



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 23 2017

Mr. Daniel Guill,  
Authorized Representative  
Lowrie AID OPCO LLC  
330 North Wabash, Suite 3700  
Chicago, Illinois 60611

RE: Lowrie Place  
100 Sterling Village Drive  
Butler, Pennsylvania 16001  
License #: 444960

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspections on February 8, 2017 and February 9, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: LOWRIE PLACE		License Number: 44496
Address: 100 STERLING VILLAGE DRIVE, BUTLER, PA 16001		County: Butler
Administrator: DELISA LONGDON		Region: WEST
Legal Entity Name: LOWRIE AID OPCO LLC		
Legal Entity Address: 100 STERLING VILLAGE DRIVE, BUTLER, PA 16001		
<b>Certificate(s) of Occupancy</b> C-2 10/07/1997 Labor and Industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Incident		<b>RECEIVED</b>
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 02/08/2017: Bartlett, Patricia; Garvey, Jody; Barone, Barbara 02/09/2017: Bartlett, Patricia; Barone, Barbara		APR 05 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 48 Number of Residents Served: 33 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: 5 Number of Hospice Residents in past year: 6	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0	

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Violation Report: 44498 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

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 2/8/17, multiple resident records were unlocked, unattended, and accessible in the upper right space of the 4-door, wooden cabinet to the right of the sink, in the back of the activity room. Accessible resident information for resident #1 Included: getting to know resident questionnaire, date of birth, apartment number, home town, and interests.

On 2/8/17, at approximately 9:15 a.m., the resident privacy coding document, including the names of multiple residents, including residents #2, resident #3, and resident #4, was attached to the licensing inspection summary (LIS), dated 4/11/16, and posted on the bulletin board between room #140 and the office of the Care Service manager.

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 2 A of 23

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

Signature of Legal Entity Representative (Required on EVERY Page) *Delina Longden*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Delina Longden*      Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17 (Date)

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

Plan of correction implementation status as of 4-11-17 (Date)

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

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Page 2A of 23

APR 05 2017

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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.

2600.17

- Resident records were immediately removed on 2/8/17 from the cabinet in the activity room and placed in the nurse's office by the Executive Director.
- Resident privacy coding document was immediately removed on 2/18/17 from the posted licensing inspection summary by the Executive Director.
- Resident confidential information will no longer be stored in the cabinet in the activity room and will be stored in the Care Service Managers office.
- On 2/17/17, training provided to the staff by Executive Director on "Maintaining Resident Confidentiality". See attached sign in sheet. See attachment A
- Executive Director will monitor weekly for 3 months to assure compliance.

Debra Jayden  
Executive Director

4-11-17g

Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
Direct care staff person A, started working in the home on [redacted] 16. However, the home did not request a criminal history background check until 2/8/17.

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 p 02 23 A of 23*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Delia Longman*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Delia Longman Executive Director*      Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17  
(Date)

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

Plan of correction implementation status as of 4-11-17  
(Date)

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

Page 2A of 23

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Human Services Licensing

2600.51

- Criminal background check for direct care staff A was submitted by the Executive Director on 2/8/17. See attachment B
- Audit of current employee files completed by the Executive Director on 3/14/17 to assure background checks completed on current employees
- Criminal background checks on new employees will be completed by the Executive Director or designee on date of hire.
- Business office Manager to do Monthly audit of employee files for next 3 months to assure compliance.

Daniel Jayson  
Executive Director

4-11-17

Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, started working in the home on [redacted] 17. However, the staff person did not receive training in any topics under regulation 2600.65a.

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 4B of 23*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Delisa Langston</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Delisa Langston ED</i>	<i>3-26-17</i>

DEPARTMENT USE ONLY HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-11-17  
(Date)

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

Plan of correction implementation status as of 4-11-17  
(Date)

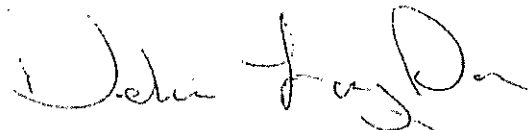
- Fully Implemented
- Partially Implemented - Adequate Progress *7*
- Partially Implemented - Inadequate Progress
- Not Implemented

Page 48 of 28

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Human Services Licensing

2600.65(a)

- On 2/10/17, direct care staff person B received training in general fire safety and emergency preparedness including each of the topics outlines in 2600.65(a). See attachment C, training documentation.
- Audit of current employee files completed by the Executive Director on 3/16/17 to assure initial training completed on current employees.
- Executive Director or designee to assure new hires complete general safety and emergency preparedness training on first day of hire.
- Monthly audit on employee files by Business office manager or designee for next three months to assure. General fire safety and emergency preparedness is complete.

