER DOCUMENTATION. ADMINISTRATOR AND MEDICATION SUPERVISOR WILL MONITOR THIS DAILY. SEE ATTACHED.

↓
 to ensure ongoing compliance.
 CP. 11-13-15

Repeat Violation: No

Date(s) of Previous Violation(s):

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E Rose Lowry

Printed Name and Title of Legal Entity Representative
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E. ROSE LOWRY


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Violation Report: 20326 - 09/03/2015 - Hummel, Jesse PCH Name: CARE	
1. REGULATION 55 Pa.Code §2600 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	
2a. DESCRIPTION OF VIOLATION The home did not complete a pre-admission screening for resident #1 who was admitted to the home on [REDACTED] 14.	
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>	
ADMINISTRATOR DID NOT THINK THAT A PRE-ADMISSION SCREENING WAS REQUIRED BECAUSE RESIDENT #1 WAS A RELATIVE. RESIDENT #1 NO LONGER RESIDES HERE, [REDACTED] IS NOW IN A NURSING HOME. IN THE FUTURE ADMINISTRATOR WILL CHECK WITH DEPT. OF HUMAN SERVICES FOR WHAT PAPERWORK IS NEEDED FOR RELATIVES.	
<p><i>Admi Designee will review all paperwork @ time of admission for new residents in order to ensure ongoing compliance. 11-13-15</i></p>	
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Violation Report: 20326 - 09/03/2015 - Hummel, Jesse
 PCH Name: C A R E

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 home did not develop an assessment for resident #1 who was admitted to the home on [redacted] 14.

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.

ADMINISTRATOR DID NOT THINK THAT AN ASSESSMENT WAS REQUIRED BECAUSE RESIDENT #1 WAS A RELATIVE. RESIDENT #1 NO LONGER RESIDES HERE. [redacted] IS NOW IN A NURSING HOME.
 IN THE FUTURE ADMINISTRATOR WILL CHECK WITH DEPT. OF HUMAN SERVICES FOR WHAT PAPERWORK IS NEEDED FOR RELATIVES.

Adml Designee will review timelines and due dates for new admissions and double check resident records w/in the 1st 15 ~~30~~ days + ensure ongoing compliance. Q. 11-13-15

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Violation Report: 20326 - 09/03/2015 - Hummel, Jesse
 PCH Name: CARE

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 The home did not develop a support plan for resident #1 who was admitted to the home on [REDACTED] 14.

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.

ADMINISTRATOR DID NOT THINK THAT A SUPPORT PLAN WAS REQUIRED BECAUSE RESIDENT #1 WAS A RELATIVE. RESIDENT #1 NO LONGER RESIDES HERE, [REDACTED] IS NOW IN A NURSING HOME.

IN THE FUTURE ADMINISTRATOR WILL CHECK WITH DEPT. OF HUMAN SERVICES FOR WHAT PAPERWORK IS NEEDED FOR RELATIVES.

Adm/Designee will also review timelines and due dates for new admissions and double check resident records w/in the 1st 30 days to ensure ongoing compliance. 11-13-15

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