

Department of Human Services
Bureau of Human Service Licensing

September 27, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

RE: SUSAN DOWHOWER PERSONAL
CARE HOME
120 SOUTH 10TH STREET
LEBANON, PA, 17042
LICENSE/COC#: 33484

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/10/2021, 08/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *SUSAN DOWHOWER PERSONAL CARE HOME* License #: *33484* License Expiration Date: *10/11/2021*
Address: *120 SOUTH 10TH STREET, LEBANON, PA 17042*
County: *LEBANON* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *09/28/2009* Issued By: *City of Lebanon*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *08/11/2021*

Inspection Dates and Department Representative

08/10/2021 - On-Site: [REDACTED]
08/11/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* Residents Served: *34*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *21* Are 60 Years of Age or Older: *23*
Diagnosed with Mental Illness: *33* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

08/10/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/30/2021*

9/21/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/28/2021*

9/27/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's most recent quality management review was on 4/1/2020.

Plan of Correction

Accept

*An updated Quality Management Plan was completed on 8/18/2021. Administrator will add the next due date of 8/18/2022 to important annual due dates calendar. updated quality management plan is attached.***Completion Date:** 08/24/2021

Document Submission

Implemented

All steps have been completed

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The temperature in the Whirlpool refrigerator located in the kitchen was 48 degrees Fahrenheit. The temperature in the freezer section of the Whirlpool refrigerator located in the kitchen was 10 degrees Fahrenheit.

Plan of Correction

Accept

*On 8/11/2021 Refrigerator and freezer were inspected. Refrigerator was found to have a faulty seal. A latch was added to the outside of the fridge and is to be hooked when door is closed to maintain tight seal. Refrigerator temperature was checked 1/2 hour after latch was placed and found to be 40 degrees. Staff was instructed to keep hook latched when refrigerator door is closed. A new thermometer was placed in freezer and temperature was rechecked 1/2 hour later and found to be at 0 degrees. Temperatures are checked and documented daily by staff.***Completion Date:** 08/24/2021

Document Submission

Implemented

All steps have been completed