  
Executive Director

4-18-17



Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, started working in the home on [redacted] 16. However, direct care staff person A did not receive training in any topics required in accordance with regulation 2600.65b.

Direct care staff person B, started working in the home on [redacted] 17. However, direct care staff person B did not receive training in any topics required in accordance with regulation 2600.65b.

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 23*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra Pungkin FW* Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17 (Date)

Plan of correction implementation status as of 4-11-17 (Date)

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

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

*PAGE 5 of 11*

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WEST REGION FIELD OFFICE  
Human Services Licensing

2600.65(b)

- On 2/8/17, direct care staff person A received training in topics required in accordance with regulation 2600.65(b). See attached training documentation (attachment D)
- On 2/10/18, direct care staff person B received training in topics required in accordance with regulation 2600.65(b) See attached training documentation (attachment C)
- Audit of current employee files completed by the Executive Director on 3/14/17 to assure training on topics in accordance with 2600.65(b)
- Executive Director or designee to assure new hires complete training on topics in accordance with 2600.65(b) within first 40 scheduled working hours.

*Delia Jayne*  
Executive Director  
4-11-17

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Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 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 C, hired on [REDACTED] 00, did not receive training on personal care service needs of the resident during the 2016 training year.

**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 7 of 23*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/11/2016
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Delisa Langdon EIS* Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17  
(Date)

Plan of correction implementation status as of 4-11-17  
(Date)

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

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

Pg 7A d 23

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WEST REGION FIELD OFFICE  
Human Services Licensing

2600.65(f)

- Direct care staff person C received training on personal care service needs of the residents on 2/10/17. See attached training documentation (attachment F)
- Audit of current employee files completed by Executive Director to assure direct care staff are up to date in annual training requirements
- Annual training calendar developed and reviewed with staff See attached annual training calendar (attachment G)
- Executive Director or designee to hold monthly meetings for direct care staff to review scheduled training topics per the annual training calendar

*Debra J. ...*  
Executive Director  
4-11-17

Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
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 C, hired on [redacted] 09, did not receive fire safety training conducted by a fire safety expert during the 2016 training year.

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 8 of 23*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/11/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *Delisa Langston*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Delisa Langston</i>	<i>3-26-17</i>

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

The above plan of correction is approved as of 4-11-17 (Date)

Plan of correction implementation status as of 4-11-17 (Date)

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

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

Page 8A0627

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Human Services Licensing

2600.65(g)

- Direct care staff person C received fire safety training conducted by a fire safety expert on 2/22/2017 See attached training documentation. (attachment H)
- On 2/22/17, fire safety training conducted by a fire safety expert was completed for direct care staff. See attached training documentation (attachment H)
- Executive Director to schedule annual fire safety training with a fire safety expert.

*Debra Fayden*  
Executive Director

4-11-17

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APR 05 2017

Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 2/8/17, the storage cabinet in the back of the activity room was unlocked, unattended and accessible. There was a 14 ounce aerosol can of Onyx professional nail drying spray with a label that indicates, "Do not breathe in vapors, harmful if taken internally, seek medical attention immediately and contact Poison Control Center immediately."

On 2/8/17, housekeeping room in the first hallway on the right after entering the building was unlocked, unattended and accessible. The following poisonous materials were in the housekeeping room:

- \* Seven 19 ounce aerosol cans of Don Furniture polish, with a label that indicates, "Poisonous if swallowed, contact Poison Control Center immediately."
- \* Two 1 gallon containers of Zep heavy duty floor cleaner with a label that indicates, "Eye and skin irritant, for emergency medical assistance call the Poison Control Center immediately."
- \* Eleven 19 ounce cans of Don-O-Mite disinfectant aerosol spray, with a label that indicates hazardous if inhaled or swallowed, contact Poison Control Center immediately."

Resident #5 has been assessed unable to recognize and use poisons safely.

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 pages 911 of 23

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Delicia Langdon*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Delicia Langdon ELS*      Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17  
(Date)

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

Plan of correction implementation status as of 4-11-17  
(Date)

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

Page 9 N/A 23

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Human Services Licensing

2600.82(c)

- On 2/8/17, the Executive Director immediately removed poisonous materials from the storage cabinet in the back of the activity room.
- On 2/8/17, the Executive Director immediately locked the housekeeping room in the first hallway on the right after entering the building.
- On 2/10/17 training completed for staff regarding requirement that poisonous materials be kept locked and inaccessible to residents who are unable to handle poisonous materials. See attached training documentation (attachment A)
- Executive Director or designee to walk the community three times per week for 4 weeks than monthly for three months to assure there are no unlocked poisonous chemicals

*John Hayden*  
Executive Director

4-11-17



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APR 05 2017

Page 10 of 23

Violation Report: 44496-02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 2/8/17, there was a very strong odor of urine in the hallway near room #117.

