



pennsylvania
DEPARTMENT OF HUMAN SERVICES

December 11, 2019

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 September 6, 2019 of the above facility, the violations 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.

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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: C A R E

License Number: 20326

Address: 109 WILLIAMS ROAD,, MAINESBURG, PA 16932

County: TIOGA

Region: NORTHEAST

Administrator

Name: Rose Lowry

Phone: 5705498100

Email: CARE@NPACC.NET

Legal Entity

Name: ELIZABETH ROSE LOWRY

Address: 109 WILLIAMS ROAD, MAINESBURG, PA, 16932

Certificate(s) of Occupancy

Type: C-2 LP

Date: 06/07/2000

Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 18

Waking Staff: 14

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

09/06/2019 - On-Site: Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 18

Residents Served: 18

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 12

Are 60 Years of Age or Older: 8

Diagnosed with Mental Illness: 13

Diagnosed with Intellectual Disability: 3

Have Mobility Need: 0

Have Physical Disability: 0

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

Upon arriving at the home, Department representative observed the home's medication cart unattended with the resident's empty medication administration cards (no medications were in the cards) on top of the medication cart. The cards were accessible to residents and visitors containing resident's names with their own medications prescribed:

Metoprolol take 1 time daily for resident # 1

Denepezal take 1 time daily at bedtime for resident # 2

Clozapine take a 6 p.m. noon and 5:00 p.m. for 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.)

Administrator went over with staff about empty medication packages not being left out. Administrator will follow up regularly on this.

Legal Entity Representative

E. Rose Lowry
Signature

E. Rose Lowry/ Administrator
Printed Name and Title

10-23-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11-7-19
(Date)

Plan of correction implementation status as of 11-7-19
(Date)

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

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

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

1 repackaged bag of French Fries was found without a label or date in the home's freezer .

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.)

Administrator will ensure that all food is labeled and dated. Administrator will monitor this regularly.

Legal Entity Representative

E. Rose Lowry
Signature

E. Rose Lowry/ Administrator
Printed Name and Title

10-23-19
Date

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183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

A Combivent inhaler belonging to resident # 4 was not labeled or dated when the inhaler was opened.

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.)

Staff was reminded about dating all medications when opened. The medication was dated the day of inspection. Administrator will monitor this weekly.

Legal Entity Representative

E. Rose Lowry

Signature

E. Rose Lowry/ Administrator

Printed Name and Title

10-23-19

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident # 5 has a physicians order for a glucometer reading to be done 2x daily . On 9/8/19 at 7:00 a.m. the resident's glucometer indicated a reading of 179 however, the documented reading indicated a reading of 129.

Repeat violation 8/23/18

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 staff member was addressed on this matter. At this time she is no longer employed here. Administrator will monitor glucometer readings weekly.

Legal Entity Representative

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Signature

E. Rose Lowry/Administrator
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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

On 9/10/19 , the medication ibuprofen 200 mg prn for resident # 2 was on " medication log " (side 2), but not initialed as administered on the resident's Mediation Administration Record (M.A.R.).

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 staff member was addressed on this matter. At this time she in no longer employed here. Administrator will monitor MARS weekly.

Legal Entity Representative

E. Rose Lowry
Signature

E. Rose Lowry/Administrator
Printed Name and Title

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