



MAILING DATE: August 1, 2019

Mr. Daniel Guill
Authorized Representative
Lowrie AID OPCO, LLC
330 N. Wabash, Suite 3700
Chicago, Illinois 60611

RE: Lowrie Place
Certificate #: 444960

Dear Mr. Guill:

As a result of the Department's Bureau of Human Services Licensing inspection on May 30, 2019, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jody Garvey".

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *LOWRIE PLACE* License Number: *44496*
 Address: *100 STERLING VILLAGE DRIVE, BUTLER, PA 16001*
 County: *BUTLER* Region: *WESTERN*

Administrator

Name: *Cindy Naughton* Phone: *7242872171* Email: *ALLICENSE@ENLIVANT.COM*

Legal Entity

Name: *LOWRIE AID OPCO LLC*
 Address: *330 NORTH WABASH SUITE 3700, IL, 60611*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/07/1997* Issued By: *Dept. of L & I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *50* Waking Staff: *38*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
 Reason: *Complaint*

Inspection Dates and Department Representative

05/30/2019 - On-Site: Desmond Grace

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* Residents Served: *42*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>42</i>
Diagnosed with Mental Illness: <i>4</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>8</i>	Have Physical Disability: <i>1</i>

17 - Record Confidentiality

Regulations

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 3:47 p.m., a binder containing medication administration records (MARs) and a binder containing narcotic count sheets for all residents in Hall A (bedrooms 100-119), to include resident #1 and resident #2, were unlocked, unattended and accessible on top of the Hall A medication cart next to bedroom #101.

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.)

See attachment 2a

Legal Entity Representative

Cindy Naughton

Signature

Cindy Naughton Executive Dir. 7-12-19

Printed Name and Title

Date

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The above plan of correction is approved as of

7/23/19
(Date)

Plan of correction implementation status as of

7/23/19
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

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

Regulation 55 Pa.Code 2600.17

Staff will be educated by July 31, 2019 on Regulation 2600.17 resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

The CSM, ED or designee will audit the medication administration records and narcotic binder weekly for four weeks and then monthly for three months to ensure MAR and narcotic binders are kept confidential.

Audits will be reviewed at the Quality Improvement Meetings.

During the Quarterly Improvement Meetings, the home will place an increased emphasis on these plans of correction and take action to improve the quality of its training for all staff persons responsible for medication administration and the security of resident medication records in accordance with §2600.17

JG 7/23/19

Plan of Correction

Disclaimer Statement

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan or 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 this allegation by the survey agency.

Cindy Naughton
Cindy Naughton, Executive Director
7-23-19

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:15 a.m., 1:00 p.m. and 4:00 p.m., there was a strong odor of urine in resident #3's bedroom and in the hallway outside of the resident's bedroom.

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.)

See attachment 3a

Legal Entity Representative

Cindy Naughton
Signature

Cindy Naughton Executive Director 7-12-19
Printed Name and Title Date

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The above plan of correction is approved as of 7/23/19
(Date)

Plan of correction implementation status as of 7/23/19
(Date)

The above plan of correction was approved by *CN*
(Initials)

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

Regulation 55 Pa.Code 2600.85.a

Staff will be educated on the proper cleaning procedures for incontinent accidents by July 31, 2019.

ED, CSM or designee will do environmental rounds daily for five days then weekly for 3 weeks and monthly ongoing to ensure regulatory compliance.

Audits will be reviewed at the Quality Improvement Meetings.

Within 30 days of receipt of this plan of correction, all staff responsible for direct care will be educated on resident #3's specific care needs and a plan will be developed for staff to conduct checks on this resident to ensure appropriate incontinence care is provided during all shifts. During these checks, the staff will be responsible for maintaining the cleanliness of the resident's bedroom and cleaning as necessary to ensure sanitary conditions.

[Signature] 7/23/19

Plan of Correction

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Cindy Naughton Executive Director Cindy Naughton
7-23-19

227g -Support Plan Signatures

Regulations

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Staff person A participated in the development of Resident #3's support plan on 7/13/18. However, the staff person did not sign the support plan.

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.)

See attachment 4a

Legal Entity Representative

Cindy Naughton Signature Cindy Naughton Executive Director Printed Name and Title 7-13-19 Date

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The above plan of correction is approved as of 7/23/19 (Date) Plan of correction implementation status as of 7/23/19 (Date)
The above plan of correction was approved by [Signature] (Initials) Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Regulation 55 Pa.Code 2600.227.g

Staff person A who participated in completion of support plan for Resident number #3 has signed the support plan. (See attached) on 7/23/19 ^{by} 7/23/19

The CSM will be educated on the need to sign and date the support plan by July 31, 2019.

CSM or designee will audit current resident support plans to ensure that they are dated and signed by July 31, 2019.

Support plans will be audit monthly for three months by the CSM, Ed or designee to ensure all individuals who participate in the development of the support plan shall sign and date the support plan.

Audits will be reviewed at the Quality Improvement Meetings.

Plan of Correction

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Cindy Naughton

Cindy Naughton, Executive Director
7-23-19