



Sent via e-mail [dowhower6@aol.com]

MAILING DATE: May 4, 2020

Ms. Lauren Moskal
Administrator
Susan Dowhower Personal Care Home LLC
120 South 10th Street
Lebanon, Pennsylvania 17042

RE: Susan Dowhower Personal Care Home
Certificate #: 334840

Dear Ms. Moskal:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on February 6, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: SUSAN DOWHOWER PERSONAL CARE HOME

License Number: 33484

Address: 120 SOUTH 10TH STREET, LEBANON, PA 17042

County: LEBANON

Region: CENTRAL

Administrator

Name: Lauren Moskal

Phone: 717-274-1474

Email: dowhower6@aol.com

Legal Entity

Name: SUSAN DOWHOWER PERSONAL CARE HOME LLC

Address: 120 SOUTH 10TH STREET, LEBANON, PA, 17042

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 32

Waking Staff: 24

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

02/06/2020 - On-Site: Kellie Cargile

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36

Residents Served: 32

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 22

Are 60 Years of Age or Older: 22

Diagnosed with Mental Illness: 32

Diagnosed with Intellectual Disability: 8

Have Mobility Need: 0

Have Physical Disability: 1

15a - Resident Abuse Report

Regulations

2600.
 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 1/25/2020, at approximately 5 am, Resident #1 punched Resident #2 in the left eye. This incident was immediately reported to staff after it occurred. However, this allegation of abuse was not reported to the Lebanon County Area Agency on Aging.

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 confrontation between Resident #1 and Resident #2 had been diffused with no injuries or medical attention needed and the safety of the residents was ensured. Administrator counseled staff on the criteria for abuse reporting including notifying Aging. Administrator or Designated person will report any confrontation between residents to Lebanon Area Agency on Aging following the guidelines and requirements of the Older Adult Protective Services Act, even if the confrontation is diffused and no injuries reported and resident safety ensured.

Training on Abuse Reporting and Incident Reporting was conducted on 2/7/20 for staff. Administrator or Designated person shall review the incidents reported to Lebanon Area Agency on Aging during each quality management meeting.

Legal Entity Representative



Lauren Moskal Adm. 3/6/20

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 4/28/20 Plan of correction implementation status as of 4/28/20
 (Date) (Date)

Implemented
 Not Implemented

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

16c - Written Incident Report

Regulations

2600.
 16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 1/25/2020, at approximately 5 am, Resident #1 punched Resident #2 in the left eye. The home did not report this incident to The Department.

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 counseled staff on the incident reporting guidelines and procedures regarding resident physical confrontation as abuse. Administrator or designated person will report any physical confrontation between residents to the Department, as needed according to the abuse reporting procedures and guidelines. Administrator and staff will follow a “when in doubt, send it out” guideline for incident reporting.

Training on Abuse Reporting and Incident Reporting was conducted on 2/7/20 for staff. Administrator shall review the incidents reported to the Department during each quality management meeting to monitor the timeliness of the reporting.

Legal Entity Representative



Lauren Moskal Adm. 3/6/20

Signature

Printed Name and Title

Date

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225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's most recent assessment, completed on 6/7/19, indicates that he has no problem with hallucinations. Per staff members of the home, Resident #1 has recently experienced hallucinations on a biweekly basis and receives psychiatric care every two weeks to manage his diagnoses and behaviors. Resident #1's assessment has not been updated to include this change in health status.

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.)

Resident #1's assessment was immediately updated to indicate that he has been experiencing hallucinations as frequently as biweekly and is receiving psychiatric care through his mental health practitioner to manage his diagnosis and behaviors. Administrator counseled staff on the importance of keeping resident assessments updated with any significant changes that occur in between annual assessments in order to provide the best care plan to each resident. Administrator reviewed all resident assessments to ensure they are being updated with any significant changes in between yearly assessments as of 3/6/20.

Legal Entity Representative



Lauren Moskal Adm. 3/6/20

Signature

Printed Name and Title

Date

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