



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 28, 2018

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

RE: Lowrie Place
Certificate #: 444960

Dear Ms. Daubner:

As a result of the Department of Human Services' licensing inspection on July 6, 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.

Sincerely,

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing 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: 330 NORTH WABASH SUITE 3700, CHICAGO, IL 60611		
Certificate(s) of Occupancy C-2 LP 10/07/1997 L & I		RECEIVED JAN 31 2018 WEST VIRGINIA STATE DEPARTMENT OF HUMAN SERVICES
Staffing Hours		
Resident Support: 0	Total Daily Staff: 57	Waking Staff: 43
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 07/06/2017: Summers, Vicky; Marini, Michael		
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: 48 Number of Residents Served: 39 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: 7 Number of Hospice Residents In past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 0

Violation Report: 44496 - 07/06/2017 - Summers, Vicky
PCH Name: LOWRIE PLACE

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 #1 is prescribed Duloxetine hcl 30 mg - 2 capsules (60 mg) by mouth every morning; however, the label indicates Duloxetine hcl 60 mg - 1 capsule orally in the morning.
Resident #2 is prescribed Synthroid 75 mcg tablet (levothyroxine sodium) take 1/2 tablet by mouth every day with a whole tablet on Mondays, Wednesdays, and Fridays; however, the label indicates levothyroxine sodium 75 mcg tablet - 0.5 tablet by mouth every Tuesday, Thursday, Saturday, and Sunday and 1 tablet by mouth every on Mondays, Wednesdays, and Fridays.

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.

2600.184(a)-Resident #1 Duloxetine prescription label did not match the physician order.

Corrective Action taken:

*Resident #1's PCP was contacted and a new order was received to match the pharmacy label. (See attachment #1.)

*The Care Services Manager/Designee will check all new orders with the medication label to ensure all directions match and are correct. This will be done weekly and documented. (see attachment #2). This process will be reviewed at monthly QA meetings

*Resident #2's Synthroid order was clarified with her PCP and pharmacy on 7/7/17. Pharmacy delivered the correct medication card with the correct label and the order was written correctly on the MAR. (see Attachment #3)

*5 random Medication Administration Records will be reviewed weekly by the Care Services manager/Designee to make sure medication labels on the medication match the order in the MAR/resident chart. This process will be reviewed at monthly QA meetings.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **BRENDA DAUBNER, EX-DIRECTOR** Date **1/30/18**

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

The above plan of correction is approved as of <u>2-8-18</u> (Date)	Plan of correction implementation status as of <u>2-8-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

Violation Report: 44496 - 07/06/2017 - Summers, Vicky
PCH Name: LOWRIE PLACE

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 #2 is prescribed Synthroid 75 mcg tablet (levothyroxine sodium) take 1/2 tablet by mouth every day with a whole tablet on Mondays, Wednesdays, and Fridays; however, the July 2017 medication administration record indicates levothyroxine sodium 75 mcg tablet - 1/2 tablet by mouth every Tuesday, Thursday, Saturday and 1 tablet by mouth on Monday, Wednesday, and Friday.

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.

2600.187(a)- Resident #2 Incorrectly received levothyroxine sodium on 7/3/17.

*The Care Services Manager/Designee will check all new orders with the label to ensure all directions match and are correct. This will be done weekly.

*Resident #2's Synthroid order was clarified with her PCP and pharmacy on 7/7/17. Pharmacy delivered the correct medication card with the correct label and the order was written correctly on the MAR. (see Attachment #3)

*5 random Medication Administration Records will be reviewed weekly by the Care Services manager/Designee to make sure medication labels on the medication match the order in the MAR/resident chart. This process will be reviewed at monthly QA meetings.

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Brenda Daubner*

Printed Name and Title of Legal Entity Representative
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The above plan of correction was approved by <u>K</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

44496-0706-2017

JAN 31 2018

Violation Report: 44496 - 07/06/2017 - Summers, Vicky
PCH Name: LOWRIE PLACE

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

2a. DESCRIPTION OF VIOLATION
Resident #2 is prescribed Synthroid 75 mcg tablet (levothyroxine sodium) take 1/2 tablet by mouth every day with a whole tablet on Mondays, Wednesdays, and Fridays; however, the resident did not receive levothyroxine sodium 1/2 tablet on 7/3/17 and 7/5/17 at 6:00 a.m. or 1 tablet on 7/2/17 at 6:00 a.m. Also, resident incorrectly received levothyroxine sodium 1 tablet on 7/3/17 at 6:00 a.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.

2600.187(d)-Resident #2 incorrectly received levothyroxine sodium on 7/3/17.

Corrective Action:

*The pharmacy was contacted to inform them of their error in medication entry which resulted in the resident receiving the wrong medication dose.

*A DHS reportable incident was sent regarding this error on 7/7/17 after being noted by the Inspector who was onsite. (see attachment #4)

*The Care Service Manager/Designee now checks all new orders against the medication this is delivered from the pharmacy to be sure they match.

Immediately: The administrator shall review all resident MARs at least weekly and observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the proper administration of medication as prescribed. 2-8-18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Brenda Daubner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **BRENDA DAUBNER** Date **1-30-18**

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(Date)

Plan of correction implementation status as of 2-8-18
(Date)

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

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

Violation Report: 44496 - 07/06/2017 - Summers, Vicky
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
Resident #3's assessment, dated 1/26/17, does not address how the home will meet the resident's needs relating to supervision. This section is blank. The resident's assessment indicates the resident requires minimal assistance to evacuate in an emergency. However, the assessment indicates that the resident needs total physical assistance in transferring in/out of bed/chair.

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.

2600.225(c)-Resident #3's assessment did not address how the home will meet the residents needs relating to supervision. This section was left blank.

2600.225(c)-Resident #3's assessment did not address how the home will meet the residents needs relating to supervision. This section was left blank.

Corrective Action taken:

*A new assessment was completed with all areas complete, including the Supervision area. (see attachment #5)

*The Care Services manager/Designee will be sure to complete each area on the assessment to ensure all the residents needs are met.

Immediately: The administrator or designated staff person shall review all resident assessments for accuracy and completion. 2-9-18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Brenda Daubner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *BRENDA DAUBNER, EX-DIRE CNR* Date *1-30-18*

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