



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 07 2018

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

RE: CARE  
License #: 203260

Dear Ms. Lowry:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 23, 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](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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 20326 - 08/23/2018 - Novak, Ryan  
PCH Name: CARE

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 home's battery-operated Carbon Monoxide detectors batteries were not dated when they were installed as required by the Care Facility Carbon Monoxide Alarms Standards 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 CARBON MONOXIDE DETECTORS WERE NEW AND JUST INSTALLED, DID NOT REALIZE THAT DATING THE BATTERIES WAS REQUIRED. THEY WERE DATED ON THE DAY OF INSPECTION WHILE THE INSPECTORS WERE HERE.

- ADMINISTRATOR WILL ENSURE THAT THE BATTERIES ARE DATED EVERYTIME THEY ARE CHANGED.

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) E ROSE LOWRY      Date 10/10/18

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

The above plan of correction is approved as of 10-31-18  
(Date)

Plan of correction implementation status as of 10-31-18  
(Date)

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

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

Violation Report: 20326 - 08/23/2018 - Novak, Ryan  
 PCH Name: C A R E

1. REGULATION 55 Pa.Code §2600  
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff member A received only 11 of the required 12 hours of annual training related to their job duties in 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 TRAINING WAS COMPLETED IN 2017, HOWEVER UNSURE WHAT HAPPENED WITH THE PAPERWORK.
- COMPLETED THE TRAINING FOR STAFF MEMBER A ON 8/24/18.  
(SEE ATTACHED)
- ADMINISTRATOR WILL ENSURE THAT ALL STAFF COMPLETE 12 HOURS OF ANNUAL TRAINING.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) E ROSE LOWRY	Date 10/10/18
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Violation Report: 20326 - 08/23/2018 - Novak, Ryan

PCH Name: C A R E

**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 member A hired 10/15/2007 did not receive self-administration training for 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.*

- WAS NOT AWARE THAT THIS TRAINING WAS SEPARATE FROM THE ADDITIONAL MEDICATION TRAINING.
- ALL STAFF, INCLUDING STAFF MEMBER A, WAS TRAINED ON SELF ADMINISTRATION ON 8/24/18.  
(SEE ATTACHED) YES
- ADMINISTRATOR WILL ENSURE THAT SELF ADMINISTRATION TRAINING ON ALL STAFF IS COMPLETED ANNUALLY.

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  
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E. ROSE LOWRY

Date 10/10/18

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Violation Report: 20326 - 08/23/2018 - Novak, Ryan  
 PCH Name: C A R E

**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**


The home did not have documentation that staff member A and staff member B received training in emergency preparedness and resident rights for 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 TRAININGS WERE COMPLETED IN 2017, HOWEVER UNSURE WHAT HAPPENED WITH THE PAPERWORK.
- COMPLETED THE TRAINING ON 8/24/18.  
 (SEE ATTACHED) YES
- ADMINISTRATOR WILL ENSURE THAT ALL STAFF ARE TRAINED IN EMERGENCY PREPAREDNESS AND RESIDENT RIGHTS ANNUALLY.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>E. ROSE LOWRY</u>	Date <u>10/10/18</u>
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Violation Report: 20326 - 08/23/2018 - Novak, Ryan  
 PCH Name: CARE

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 A container was found in the bathroom adjacent to the home's laundry room that contained 3 hair brushes and a tooth brush that did not have a protective cover.

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 THE HAIRBRUSHES AND THE TOOTHBRUSH WERE THROWN AWAY DURING THE INSPECTION.

- ALL STAFF WAS ADVISED TO KEEP HAIRBRUSHES AND TOOTHBRUSHES SEPARATE AND LABELED WITH RESIDENT NAMES. TOOTHBRUSHES ARE TO BE KEPT COVERED.

- ADMINISTRATOR WILL ENSURE THAT THIS IS BEING FOLLOWED.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Violation Report: 20326 - 08/23/2018 - Novak, Ryan  
 PCH Name: C A R E

**1. REGULATION 55 Pa.Code §2600**  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2a. DESCRIPTION OF VIOLATION**  
 The Sears Cold Spot brand freezer had a temperature reading of 10 degrees Fahrenheit when checked at 11:30 AM and again at 1:00 PM.

