

Department of Human Services  
Bureau of Human Service Licensing

May 19, 2022

[REDACTED]  
ELIZABETH ROSE LOWRY  
109 WILLIAMS ROAD  
MAINESBURG, PA, 16932

RE: C A R E  
109 WILLIAMS ROAD  
MAINESBURG, PA, 16932  
LICENSE/COC#: 20326

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *C A R E* License #: *20326* License Expiration: *11/15/2022*  
Address: *109 WILLIAMS ROAD, MAINESBURG, PA 16932*  
County: *TIOGA* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *5705498100* Email: [REDACTED]

**Legal Entity**

Name: *ELIZABETH ROSE LOWRY*  
Address: *109 WILLIAMS ROAD, MAINESBURG, PA, 16932*  
Phone: *5705498100* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/07/2000* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *12/22/2021*

**Inspection Dates and Department Representative**

12/22/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

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

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *10*  
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

12/22/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/24/2022*

Inspections / Reviews (*continued*)

05/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/06/2022*

05/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/13/2022*

05/19/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 15a - Resident Abuse Report

## 1. Requirements

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 12/17/21, a verbal altercation occurred between Resident #1 and Resident #2. This incident was reported to staff person A on 12/17/21. However, this allegation of abuse was not reported as is required.

## Plan of Correction

**Do Not Accept**

Resident # 1 and resident # 2 had a disagreement. [REDACTED] was not aware that having a disagreement was considered abuse. When you have a house of 18 residents. There were no hands on during this disagreement.

Completion Date: 04/22/2022

## Plan of Correction

**Accept**

Staff was educated on the OAPSA the reporting requirements to the AAA. Staff was educated regarding the requirements of reporting any abuse to the department as required. Training completed on 3/1/22. The administrator will monitor to make sure that staff is complying with the required reporting of any abuse.

Completion Date: 03/01/2022

Update: 05/10/2022

Please send proof of staff training. 5-10-22 MM

## Document Submission

**Implemented**

Please send proof of staff training. 5-10-22 MM

## 16c - Written Incident Report

## 1. Requirements

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 12/17/21, a verbal altercation occurred between Resident #1 and Resident #2. This incident was reported to staff person A on 12/17/21. However, this allegation of abuse was not reported to the Department.

## Plan of Correction

**Do Not Accept**

[REDACTED] didn't realize that [REDACTED] had to make a report to state every time someone had a disagreement. The incident didn't go any further after staff member A talked to them.

Completion Date: 04/22/2022

## Plan of Correction

**Accept**

The administrator submitted an incident report to the department. Staff was educated on the reporting to the department within 24 hrs. Training completed on 3/1/22. The administrator shall monitor this for further compliance.

Completion Date: 03/01/2022

Update: 05/10/2022

Please send proof of IR. 5-10-22 MM

16c - Written Incident Report *(continued)***Document Submission****Implemented***Please send proof of IR. 5-10-22 MM*

## 42m - Resident Leave/Return

**1. Requirements**

2600.

42.m. A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

**Description of Violation**

*On 11/25/21, resident #1 was denied the right to leave to visit their family due to having behaviors. Neither the home rules nor the resident's support plan contain any documentation that the resident rights should be restricted.*

**Plan of Correction****Do Not Accept**

*Administrator's plan of correction is to call the [REDACTED] and have [REDACTED]r make the decision of [REDACTED] coming home when [REDACTED] has behaviors.*

*Staff was retrained on resident's rights. That training took place on 3/1/22.*

**Completion Date:** 04/22/2022

**Plan of Correction****Accept**

*administrator will monitor this for ongoing compliance*

**Completion Date:** 03/01/2022

**Document Submission****Implemented**