



SENT VIA EMAIL: cnaughton@enlivant.com
tstewart@enlivant.com

MAILING DATE: May 19, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 15, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: *cnaughton@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: *10/07/1997*

Issued By: *Dept. of L & I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *42*

Waking Staff: *32*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

01/15/2020 - On-Site: Lori Gillette, Amy Duncan, Thomas Smith, Jody Garvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47*

Residents Served: *39*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *39*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *3*

Have Physical Disability: *1*

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 10:28am, the resident lab results binder was found unlocked, unattended, and accessible in a wall mounted file sleeve hanging outside of the medication room. The binder contained lab results, social security numbers and physician names for several residents including residents #1, #2 and #4.

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.)

I See page 2a of 12

Legal Entity Representative

Signature *Cindy Naughton*

Printed Name and Title *Cindy Naughton, ED*

Date *4-8-2020*

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

The above plan of correction is approved as of 5/12/20 (Date) Plan of correction implementation status as of 5/12/20 (Date)

The above plan of correction was approved by JW (Initials) Implemented Not Implemented

Regulation: 2600.17

Plan of correction:

1. The lab book was immediately relocated to a secure location on January 15, 2020.
2. The staff will be educated by Administrator or designee on Regulation 2600.17 and keeping resident records confidential by April 15, 2020.
3. Ed or designee will audit that resident information is kept secured weekly for 4 weeks and monthly for 3 months to ensure regulatory compliance.
4. Audits will be reviewed at monthly QI. Continued review will be based on 3 months compliance.

Plan of Correction

Disclaimer Statement

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18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Carbon Monoxide Alarms Standards Act which went into effect September 23, 2016, the carbon monoxide detector shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance.

At 10:05 am, the carbon monoxide detector in the furnace room located next to resident room #117 had a carbon monoxide detector placed on the ceiling, 4.5 feet from the furnace.

At 10:20 am, the furnace room near resident room #123 had a carbon monoxide detector placed on the room's ceiling, 4 feet from the furnace.

At 10:36 am, the furnace room located in the home's kitchen did not have a carbon monoxide detector nearby.

Plan of Correction (POC)

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Legal Entity Representative

Signature *Cindy Naughton*

Printed Name and Title *Cindy Naughton, EP*

Date *4-8-2020*

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(Date)

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(Date)

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(initials)

Implemented
 Not Implemented

Regulation: 2600.18

Plan of correction:

1. Carbon monoxide alarms have been reinstalled in close proximity but not less than 15 feet from, any fossil fuel-burning device or appliance.
2. Maintenance Technician will be educated on proper placement of carbon monoxide alarms by 4-15-2020 by the administrator.
3. Ed or designee will audit to ensure proper placement of carbon monoxide alarms monthly for 3 months. Audits will be reviewed at monthly QI meeting. Continued review will be based on 3 months of sustained compliance.

Plan of Correction

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25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 10/4/18, for resident#1 was not signed by the resident.

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 4a of 12

Legal Entity Representative

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Printed Name and Title *Cindy Naughton, SD*

Date *4-8-2020*

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Implemented
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Regulation: 2600.25.b

Plan of Correction:

1. The resident home contract, dated 10/4/2018 will be signed by resident #1 by April 15, 2020.
2. The Ed or designee will audit current resident by April 15, 2020 to ensure that the contract is signed by the resident.
3. Staff will be educated on resident home contracts requiring a resident signature by April 15, 2020 by the Administrator.
4. Ed or designee will audit to ensure that resident home contracts are signed by the resident monthly for 3 months. Audits will be reviewed at monthly QI meeting. Continued review will be based on 3 months of sustained compliance.

Plan of Correction

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91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or near the telephone in resident bedroom #110.

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 5a of 12

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Printed Name and Title *Cindy Naughton, ED*

Date *4-8-2020*

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Implemented
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Regulation: 2600.91

Plan of Correction:

1. Emergency telephone number list was placed near the phone for room #110 on 1/15/2020.
2. Executive Director or designee will audit resident' rooms for posting of emergency numbers. Audit will be completed by 4/15/2020.
3. Emergency phone number postings will be audited weekly by Administrator or designee for 4 weeks and monthly for 3 months to ensure proper placement of emergency phone number. Audits will be reviewed at monthly QI meeting. Continued review will be based on 3 months of sustained compliance.
4. Staff will be educated by Administrator or designee by 4/15/2020 on the proper placement of emergency contact numbers.

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92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 10:58am, the left window in resident room #117 had no screen.

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 6a of 12

Legal Entity Representative

Signature *Cindy Naughton*

Printed Name and Title *Cindy Naughton, SO*

Date *4-8-2020*

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(Initials)

- Implemented
- Not Implemented

Regulation: 2600.92

Plan of Correction:

1. The screen was securely placed in the window on January 16, 2020.
2. Staff will be instructed that windows, including windows in doors, must be in good repair and securely screened when doors or windows are open by April 15, 2020 by the Administrator.
3. Windows will be audited by April 15, 2020 to ensure that windows have screens.
5. Maintenance Tech or designee will audit windows for screens weekly for 4 weeks then monthly for 3 months. Audits will be reviewed at monthly QI meeting. Continued review will be based on 3 months of sustained compliance.

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have access to a source of light that can be turned on/off at bedside. The resident's lamp was placed 2 feet from the foot of the bed.

