



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 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's Bureau of Human Services Licensing annual inspection on February 20, 2018 and February 21 2018, 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
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: Brenda Daubner		Region: WEST
Legal Entity Name: LOWRIE AID OPCO LLC		
Legal Entity Address: 100 Sterling Village Drive, Butler, PA 16001		
Certificate(s) of Occupancy C-2 LP 04/07/1997 PA L & I		RECEIVED MAY 23 2018
Staffing Hours Resident Support: 0		WEST REGION FIELD OFFICE Human Services Licensing Waking Staff: 41
Total Daily Staff: 54	Notice: Unannounced	
Type of Inspection: Full	BHA Docket Number:	
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/20/2018: Garvey, Jody; Garrigan, Laurie 02/21/2018: Garvey, Jody; Garrigan, Laurie		
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: 47	Number of Residents who:	
Number of Residents Served: 41	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 41	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 13	
Number of Current Hospice Residents: 5	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 10		

Violation Report: 44496 - 02/20/2018 - Garvey, Jody
 PCH Name: Lowrie Place

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 2/21/18, there were tears, measuring approximately 1 1/2" on both worn armrests of resident #1's wheelchair. The wood was exposed on the left armrest, posing a skin tear 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.

2600.81(b)

Resident #1's wheelchair was replaced with an in house wheelchair immediately at time of survey on 2/20/18.

Hospice was notified and a new wheelchair was provided for the resident on 2/25/18.

Other residents utilizing a wheelchair had their wheelchairs examined to ensure that they were in good repair, clean and free of hazards on 2/21/18 by the Care Service Manager and the Executive Director.

Upon move in, the ED/ Care Service Manager and/or designee will examine wheelchairs within 72 hours to ensure they are in good repair, clean and free of hazards .

Staff were re-educated on 2/23/18 on the importance of reporting to ED/designee if any wheelchairs in need of repair.

ED/designee will assess wheelchairs monthly for 3 months then annually to ensure all in good repair and will document on flow sheet. (see attached)

Compliance date: 2/25/18

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 5/23/18

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

The above plan of correction is approved as of 6/4/18
 (Date)

Plan of correction implementation status as of 6/4/18
 (Date)

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

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

RECEIVED

MAY 23 2018

Violation Report: 44496 - 02/20/2018 - Garvey, Jody
PCH Name: Lowrie Place

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At approximately 2:05 PM, the hot water temperature in the bathroom sink of bedroom #130 was 125 degrees Fahrenheit
At 2:15 PM, the hot water temperature in the bathroom sink of bedroom #113 was 123.7 degrees Fahrenheit.
(Observed 2/20/18)

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.

2600.89(b)

Maintenance Tech reduced water temperature on hot water tank immediately when it was noted at the time of survey.
On 2/21/18 the MT checked water temps in 10 resident apartments and were found to not exceed 120 degrees F.
MT was re-educated on 2/20/18 by the inspector and by the ED at time of inspection of the proper water temperatures.
Water temps will be checked bi-weekly by Maintenance Tech and recorded for the next 3 months on flow sheet. (see attached). ED will review water temp log bi-weekly for 3 months to ensure completion, then monthly thereafter.
Compliance date: 02/21/18

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** Date **5/23/18**

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Violation Report: 44496 - 02/20/2018 - Garvey, Jody
PCH Name: Lowrie Place

MAY 23 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
On 2/20/18, there were no emergency telephone numbers posted on or near the following telephones with outside lines
* Resident telephone in bedroom #130
* Resident portable telephone in bedroom #111

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.

2600.91

Room 130 and Room 111 immediately had emergency numbers posted at time of inspection when it was found they did not have them.

ED and Maintenance tech audited all resident apartments and each telephone with an outside line to ensure that there were emergency telephone numbers posted on or nearby the phones on 2/21/18.

ED and MT reviewed the regulation for re-education and are aware of this requirement.

MT/designee will check each apartment weekly for 12 weeks, then monthly, to ensure emergency numbers are in place and will record on flow sheet. (see attached) ED or designee will review the recorded audit each week for 12 weeks and then monthly.