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 10A of 23

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Delisa Longoria*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Delisa Longoria*      Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17  
(Date)

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

Plan of correction implementation status as of 4-11-17  
(Date)

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

Page 10 of 23

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APR 05 2017  
WEST REGION FIELD OFFICE  
Human Services Licensing

2600.85(a)

- The carpet in hallway near room 117 as well as inside room 117 was cleaned on 2/9/17 and odor eradicated.
- Effective 2/10/17, Executive Director and/or housekeeper to walk the community three times per week for next 4 weeks than monthly for three months to assure there are no odors and any existing odors are addressed.

*Delia Jayne*  
Executive Director

4-11-17

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APR 05 2017

Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 2/8/17, there was a section of vinyl flooring, measuring approximately 3 inches wide by 3 feet long, of the kitchen that had separated from the floor and lifted up, posing a tripping hazard.

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 11 OF 23

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) *[Handwritten Name]*      Date *[Handwritten Date]*

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

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(Date)

Plan of correction implementation status as of 4-11-17  
(Date)

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

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

Page 11A of 23

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WEST REGION FIELD OFFICE  
Human Services Licensing

2600.88(a)

- On 2/9/17, Executive Director placed a nonskid mat over the area of separated vinyl flooring in the kitchen to prevent any tripping or falls.
- Bids are being obtained for remake of kitchen to include cabinets and flooring. Anticipate completion of required work by end of 6/20/17. See attachment W

*Edin J. P.*  
Executive Director

4-11-17

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APR 05 2017

Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
On 2/8/17, the bottom surface and left inside panel of particle-board, inside of the double sink cabinet, of the main kitchen was crumbling.

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 pgs 12A of 23

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Delicia Lang Dan</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Delicia Lang Dan ED</i>			Date <i>3-26-17</i>

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

The above plan of correction is approved as of <u>4-11-17</u> (Date)	Plan of correction implementation status as of <u>4-11-17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (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

Page 12 of 23

2600.95

- The bottom surface and left inside panel of particle board, inside of the double sink cabinet of the main kitchen. New cabinets ordered installed on 3/29/17
- The bids are being obtained for remake of kitchen to include cabinets and flooring. Anticipate completion of required work by end of 6/2017. See attachment W.

John J. [Signature]  
Executive Director  
4.11.17

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Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

On 2/8/17, the home maintained four first aid kits. None of the first aid kits had the required items as follows:

- \* Medication room #1 first aid kit did not include: a thermometer, scissors, breathing shield, eye coverings, and tweezers.
- \* The two first aid kits in medication room #2 did not include: adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings, and tweezers.
- \* The kitchen first aid kit did not include: a thermometer, scissors, breathing shield, and eye coverings.

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 13 of 23*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Delicia Langdon*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Delicia Langdon ELL*      Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17  
(Date)

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

Plan of correction implementation status as of 4-11-17  
(Date)

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

Page 13 of 23

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WEST REGION  
Human Services License

2600.96(a)

- All four first aid kits restocked with thermometers, scissors, breathing shields, eye coverings and tweezers, adhesive bandages, gauze pads and adhesive tape. This was completed on 2/23/2017
- First aid kits will be checked weekly by Care Service Manager. See attachment J

*Debra Kay De*  
Executive Director

4-11-17



APR 05 2017

Violation Report: 44490 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

2a. DESCRIPTION OF VIOLATION

The activity room included a standard full-sized oven/range used for cooking and baking activities. However, there was no fire extinguisher in the kitchen.

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 14A of 23*

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) *Debra Langdon E.D.*      Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17  
(Date)

Plan of correction implementation status as of 4-11-17  
(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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WEST REGION FIELD OFFICE  
Human Services Licensing

2600.131(c)

- New fire extinguisher ordered on 3/26/2017 to be installed by the Community Maintenance Tech when it arrives at Community.
- Executive Director or Maintenance tech will assure that fire extinguisher will be installed by 4/10/2017

*Dela Taylor*  
Executive Director

4-11-17

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Page 15 of 23

Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600  
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
The home did not conduct a fire drill during the month of December of 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.

