



MAILING DATE: September 25, 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 July 31, 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 "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
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 Warner*

Phone: *724-287-2171*

Email: *ALCLICENSE@ENLIVANT.COM*

Legal Entity

Name: *LOWRIE AID OPCO LLC*

Address: *330 NORTH WABASH, SUITE 3700, CHICAGO, IL, 60611*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *50*

Waking Staff: *38*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

07/31/2019 - On-Site: Trish Bartlett

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47*

Residents Served: *45*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *45*

Diagnosed with Mental Illness: *3*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *5*

Have Physical Disability: *1*

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's support plan for significant change completed on 4/5/19, did not indicate the hospice care and services or frequency of services that hospice would provide which started on 4/3/19.

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 Page 2A of 2

Legal Entity Representative

Cindy Naughton
Signature

Cindy Naughton/Ed
Printed Name and Title

9-18-19
Date

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

The above plan of correction is approved as of 9/24/19
(Date)

Plan of correction implementation status as of 9/24/19
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

Plan of correction

PA 2600.227.d

Resident #1 no longer resides at the community.

The CSM completed an audit of current hospice residents to ensure documentation of hospice care services and the frequency of services are on the residents support plan on 09/18/2019. See attached.

CSM will be re- educated on regulation 2600.227.d in which proper documentation of the residents support plan include 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 on 9/18/2019 by Regional Director of Care Services. See attached.

CSM or designee will audit support plans weekly x4 week and then monthly for 2 months to ensure proper documentation of hospice services. CSM is responsible for sustained compliance. Audits will be reviewed at monthly QI. Continued review will be based on 3 months of sustained compliance.

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 cite, 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 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 this allegation by the survey agency.

Cindy Naughton Cindy Naughton/ED 9-18-19

9/24/19 