**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.

- THIS FREEZER WAS TURNED UP ON THE DAY OF THE INSPECTION AND RECHECKED AT 4:00 PM AND THE TEMPERATURE WAS 0°F.

- ADMINISTRATOR WILL ~~ENSURE~~ CHECK ALL FREEZERS MONTHLY FOR TEMPERATURES.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 20326 - 08/23/2018 - Novak, Ryan  
 PCH Name: C A R E

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION  
 Tissues were observed lying behind the dryer on the right side next to the wall, posing a possible fire 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.

- THE TISSUE WAS PICKED UP ON THE DAY OF INSPECTION.
- ALL STAFF WERE REMINDED TO KEEP EVERYTHING PICKED UP AROUND THE DRYERS. The home reports this training was covered on 8-24-18 10-31-18 (AG)
- ADMINISTRATOR WILL CHECK THIS WEEKLY

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Violation Report: 20326 - 08/23/2018 - Novak, Ryan  
PCH Name: C A R E

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff member C's most recent annual practicum was completed on 6/10/17. The annual practicum for 2018 only has 1 MAR review and 1 observation completed.

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 TRAIN THE TRAINER CAME IN AND UPDATED STAFF MEMBER C'S TRAINING \*Training was completed on 8-24-18 (AG)  
(SEE ATTACHED) YES
- ADMINISTRATOR WILL ENSURE THAT THIS TRAINING IS COMPLETED AS NEEDED BY THE TRAIN THE TRAINER.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>E. Rose Lowry</i>
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Violation Report: 20326 - 08/23/2018 - Novak, Ryan

PCH Name: C A R E

**1. REGULATION 55 Pa.Code §2600**

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

**2a. DESCRIPTION OF VIOLATION**

Resident #1's novolog and lantus vials were opened on 7/18/18, the vials expire 28 days after opening.

Resident #2's Humalog did not include the date the insulin was opened; the vial expires 28 days after opening.

**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 INSULIN VIALS WERE DISCARDED ON THE DAY OF THE INSPECTION. NEW VIALS WERE PUT BACK WITH THE APPROPRIATE DATES.

- ALL STAFF WERE REMINDED TO CHECK ALL EXPIRATION DATES AND TO WRITE DATE OPENED ON ALL INSULINS. \*Adm confirms this training was held on 8-24-18 (AG)

- ADMINISTRATOR WILL ENSURE THAT THIS IS BEING DONE.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Violation Report: 20326 - 08/23/2018 - Novak, Ryan  
 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 #1 has an order for blood glucose readings 4 times daily. On 8/19/18 at breakfast the treatment sheet indicated a reading of 194 but the glucometer had a reading of 198.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

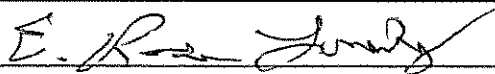
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

- ALL STAFF WERE ADDRESSED TO BE MORE CAREFUL WHEN LOGGING BLOOD SUGARS \*Adm confirms this training was held on 8-24-18 (AG)
- ADMINISTRATOR WILL RANDOMLY CHECK SUGAR LOGS WITH GLUCOMETERS

Repeat Violation: No

Date(s) of Previous Violation(s):

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Violation Report: 20326 - 08/23/2018 - Novak, Ryan

PCH Name: C A R E

**1. REGULATION 55 Pa.Code §2600**

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's label for the prescribed Humalog notes inject 3 units every 6 hours and per the sliding scale, the MAR notes inject 3 times daily per sliding scale. The label is incorrect.

Resident #1's label for the prescribed lantus notes inject 12 units daily, the MAR notes inject 20 units daily. The label is incorrect.

**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.*

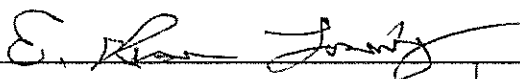
- CALLED AND RECEIVED UPDATED LABELS FOR THESE PRESCRIPTIONS. \*Adm confirms tis was completed the week of the renewwal (AG).

- ADMINISTRATOR WILL ENSURE THAT ALL LABELS ARE CORRECT. \*The Adm will ensure that the orders are checked at least once per month, ideally when the home's deliveries arrive from the pharmacy. (AG)

Repeat Violation: No

Date(s) of Previous Violation(s):

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