*See pgs 15A of 23*

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) *Debra Long*      Date *4-11-17*

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

The above plan of correction is approved as of 4-11-17  
(Date)

Plan of correction implementation status as of 4-11-17  
(Date)

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

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

*Page 15 of 23*

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WEST REGION FIELD OFFICE  
Human Services Licensing

2600.132 (a)

- Fire drill conducted on 1/27/2017, 2/22/2017, 3/22/2017. See attachment K
- Fire drill policy reviewed with Maintenance Tech 1/27/2017 for monthly fire drills.
- Calendar of unannounced fire drills created and shared with Maintenance Tech. See attachment V

*Delia Taylor*  
Executive Director

*4-11-17g*

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Page 16 of 23

Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #5 was prescribed Lorazepam 2mg/ml oral (0.5 mg/0.25ml syringe), give 1 syringe every 3 hours as needed. The medication was discontinued on 10/21/16. However, this medication was stored in the medication cart on 2/9/17.

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 16A of 27*

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) *Delisa Langston, ED*      Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17  
(Date)

Plan of correction implementation status as of 4-11-17  
(Date)

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

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

Page 16 of 23

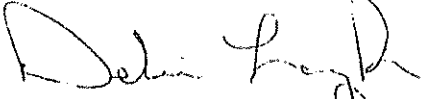
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WEST REGION FIELD OFFICE  
Human Services Licensing

2600.183 (f)

- Discontinued medication on resident # 5 disposed of on 2/10/2017
- MAR to cart audit done on 2/17/2017 By Care Service Manager to assure all meds in the cart have correct orders. See attachment L
- Care Service Manager or designee will complete a monthly MAR to cart audit to assure all discontinued medications are removed from cart. See attachment L
- On 3/2/2017, med techs retrained by Care Service Manager regarding requirement that only meds with current physician orders are permitted in the med cart.

  
Executive Director

4-11-17

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APR 05 2017

Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

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

Resident #7 is prescribed Restasis SUV, P/F 0.4 ml vial, 0.05%, instill 2 drops in both eyes, twice daily. However, the medication label indicates instill 1 drop in both eyes, twice daily.

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 17A of 23*

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
<i>Patricia Longman</i>	<i>3-28-17</i>

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

The above plan of correction is approved as of 4-11-17  
(Date)

Plan of correction implementation status as of 4-11-17  
(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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APR 05 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Phys 17A #123

2600.184 (a)

- Physician order for resident # 7 Restasis clarified on 2/9/2017
- Change of direction sticker applied to label Restasis on 2/9/2017
- Med Tech's retrained by Care Service Manager on 3/2/2017. See attachment M. Reviewed requirement that medication label must match the MAR or the medication cannot be administered to the resident.
- Also reviewed steps to be taken when MAR does not match the label.
- Complete MAR to cart audit 2/17/2017 to assure medication labels match the MAR.
- Complete MAR to cart audit to be completed monthly for next three months by Care Service Manager. See attachment L.

*Debi Jayden*  
Executive Director

4-11-17



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APR 05 2017

Page 18 of 23

Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #7 is proscribed Clonazepam 0.5mg - 1 tablet by mouth at bedtime as needed. However, the diagnosis or purpose for the medication is not indicated on the resident's February 2017 medication administration record (MAR).

Resident #8 was proscribed Pantoprazole 40mg - take 1 tablet by mouth twice daily and Metoprolol 25mg - take 1 tablet by mouth twice daily. However, the diagnosis or purpose for the medications is not indicated on the resident's February 2017 MAR.

Resident #10 is proscribed Melatonin 3mg - take 1 tablet by mouth at bedtime. However, the diagnosis or purpose for the medications is not indicated on the resident's February 2017 MAR.

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 18A of 23*

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

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

4-11-17  
(Date)

Plan of correction implementation status as of 4-11-17  
(Date)

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

The above plan of correction was approved by

[Signature]  
(Initials)

Page 18A of 27

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WEST REGION FIELD OFFICE  
Human Services Licensing

2600.187 (A)

- Diagnosis for Clonazepam added to MAR for resident #7 on 2/10/17. Diagnosis for Pantoprazole and Metoprolol added to the MAR for resident #8 on 2/10/17. Diagnosis for Melatonin added to MAR for resident #10 on 2/10/17.
- Care Service Manager or designee to perform weekly MAR checks for three months than monthly for three months for current residents to assure diagnosis for current medications. See attachment J
- Staff training completed on 3/2/17 by Care Service Manager. Training regarding needs for diagnosis to be noted on the MAR. See attachment M.

