



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 14, 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 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig", written in a cursive style.

Janine Wenzig
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: Brenda Daubner		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		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 55	Waking Staff: 41
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/23/2018: McConnell, Deb		RECEIVED DEC 6 2018 WEST REGION FIELD OFFICE Human Services Licensing
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 Served: 42 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: 6 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 0	

Violation Report: 44496 - 08/23/2018 - McConnell, Deb
 PCH Name: LOWRIE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 8/8/18, at approximately 1:15p.m., direct care staff person A and other staff were transferring resident #1 with the use of a sit-to-stand lift in order for the resident's weight to be measured. Staff person A rushed the resident to a standing position, told the resident "Lets go!" then unlocked the lift. The resident was not ready and almost lost his/her balance. After the resident was weighed, staff were transferring the resident to a wheelchair. Staff person A aggressively pulled the resident's hand from the support bar of the lift, and the resident fell back into the wheelchair.

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.

Please see attached PAGE 2A OF 5


Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/16/2018
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa J Mc Adams*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa J Mc Adams* Date *12/6/18*

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

The above plan of correction is approved as of 12/7/18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 12/7/18
 (Date)

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

Date of violation report: 4/23/2018

Regulation 55 PA Code 2600

2600.42© A resident shall be treated with dignity and respect

This requirement is not met as evidenced by:

On 8/8/2018 at approximately 1:15 PM direct care person A and other staff were transferring resident #1 with the use of a sit to stand lift in order for the resident's weight to be measured. Staff person A rushed the resident to a standing position, told the resident "Let's go!" then unlocked the lift. The resident was not ready and almost lost his/her balance. After the resident was weighed, staff were transferring the resident to a wheelchair. Staff person A aggressively pulled the resident's hand from the support bar of the lift, and the resident fell back into the wheelchair.

Plan of correction:

1. Staff person A was suspended pending investigation.
2. On 7/17/2018, Residents Rights, Abuse and Reporting training was held with staff. (attachment 1)
3. Executive Director or designee will educate staff resident rights, abuse and reporting by 12/31/2018.
4. Staff person A no longer works for Lowrie Place.

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Signature Melissa J. Adams Date 12/6/18

- The administrator will implement procedures that ensure compliance with §2600.42(c). The procedures will include, at a minimum, monthly administrator or designee interviews with at least 3 residents regarding care and treatment, including with care related to assistive devices. The administrator or designee will increase supervision of staff during care with assistive devices to ensure that staff are adequately assisting residents with mobility needs in a manner that's compliant with §2600.42(c).
- During the next quality management plan review and evaluation and ongoing - The home will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4).

--JRW 12/7/18



Violation Report: 44496 - 08/23/2018 - McConnell, Deb
 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 diagnosed with atrial fibrillation and was prescribed a blood thinner.

On 7/11/18, resident's #2's prescriber discontinued the blood thinner Warfarin Sodium and ordered an INR blood test the following day. If the INR level was less than 2, the new blood thinner medication, Eliquis 25mg, twice a day, was to be started.

On 7/12/18, the INR test was completed with a result of 4.5 and the Eliquis was not started as the result was higher than 2. However, on 7/16/18, another INR test was completed and the results indicated 1.5. Although the level was less than 2, the Eliquis was not started as per prescriber's orders.

On 7/25/18 - Resident was examined by the CRNP after complaints of not feeling well.

On 8/3/18, the resident collapsed, was admitted to the hospital and diagnosed with multiple embolic acute strokes with left-sided weakness and vision loss.

The home failed to administer resident #2's Eliquis 25mg, twice a day from 7/16/18 through 8/3/18.

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.

Please see attached PAGE 3A OF 5

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/20/2018	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa J Mc Adams ED*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa J Mc Adams ED* Date *12/6/18*

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 (Initials)

Plan of correction implementation status as of 12/7/18
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RECEIVED
 DEC 6 2018
 WEST REGION FIELD OFFICE
 Human Services Licensing

Date of violation report: 4/23/2018

Regulation 55 PA Code 2600

2600.187 The home shall follow directions of the prescriber.

This requirement is not met as evidenced by:

Resident #2 is diagnosed with atrial fibrillation and was prescribed a blood thinner.

