



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: November 3, 2017

Elizabeth Rose Lowry
Owner/Administrator
109 Williams Road
Mainesburg, Pennsylvania 16932

RE: CARE
License #: 203260

Dear Ms. Lowry:

As a result of the Department of Human Services' licensing inspection on July 31, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20326 - 07/31/2017 - Valence, Duane

PCH Name: C A R E

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 died on [redacted] 2017. The home failed to report to the Department's personal care home regional office by phone and in a written report within 24 hours of the resident's death. Resident #1's death was reported to the Department on an Incident Reporting Form via fax on [redacted] 2017.

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.

Administrator talked to Anne Graziano at regional office on [redacted] 2017 about this matter and administrator was ill and Anne had said that administrator could turn in the report on [redacted] 2017. Administrator discussed with Anne that she did not realize that a report needed to be done because resident passed away at the hospital not in the home. Anne explained to administrator that because it was an unexpected death a report needed to be filed. From now on administrator will file a report on an unexpected death in a timely manner.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 ROSE LOWRY OWNER/ADMINISTRATOR

Date 10/3/2017

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

The above plan of correction is approved as of

11-3-17
(Date)

Plan of correction implementation status as of

11-3-17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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