*Debra Kay De*  
Executive Director

4-11-17

Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #11 is prescribed Humalog insulin 100u/ml before meals per sliding scale:

- <70 call physician,
- 70-150= 0 units,
- 151-200=6 unit,
- 201-250=8 units,
- 251-300=10 units,
- 301-350=12 units,
- 351-400=14 units,
- 401-490=16 units and
- >491 call physician.

The resident's February 2017 MAR was not initialed by the staff member who administered the medication on 2/3/17 at 4:00 p.m.

Resident #11 is prescribed Levemir 100 unl/ml - inject 64 units subcutaneously twice daily. The resident's February 2016 MAR was not initialed by the staff member who administered the medication on 2/3/17 at 4:30 p.m.

Resident #11 is prescribed Humalog 100 unit/ml - Inject 6 units subcutaneously three times daily with meals. The resident's February 2017 MAR was not initialed by the staff member who administered the medication on 2/3/17 at 4:00 p.m.

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 19A of 27*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Delisa Langdon EP*      Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17  
(Date)

Plan of correction implementation status as of 4-11-17  
(Date)

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

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

Page 19 of 23

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WEST REGIONAL BOARD OF AGING  
Human Services Licensing

2600.187 (b)

- Mandatory Med-Tech meeting held on 3/2/17.
- Med-Tech's re-educated on required procedure for immediate documentation after Medication administration. See attachment M.
- Each med-tech to review before leaving for the day to assure all medications have been documented for.
- Weekly Mar audit for three months to make sure medications are being signed for. Care Service Manager or designee. See attachment J.

Debra J. Payne  
Executive Director

4-11-17

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APR 05 2017

Page 21 of 23

Violation Report: 44486 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

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 #10's initial assessment, dated [redacted] 16, indicates resident requires a regular diet. However, the medical evaluation, dated 12/28/16, indicates the resident has food allergies to "fish, tuna, and sulfa".

Resident #11 assessment, dated 4/6/16, indicates the resident is independent in the following areas. However, [redacted] requires assistance with managing health care, securing health care, shopping, securing/using transport, managing finances and making/keeping.

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 21A of 23*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *William Lang, Jr.*      Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17  
(Date)

Plan of correction implementation status as of 4-11-17  
(Date)

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

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

Page 21 of 23

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WEST REGION FIELD OFFICE  
Human Services Licensing

2600.225 (a)

- Resident # 10 assessment updated to indicate the food allergy and dietary is aware of allergy. Corrected on 2/10/2017. See attachment R
- Resident # 11 assessment updated on 2/9/2017. It now indicates that resident requires assistance with managing health care, securing health care, shopping, securing/using transportation and managing finances and making/keeping appointments. See attachment S
- Current residents RASP to be checked for accuracy and completion by 4/15/2017 by the Executive Director. See attachment L

*Delia Lopez*  
Executive Director

4-11-17

Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

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  
Resident #11 started receiving home health care services on 6/8/16. However, the resident's support plan, dated 4/6/16, does not indicate the care and services or frequency that are being provided by home health care services.

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 22 A of 23

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra Long*      Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17  
(Date)

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

Plan of correction implementation status as of 4-11-17  
(Date)

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

Page 22 of 23

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APR 05 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.227 (a)

- Resident # 11 support plan was updated on 2/9/17 to indicate the care and frequency that Home care is providing.
- The Care Service Manager or designee will review current residents with Home Care services and update with frequency and care being provided. To be completed by 4/15/17
- Care Service Manager or designee to do a monthly audit for three months on Rasp to ensure current residents receiving Home Care services indicated on the RASP. See attachment L.

*Delia F. De*  
Executive Director

4-11-17



Violation Report: 44496 - 02/08/2017 - Bartlett, Patricia  
PCH Name: LOWRIE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #'s Support plan, dated 9/16/16, does not indicate the care and services or frequency of services that are being provided by hospice which initiated on 3/16/16.

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 278 of 27

*Debra Long*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Debra Long*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra Long*      Date *3-26-17*

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

The above plan of correction is approved as of 4-11-17  
(Date)

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

Plan of correction implementation status as of 4-11-17  
(Date)

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

Page 23A of 23

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WEST REGION FIELD OFFICE  
Human Services Licensing

2600.227 b

- Resident #5 support plan was updated on 2/9/17 to indicate the Hospice Services care and frequency that are being provided.
- Care service Manager or designee will review current residents with Hospice services and update with frequency and care being provided. To be completed by 4/15/17
- Care Service Manager or designee to do a monthly audit for three months on Rasp to ensure all residents that are receiving Hospice care are updated with current Hospice Services. See attachment L

*Debi J. Taylor*  
Executive Director

4-11-17