On 7/11/2018, resident #2's prescriber discontinued the blood thinner Warafin Sodium and ordered and INR blood test the following day. If the INR level was less than 3, the new blood thinner medication, Eliquis 25 mg twice a day, was to be started.

On 7/12/2018, the INR test was completed with a result of 4.5 and the Eliquis was not started as the result was higher than 2. However, on 7/16/2018, another INR test was completed and the results indicated 1.5. Although the level was less than 2, the Eliquis was not started per prescriber's orders.

On 7/25/2018, Resident was examined by the CRNP after complaints of not feeling well.

On 8/3/2018, the resident collapsed, was admitted to the hospital and diagnosed with multiple embolic acute strokes with left-sided weakness and vision loss.

The home failed to administer resident #2's Eliquis 25 mg twice a day from 7/16/2018 through 8/3/2018.

Plan of correction:

1. On 10/25/18 and 11/29/18, MAR audit was completed (attachment 2 a and b)
2. CSM or designee will conduct monthly MAR audits.
3. CSM or designee will compare orders to MARs weekly to assure accuracy.
4. CSM or designee will hold monthly Med Tech meetings to educate staff of what to do when new orders are received.

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Immediately - A designated staff person will review physician orders after each physician appointment and discharge and prescription orders for all residents after hospitalization to ensure all prescriptions orders are current and are accurately documented on all resident MARS and that the medication is available in the home. --JRW 12/7/18

Signature

Melinda J. Adams, CSM

Date

12/6/18

[Handwritten signature]

Violation Report: 44496 - 08/23/2018 - McConnell, Deb
 PCH Name: LOWRIE PLACE

1. REGULATION 55-Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #1, dated 10/13/17, indicates the resident has minimal mobility needs. However, the resident requires the assistance of two staff persons for transfers and uses a sit-to-stand lift device.

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.

Please see attached PAGE 4A OF 5

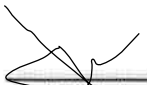
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa J McAdams*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa J McAdams* Date *12/6/18*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 12/7/18
 (Date)

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- Partially Implemented - Adequate Progress
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Human Services Licensing

Date of violation report: 4/23/2018

Regulation 55 PA Code 2600

2600.225(a) A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

This requirement is not met as evidenced by:

The assessment for resident #1, dated 10/13/2017 indicated the resident has minimal mobility needs. However, the resident requires the assistance of two staff for transfers and used a sit to stand lift device.

Plan of correction:

1. On 12/6/2018, RASP audit was completed (attachment 3). RASP was updated 9/6/2018 to reflect use of sit to stand which he owns.
2. RASPs for current residents are accurate and up to date.
3. On 12/5/2018, RASP, DME and prescreen inservice (attachment 4)
4. CSM or designee will review RASPs monthly for completion and accuracy.

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Signature Nellisa J. Adams, Esq. Date 12/6/18



12/7/18

Violation Report: 44496 - 08/23/2018 - McConnell, Deb
 PCH Name: LOWRIE PLACE

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

The support plan for resident #1, dated 10/13/17, does not address the type or frequency of home health care services provided by an outside agency. Also, the support plan does not address the resident's need for Unna-boot wraps for skin protection.

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.

Please see attached PAGE 5A OF 5

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa J McAdamson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa J McAdamson</i>	Date <i>12/6/18</i>
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The above plan of correction is approved as of <u>12/7/18</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>12/7/18</u> (Date) <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
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 Human Services Licensing

Date of violation report: 4/23/2018

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 and 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 assistance or certified registered nurse practitioner, determine the necessity of these services.

This requirement is not met as evidenced by:


The support plan for resident #1 dated 10/13/2017 does not address the type or frequency of home health care services provided by an outside agency. Also the support plan does not address the resident's need for Unna-boot wraps for skin protection.

Plan of correction:

1. On 12/6/2018, RASP audit was completed (attachment 3). RASP for resident # 1 was completed on 9/6/2018.
2. RASPs for current residents are accurate and up to date.
3. CSM or designee will review RASPs monthly for completion and accuracy.

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Signature Melissym Adams Date 12/6/18

 12/7/18