Compliance date: 2/21/18

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 **5/23/18**

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Violation Report: 44496 - 02/20/2018 - Garvey, Jody
 PCH Name: Lowrie Place

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 On 2/20/18, there was no screen in the following windows:
 * The double window looking out into the courtyard across from bedroom #121
 * All of the windows in bedroom #103

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.

2600.92

Screens were replaced in Apt 103 and in hallway across from apt 121 on 2/22/18 by Maintenance Tech.

Maintenance Tech audited the community windows on 2/22/18 to ensure screens were in place in each window and door. No others were found to be without screens.

ED and MT reviewed regulation regarding this requirement and understand this regulation.

MT/designee will check 10 windows/doors with screens weekly to ensure that windows, including windows in doors are in good repair and securely screened when open for the next 12 weeks then monthly. ED/designee will review the recorded audit each week for 12 weeks then monthly.

Compliance date: 2/22/18

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* Date *5/23/18*

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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 #4 is prescribed Triple Antibiotic ointment – dressing to back, cover with nonstick dressing, paper tape and change every day. However, the pharmacy label does not include how often the dressing should be changed.

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)

The pharmacy was contacted on 2/20/18 to notify of insufficient information on the medication label for Triple Antibiotic Ointment. That same evening the pharmacy sent a new Triple Antibiotic Ointment with a corrected label, including the frequency of dressing change.

The Care Service Manager and Medication Tech audited med cart on 2/21 and 2/22/18 to review all medication labels to ensure all information is on the label. No other labels were found to be missing information.

On 2/23/18, Medication Techs were retrained by CSM to check each prescription label for all the correct information as meds are received from the pharmacy at the community.

CSM/designee will audit 10 resident s medications weekly for 12 weeks to ensure labels have the necessary information, then monthly for 3 months.

ED/designee will review the recorded audit each week for 12 weeks and then monthly.

Compliance date: 2/20/18

During the next quality management plan review and evaluation - The administrator will take action to ensure the home places an increased emphasis on this plan of correction. BB 6/4/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/08/2017	02/08/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Brenda Dambner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *BRENDA DAMBNER* Date *5/23/18*

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Violation Report: 44496 - 02/20/2018 - Garvey, Jody
PCH Name: Lowrie Place

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Metoprolol Succinate 50 mg- take 1 tablet daily at 2:00 PM. However, the medication is administered at 4:00 PM 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.

2600.187(d)

Resident #1- physician was contacted on 2/20/18 and new order received which indicates the time for this medication administration.

Current residents receiving medications that specifically state a time to be given were matched with the MAR by the Medication Tech to ensure that directions from the prescriber were being followed.

Medication Techs were re-educated by the CSM on 2/23/18 to read labels and ensure that they match the MAR for medications that have specific timed directions from the prescriber.

CSM or designee will audit residents with specific timed medications weekly for 12 weeks to ensure medications are being administered at the time of direction from the prescriber, then monthly for 3 months.

ED or designee will review the recorded audit each week for 12 weeks and then monthly.

Compliance date: 2/20/18

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/06/2017

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

5/23/18

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(Date)

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(Date)

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BB
(Initials)

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Violation Report: 44496 - 02/20/2018 - Garvey, Jody
 PCH Name: Lowrie Place

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The records of resident #2, admitted, 7/8/15, and resident #3, admitted 1/9/16, do not include a preadmission screening form.

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.

2600.252

Resident #1 and #2 have been residing at the community since 7/8/15 and 1/9/16 respectively. Their preadmission screening was not completed at the time.

An audit of current residents was completed on 3/1/18 by the Executive Director to determine if other residents have been identified to not have a preadmission screening form completed. No other prescreens were found to be missing.

The ED and CSM reviewed the regulation regarding the requirement of completing a prescreen prior to admission and fully understand this requirement.

ED and/or CSM or designee will review newly admitted resident file to ensure that it includes a preadmission screening form, monthly for 3 months, then annually.

Compliance date: 3/1/18

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) BRENDA DAUBER Date 5/23/18

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