



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 1, 2017

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

RE: Lowrie Place
#444960

Dear Ms. Kitchner:

As a result of the Department of Human Services' licensing inspection on December 7, 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 "Brent Sutherland".

Brent Sutherland
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

JAN 26 2017

Violation Report: 44496 - 12/07/2016 - Knee, Donald
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed a mechanical soft diet, as indicated on the resident's most recent medical evaluation, dated 3/11/16, and physician's orders, signed 7/3/16. The National Dysphagia Diet guidelines indicate that meat should be "tender and moist, ground, or cubed smaller than 1/4 inch. Moisten with gravy." On 12/5/16 at approximately 12:20 pm, resident #1 was provided a meal that consisted of pieces of pork that were cut into approximately 1/2 inch strips, resulting in the resident choking. The resident required hospital treatment and an endoscopy with removal of food bolus via snare on 12/5/16.

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 2A

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sarah Kitchner* Date *1/26/17*

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

The above plan of correction is approved as of 1/30/17
(Date)

Plan of correction implementation status as of 1/30/17
(Date)


The above plan of correction was approved by BS
(Initials)

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

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Human Services Licensing

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Regulation 2600.161 (d)

- Resident was immediately transported to hospital for treatment. Meat was removed via endoscopy, and resident returned to Lowrie Place with physician orders for a soft diet. (See attachment A)
- Effective 1/19/17, a spreadsheet will be used in the kitchen to indicate residents with diet modifications, explaining the modifications and the specific requirements. Chefs and serving staff will initial spreadsheet to indicate that diet requirements have been met. Executive Director and/or Care Services Manager will monitor for compliance daily for 2 weeks then monthly for 2 months. (See attachment B) *Monitoring will include checks of the spreadsheet and checks of food provided to residents with special dietary needs. BB 1/30/17*
- Speech therapist has been scheduled to provide an in-service for staff on January 24, 2017. Topics to be covered include specialty diets, specialized diet requirements, portion size and consistency. (See attachment B2)
- Both chefs have been educated on how to correctly prepare resident food per MD orders, and have the dietary guidelines readily available in their work space. (See attachment C)
- A second in-service covering the same topics will be conducted for staff that were not able to attend first session by the end of March.
-  our corporate dietician, is working with our contracted group of dieticians to schedule local dietician to come to ~~some~~ Lowrie Place for additional staff training on specialty diets; this will occur by end of May.

Sarah Kitchner Sarah Kitchner Executive Director 1/26/17
BB 1/30/17

Violation Report: 44496 - 12/07/2016 - Knee, Donald
 PCH Name: LOWRIE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The current assessment for resident #1, dated 3/18/16, indicates that the resident requires a regular diet; however, resident #1 is prescribed a mechanical soft diet, as indicated on the resident's most recent medical evaluation, dated 3/11/16, and physician's orders, signed 7/3/16.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sarah Kitchener</i>	Date <i>1/26/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/30/17</u> (Date)	Plan of correction implementation status as of <u>1/30/17</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>BB</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 2600.225 (c)

- Resident #1's assessment immediately updated to reflect that [REDACTED] has been prescribed a mechanical soft diet. (See attachment D)
- Procedure for implementing new physician orders reviewed by Regional Director Care Services on 1/18/17 with Executive Director, Care Services Manager, and Business Office Manager
- Physician orders will be reviewed and initialed by Business Office Manager and/or Executive Director to assure orders are appropriately carried over to RASP.

Sarah Kitchner 1/26/17
Sarah Kitchner (Executive Director)

RECEIVED

JAN 26 2017

**WEST REGION FIELD OFFICE
Human Services Licensing**

BS 1/30/17