



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 14 2017

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

RE: C A R E
License #: 203260

Dear Ms. Lowry:

As a result of the Department of Human Services' (Department) annual licensing inspection on August 30, 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.

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: 20326 - 08/30/2017 - Harvey, Jason
 PCH Name: C A R E

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The facility has not posted the Influenza Awareness Act poster in a public and conspicuous place in the facility as required by the Influenza Awareness Act.

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 POSTER WAS POSTED THE DAY OF INSPECTION. WE WERE UNAWARE THAT THIS NEEDED TO BE POSTED. ADMINISTRATOR WILL ENSURE THAT THIS IS POSTED.

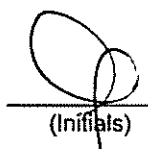
photo submitted.

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) OWNER/ADMINISTRATOR E ROSE LOWRY	Date 10/9/2017
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The above plan of correction is approved as of <u>10/27/17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>10/27/17</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 20326 - 08/30/2017 - Harvey, Jason
 PCH Name: CARE

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract dated [REDACTED] in the record for resident #1 was not signed by the resident.

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.

RESIDENT #1 CANNOT SIGN. HER DESIGNATED PERSON SIGNED THE CONTRACT. WE HAVE ADDED THAT SHE CANNOT SIGN (SEE ATTACHED)
 WE WILL DO THIS IN THE FUTURE WITH ANY RESIDENTS THAT CANNOT SIGN.

document sent immediately a POC may sign the resident-home contract for the resident. However, the resident will first be given the opportunity to sign for themselves unless the resident is not competent. If the resident does not sign, a notation will be made indicating why. 10/27/17

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Violation Report: 20326 - 08/30/2017 - Harvey, Jason
 PCH Name: C A R E

1. REGULATION 55 Pa.Code §2600

2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

The window in room #1 was covered by sheer see-through curtains that did not provide privacy for the residents that occupy the room.

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 SHEER CURTAINS HAD BEEN HUNG BY A FAMILY MEMBER IN ROOM #1. THEY HAVE NOW BEEN CHANGED TO NON-SEE THROUGH CURTAINS AND MINI BLINDS HAVE BEEN PUT UP (SEE ATTACHED) ADMINISTRATOR WILL MONITER THAT FAMILY MEMBERS DO NOT CHANGE CURTAINS. - and

Window coverings continue to provide privacy to the resident(s).

Q
10/27/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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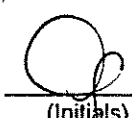
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) OWNER/Administrator E ROSE LOWRY Date 10/9/2017

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(Initials)

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Violation Report: 20326 - 08/30/2017 - Harvey, Jason
 PCH Name: C A R E

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #2's [REDACTED] initial medical evaluation was completed on 4/25/2017 more than 30 days after admission to the home.

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.
 WE HAD USED THE MA-51 FROM THE PREVIOUS HOME THAT SHE CAME FROM. NOW WE KNOW THAT WE CAN'T USE THEM. IN THE FUTURE ADMINISTRATOR WILL MAKE SURE THAT WE GET OUR OWN MA-51 WITHIN 30 DAYS.

The home will use the DME- documentation of Medical Examination in order to comply w/ the regulation of 10/27/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 20326 - 08/30/2017 - Harvey, Jason
PCH Name: C A R E

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #3's Aviva glucometer was not calibrated with the correct time.

Resident #4's Redi-Code glucometer was not calibrated with the correct date or time.

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.

ALL GLUCOMETERS WERE CALIBRATED THE DAY OF INSPECTION. MED SUPERVISOR WILL CHECK THEM WEEKLY. ADMINISTRATOR WILL MONITOR THIS.

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) OWNER/ADMINISTRATOR E ROSE LOWRY

Date 10/9/2017

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Violation Report: 20326 - 08/30/2017 - Harvey, Jason
 PCH Name: C A R E

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

2a. DESCRIPTION OF VIOLATION
 Resident #4 has an order for a blood glucose check to be conducted at bedtime, on 8/27/2017 the medication administration record indicated a blood glucose reading of 187 but the resident's glucometer did not contain the blood glucose reading.

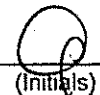
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Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 ADMINISTRATOR ADDRESSED THE STAFF AND WENT OVER THE IMPORTANCE OF THIS. THE STAFF RECIEVED A VERBAL WARNING ON THIS. ADMINISTRATOR AND MED SUPERVISOR WILL MONITOR THIS WEEKLY.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 20326 - 08/30/2017 - Harvey, Jason
 PCH Name: CARE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening in the record of resident #2 ([REDACTED]) did not indicate if the needs of the resident can be met by the services of the home.

The preadmission screening in the record of resident #5 ([REDACTED]) did not indicate if the needs of the resident can be met by the services of the home.

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 PREADMISSION FORMS WERE CORRECTED ON THE DAY OF INSPECTION. (SEE ATTACHED) IN THE FUTURE WE WILL MAKE SURE ALL PARTS OF THE PREADMISSION WILL BE FILLED OUT. ADMINISTRATOR WILL ENSURE THIS.

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

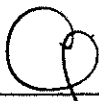
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Violation Report: 20326 - 08/30/2017 - Harvey, Jason
 PCH Name: C A R E

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 #4's Resident Assessment Support Plan dated 5/17/2017 does not address the resident's six falls from 2/4/2016-7/25/2017.

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.

THE ASSESSMENT SUPPORT PLAN WAS UPDATED. (SEE ATTACHED) ADMINISTRATOR WILL ENSURE THAT ALL ASSESSMENT SUPPORT PLANS WILL BE UPDATED AS NEEDED.

The Administrator will put a plan into place so as resident's needs change (either improve or worsen) the home will ensure the residents RASP correctly identified the resident needs and has a plan to meet those needs.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/13/2016	
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