



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 21 2016

Ms. Sarah Kitcher, Executive Director
Lowrie AID OPCC, LLC
100 Sterling Village Drive
Butler, Pennsylvania 16001

RE: Lowrie Place
License #: 444960

Dear Ms. Kitcher:

As a result of the Department of Human Services' annual licensing inspection on April 11, 2016 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

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SEP 07 2016

WEST REGION FIELD OFFICE
 Human Services Licensing

PCH Name: LOWRIE FLACE		License Number: 44496
Address: 100 STERLING VILLAGE DRIVE, BUTLER, PA 16001		County: Butler
Administrator: Sarah Kitcher		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 10/07/1997 PA L& I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 51	Working Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/11/2016: Georgoulis, Karen; Kneo, Donald		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 38 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: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 1	

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Violation Report: 44496 - 04/11/2016 - Georgoulis, Karen
PGH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not complete training in the required topics during the 2015 training year as follows:

- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- * Care for residents with mental health or mental retardation

Direct care staff person B did not complete training in the required topics during the 2015 training year as follows:

- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- * Care for residents with mental health or mental retardation

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.

5-22 PAGE 2 A OF 7

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Missy Turek</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Missy Turek</i>	<i>9-7-16</i>

DEPARTMENT USE ONLY HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-12-16
(Date)

Plan of correction implementation status as of 9-12-16
(Date)

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

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

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Page 2 of 7

SEP 07, 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.65 (f)

Plan of Correction:

- On August 31, 2016 direct care staff A completed training in infection control and general principles of hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. (see attachment A for training documentation)
- Direct care staff B resigned in February 2016.
- ~~Annual training calendar will be maintained and updated with any changes to assure all required~~ training are complete annually.
- ED and /or designee will review monthly training documentation to assure staff are completing mandatory annual training topics.

Missy Turek
9-7-16

MISSY TUREK
9-12-16

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SEP 07 2016

Page 3 of 7

Violation Report: 44498 - 04/11/2016 - Georgoulis, Karen
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not complete training in the required topics during the 2015 training year as follows:

- * Fire Safety
- * Older Adult Protective Services Act.
- * Falls and accident prevention

Direct care staff person B did not complete training in the required topics during the 2015 training year as follows:

- * Fire Safety
- * Older Adult Protective Services Act.
- * Falls and accident prevention

Ancillary staff person C did not complete training in the required topics during the 2015 training year as follows:

- * Older Adult Protective Services Act.
- * Falls and accident prevention

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.

5-20 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)	<i>[Handwritten Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>[Handwritten Name]</i>	9-7-16

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(Date)

Plan of correction Implementation status as of 9-12-16
(Date)

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(Initials)

- Fully Implemented
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- Not Implemented

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Page 3 of 7

SEP 07, 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.65 (g)

Plan of Correction:

- On August 31, 2016 direct care staff A completed training in fire safety, older adult protective services act and falls and accident prevention. (see attachment B for training documentation)
- Direct care staff B resigned in February 2016.
- ~~Ancillary staff person C completed training in older adult protective services act and falls and accident prevention.~~
- Annual training calendar will be maintained and updated with any changes to assure all required training are complete annually.
- ED and /or designee will review monthly training documentation to assure staff are completing mandatory annual training topics.

Missy Tucker
9-7-16

Missy Tucker
9-12-16

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Page 4 of 7

Violation Report: 44498 - 04/11/2016 - Georgoulis, Karen
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There was a small trash can in the common shower room that was not covered. The trash can was 1/2 full of garbage.

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 4 OF 7

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *MISSY TRICK* Date *9-7-16*

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

The above plan of correction is approved as of 9-12-16
(Date)

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(Initials)

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(Date)

Fully Implemented
 Partially Implemented - Adequate Progress
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 Not Implemented

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Page 4 of 7

SEP 07, 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.85 (d)

Plan of Correction:

- On April 11, 2016 the small trash can in the common shower room was removed and replaced on April 11, 2016 with a trash can with lid.

- ~~ED and/or designee will walk community daily and assure trash cans in kitchen and bathrooms are covered~~

Immediately! All staff persons shall be educated on the requirements of regulation 2600.85(d). Documentation of education shall be kept. 9-12-16

Missy Truitt

9-7-16

Missy Truitt

9-12-16

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SEP 07 2016

Page 5 of 7

Violation Report: 44406 - 04/11/2016 - Georgoullis, Karen
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

None of the required telephone numbers were posted on or by the telephone in room #138.

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)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 9-7-16

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

The above plan of correction is approved as of 9-12-16
(Date)

Plan of correction implementation status as of 9-12-16
(Date)

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

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

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SEP 07, 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.91

Plan of Correction:

- On April 11, 2016, the required telephone numbers were posted on or by the telephone in room #138 by the Executive Director.
- ED and / or designee will walk the community weekly and spot check to assure appropriate telephone numbers are posted on or by the telephone in resident rooms.

Immediately! All STATE persons shall be educated on the requirements of regulation 2600.91. Documentation of education shall be kept. 9-12-16g

Missy Tucker
9-7-16

MISSY TUCKER
9-12-16g

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SEP 07 2016

Page 6 of 7

Violation Report: 44496 - 04/11/2016 - Georgoulis, Karen
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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 home's fire drill record indicates a fire drill was conducted on 3/31/16 at "4:19". However, the home's fire drill record does not designate a.m. or p.m. for the time of the fire drill.

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 6 of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

MISSY TRICK

Date *9-7-16*

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

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(Date)

Plan of correction implementation status as of 9-12-16
(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

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SEP 07, 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.132 (c)

Plan of Correction:

- Executive Director and /or designee will monitor the fire drill log monthly to assure that the correct date, time of day including am or pm, and amount of time to complete drills correctly noted.

Immediately: All STATE prisons involved in conducting or recording fire drills shall be educated on the requirements of regulation 2600.132(c). Documentation of education shall be kept. 9-12-16

Anthony Murek

9-7-16

Missy Murek

9-12-16

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Violation Report: 44498 - 04/11/2016 - Georgoulis, Karen
PCH Name: LOWRIE PLACE

SEP 07 2016

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, completed on 1/20/16, does not include the resident's pulse rate, blood pressure or temperature. These sections were blank.

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):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Missy Mack

Date

9-7-16

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

The above plan of correction is approved as of

9-12-16
(Date)

Plan of correction Implementation status as of

9-12-16
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

RECEIVED Page 7 of 7

SEP 07, 2016

Violation: 2600.141 (a) (2)

WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction:

- Resident deceased as of [REDACTED] 2016.
- CSM, or designee, to review DME's upon receipt from MD to ensure that all fields are completed.

Immediately: The Administrator or designee shall review all current medical evaluation forms for accuracy and completion. Any incomplete medical evaluation forms shall be sent back to the physician who completed the in-person medical evaluation for correction. 9-12-16

Immediately: All staff persons involved in the medical evaluation process shall be educated on the requirements of violation 2600.141(a)(2). Documentation of education shall be kept. 9-12-16

Mussy Truck
9-7-16

Mussy Truck 9-12-16