

Department of Human Services
Bureau of Human Service Licensing

May 11, 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 02/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: *Pa. Dept. of L & I*

Staffing Hours

Resident Support Staff: *18* Total Daily Staff: *36* Waking Staff: *27*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Incident* Exit Conference Date: *02/14/2022*

Inspection Dates and Department Representative

02/11/2022 - Off-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: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *10*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/11/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/19/2022*

Inspections / Reviews (*continued*)

03/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/31/2022*

05/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is required to have [REDACTED] C-Pap mask and machine on nightly according to resident #1's physician order dated 5/1/2019. Resident #1 did not have the C-Pap on throughout the night on 5/22 and 5/24/2021. Addition statement provided to the staff [REDACTED] indicates "resident#1 has not had the C-Pap on in a month, no call for this; you are jeopardizing resident#1's health.

Plan of Correction**Accept**

The staff was addressed on the importance of this, and that physician's orders must be followed.

Staff had to check resident #1's C-PAP every 15 min for one month to ensure that [REDACTED] had it on throughout the night {see attached}.

Administrator has and will continue to follow up on this by asking the resident.

Completion Date: 03/15/2022

Update: 03/24/2022

Reviewed daily logs

AG, 3-24-22

Document Submission**Implemented**

I have sent in all necessary paperwork on this