



**Sent via e-mail to: care@npacc.net**  
**MAILING DATE: April 3, 2020**

Ms. Elizabeth Rose Lowry  
Owner/Administrator  
Elizabeth Rose Lowry  
109 Williams Road  
Mainesburg, Pennsylvania 16932

RE: CARE  
License #: 20326

Dear Ms. Lowry:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 4, 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 "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

### 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: Issued By:

#### Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

#### Inspection

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

#### Inspection Dates and Department Representative

*03/04/2020 - On-Site: Pamela Harris, Ann O'Haire*

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: *18* Residents Served: *17*

##### 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*

CARE

20326

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 2/24/2020, resident #1 had an incontinence episode while at program at Goodwill. Goodwill staff called the home to report she needed to be picked up. Staff of home made vulgar comments about resident. Staff of Goodwill reported to Adult Protective Services, that staff of home violated dignity and respect of resident by stating she was lazy and didn't need to wear attends. Administrator confirmed she was aware of allegations. However, the allegations of abuse was not reported to Adult Protective Services.

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 REPORT ALL COMPLAINTS TO ADULT PROTECTIVE SERVICES IN A TIMELY MANNER.

ADMINISTRATOR DID AN INVESTIGATION AND RESIDENT #1 DENIED ALL ALLEGATIONS AND STATED THAT NONE OF IT WAS TRUE.

Within 40 days of receipt of this plan of correction:

All staff, including the administrator, will REVIEW AND BE RE-EDUCATED in abuse reporting and prevention. The administrator shall review reporting requirements and then review and re-educate staff on reporting requirements as outlined by this regulation. In the future, the administrator will ensure that all suspected abuse is reported in accordance with the Older Adults Protective Services Act. Documentation of training shall be maintained by the home and be made available upon request by the department. 4-1-2020-MM

Legal Entry Representative

Signature

*Rose Lowry*

ROSE LOWRY OWNER/ADMINISTRATOR  
Printed Name and Title

3/25/20  
Date

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

The above plan of correction is approved as of 4-1-2020 (Date)

Plan of correction implementation status as of 4-1-2020 (Date)

X Implemented

Not Implemented

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

CARE

20326

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

An allegation of abuse between Resident #1 and staff person A and B occurred on 2/24/2020 and the administrator of the home was made aware of this incident. However, the home did not immediately develop and implement a plan of supervision or suspend the staff persons involved.

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 DEVELOP AND IMPLEMENT A PLAN OF SUPERVISION FOR ANY ALLEGATIONS OF ABUSE.

ADMINISTRATOR DID AN INVESTIGATION AND RESIDENT #1 DENIED ALL ALLEGATIONS AND STATED THAT NONE OF IT WAS TRUE.

GOODWILL STAFF APPROACHED CARE STAFF B (WHO IS HOUSEKEEPING) ON THIS MATTER, WHICH SHOULD NOT HAD TAKEN PLACE, SHE WAS ONLY THERE TO PICK UP RESIDENT #1. HAVE NEVER SEEN STAFF A OR B VIOLATE THE DIGNITY AND RESPECT OF ANY RESIDENT. OR HEARD

STAFF A ONLY STATED ON THE PHONE CALL THAT RESIDENT #1'S FATHER HAD SAID THAT SHE WAS NOT TO WEAR PULL-UPS. THERE WAS NO OTHER COMMUNICATION WITH STAFF A + GOODWILL STAFF.

Immediately and ongoing: If any future allegations of abuse occur, the home will immediately take the following steps: 1. Suspend the staff person or persons involved; 2. Report the alleged abuse to the Legal Entity Representative Department; 3. Report the alleged abuse to the local Area Agency on Aging and 4. Report the alleged abuse to the resident's designated person, if any. The administrator is responsible for ongoing compliance. 4-1-2020--MM

Signature 

ROSE LOWRY OWNER/ADMINISTRATOR  
Printed Name and Title

3/25/20  
Date

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CARE

20326

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 2/27/2020, there was an alleged incident of verbal abuse of resident #1. 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 WILL REPORT ANY ALLEGED INCIDENTS TO THE DEPARTMENT IN A TIMELY MANNER

Within 40 days of receipt of this plan of correction:

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required. 4-1-2020 -MM

Legal Entity Representative

  
Signature

ROSE LOWRY OWNER/ADMINISTRATOR  
Printed Name and Title

3/25/20  
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CARE

20376

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 home's support plan, dates 4/18/19, does not include information about resident #1 social rehab or program at Goodwill.

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 HAS ADDED THIS INFORMATION TO RESIDENT #1'S SUPPORT PLAN (SEE ATTACHED)

ADMINISTRATOR WILL ENSURE THAT SUPPORT PLANS ARE UPDATED.

Immediately and Ongoing:

The administrator shall ensure that all resident assessment and support plans (RASP) are updated and reflect resident's current 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

Legal Entity Representative necessity of these services. The administrator shall ensure ongoing compliance. 4-1-2020 - MM

Signature 

ROSE LOWRY OWNER/ADMINISTRATOR  
Printed Name and Title

3/25/20  
Date

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