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 7a of 12

Legal Entity Representative

Cindy Naughton
Signature

Cindy Naughton, ED
Printed Name and Title

4-8-2020
Date

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- Implemented
- Not Implemented

Regulation: 2600.101.j.7

Violation: Lamp was not accessible to resident at bedside

Plan of Correction:

1. A lamp was immediately placed near the bed and accessible to resident #2 on 01/15/2020.
2. Ed or designee will audit proper placement of lamp near the resident's bed. Audit will be completed by 4/15/2020.
3. Ed or designee will audit apartments for lamp placement weekly for 4 weeks and monthly for 3 months to ensure compliance. Audits will be reviewed at monthly QI meeting. Continued review will be based on 3 months of sustained compliance.
4. Staff will be educated by 4/15/2020 by the Administrator or designee on Regulation 2600.101.j7 that each resident shall have the following in the bedroom. An operable bedside lamp that can be turned on at bedside.

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125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 10:02am, there was a paper booklet stored directly on the furnace in the furnace room near resident room #117.

At 10:18am, there was a paper booklet stored directly o the furnace in the furnace room near resident room #123.

At 10:35 am, there were paper items placed along side 2 of the 3 furnaces in the furnace room in the kitchen/staff lunch room.

Plan of Correction (POC)

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See page 8a of 12

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Printed Name and Title *Cindy Naughton, ED*

Date *4-8-2020*

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(initials)

- Implemented
- Not Implemented

Regulation: 2600.125.a

Plan of Correction:

1. On January 15, 2020 the furnace manuals were removed from the area around the furnaces.
2. Staff will be educated by April 15, 2020 that combustible and flammable materials may not be located near heat sources or hot water heaters by Administrator.
3. Maintenance Tech or designee will audit the furnace rooms for flammable or combustible material by April 15, 2020.
4. Maintenance Tech or designee will audit furnace rooms weekly for 4 weeks then monthly for 3 months. Audits will be reviewed at monthly QI meeting. Continued review will be based on 3 months of sustained compliance.

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132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Resident and staff interviews indicate that not all residents, including resident #3, evacuate to a designated meeting place away from the building or within the fire-safe area during fire drills.

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 9a of 12

Legal Entity Representative

Signature Cindy Naughton

Printed Name and Title Cindy Naughton, EO

Date 4-8-2020

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(Date)

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(Initials)

Implemented
 Not Implemented

Regulation: 2600.132.h

Plan of Correction:

1. Staff will be educated on proper evacuation to designated area or fire safe area by April 15, 2020 by Administrator.
2. Resident #3 will be educated on proper evacuation to a fire safe area by 4/15/2020.
3. Ed or designee will audit fire drills monthly for 3 months. Audits will be reviewed at monthly QI meeting. Continued review will be based on 3 months of sustained compliance.

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141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #4's medical evaluation, dated 3/6/19, does not include height, weight, pulse rate, blood pressure and temperature. These sections of the form were blank.

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 10a of 12

Legal Entity Representative

Cindy Naughton
Signature

Cindy Naughton ED
Printed Name and Title

4-8-2020
Date

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(Initials)

- Implemented
- Not Implemented

Regulation: 2600.141.a

Plan of Correction:

1. Staff will be educated on proper documentation and completion of the DME by April 15, 2020 by Administrator.
2. The CSM or designee will audit resident #4 DME for completion by April 15, 2020.
3. The CSM or designee will audit current resident's DME weekly for 4 weeks then monthly for 3 months. Audits will be reviewed at monthly QI meeting. Continued review will be based on 3 months of sustained compliance.

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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's glucometer was not set to the correct time or date.

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 11a of 12

Legal Entity Representative

Signature Cindy Noughden

Printed Name and Title Cindy Noughden ED

Date 4-8-2020

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(Date)

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(initials)

Implemented
 Not Implemented

Regulation: 2600.185.a

Plan of Correction:

1. Resident #5 glucometer was calibrated to reflect the correct time on January 20, 2020.
2. Staff will be educated on proper calibration of glucometers by April 15, 2020 by Care Service Manager or designee.
3. Med Techs will document on the MAR monthly that the date and time on glucometers have been checked for accuracy.
5. CSM or designee will audit glucometers weekly for 4 weeks and monthly for 3 months. Audits will be reviewed at monthly QI meeting. Continued review will be based on 3 months of sustained compliance.

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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

The assessment for resident #4, dated 3/10/19, does not indicate the resident's need for a trapeze bed assist bar; however, the resident has this installed on his bed.

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 12a of 12

Legal Entity Representative

Signature *Cindy Naughton*

Printed Name and Title *Cindy Naughton, ED*

Date *4-8-2020*

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Implemented
 Not Implemented

Regulation: 2600.227.d

Plan of Correction:

1. Resident #1 RASP was updated on January 17, 2020 to include the resident's use of a trapeze bed assist bar.
2. Staff will be educated on proper RASP documentation by April 15, 2020 by the Administrator.
3. An audit for residents with mobility devices will be completed by 04/15/2020 to ensure proper documentation on the RASP.
4. CSM or designee will audit RASPs for mobility devices weekly for 4 weeks and monthly for 3 months. Audits will be reviewed at monthly QI meeting. Continued review will be based on 3 months of sustained compliance.

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