



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: July 13, 2016

Elizabeth Rose Lowry
P.O. Box 190
Mainesburg, Pennsylvania 16932

RE: CARE
License # 203260

Dear Ms. Lowry:

As a result of the Department of Human Services' licensing inspection on April 28, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20326 - 04/28/2016 - Harvey, Jason
 PCH Name: C A R E

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 The home did not notify the local area agency on aging of within 24 hours of an allegation of resident abuse between staff A and resident #1 on 4/15/2016. The home did not report the incident to the local area agency on aging until 4/29/2016.

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 ADMINISTRATOR WILL ENSURE ANY ALLEGATIONS OF RESIDENT ABUSE WILL BE REPORTED TO AREA AGENCY ON AGING WITHIN 24 HOURS OF ALLEGATION.
 SEE ATTACHED- ACT13 MANDATORY ABUSE REPORT THAT WAS SENT TO AREA AGENCY ON AGING.


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) ELIZABETH R. LOWRY OWNER/ADMINISTRATOR	Date 6/7/2016
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-9-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7-9-16
 (Date)

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

Violation Report: 20326 - 04/28/2016 - Harvey, Jason
 PCH Name: CARE

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

The home did not implement a plan of supervision or suspend staff person A after the home became aware of an incident of alleged abuse between staff A and resident #1 on 4/15/2016. The home allowed staff person A to continue to work the 10pm-6am shift unsupervised until 4/28/2016.

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 ADMINISTRATOR WILL IMMEDIATELY IMPLEMENT A PLAN OF SUPERVISION WITH ANY INCIDENTS OF ALLEGED ABUSE.
 SEE ATTACHED-

With the Northeast Regional Office. (NERO).
 The home will keep the approved plan along with the Act 13 and incident report related to the incident.

The approved plan must be signed by a member of the Administrative Team from the NERO.

7-9-16

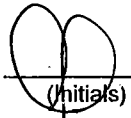
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Signature of Legal Entity Representative (Required on EVERY Page) *E Rose Lowry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ELIZABETH R. LOWRY OWNER/ADMINISTRATOR Date 6/7/2016

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