

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

March 2, 2023

[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 11/15/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**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: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *ELIZABETH ROSE LOWRY*  
 Address: *109 WILLIAMS ROAD, MAINESBURG, PA, 16932*  
 Phone: [REDACTED] 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: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *11/21/2022*

**Inspection Dates and Department Representative**

11/15/2022 - 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: *11*  
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *3*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

11/15/2022 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/17/2022*

Inspections / Reviews (*continued*)

01/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/03/2023

03/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 20b1 - Financial Records

## 1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

## Description of Violation

*Resident #1's record of financial transactions did not include transactions for October and November 2022.*

## Plan of Correction

**Accept (AG - 01/27/2023)**

*THIS HAS BEEN TAKEN CARE OF AND IS NOW UP TO DATE*

*THE SECRETARY WILL MAKE SURE THAT ALL MONEY RECORDS STAY UP TO DATE.*

*THIS WILL BE DONE MONTHLY*

**Licensee's Proposed Overall Completion Date: 12/16/2022**

**Implemented (AG - 03/02/2023)**

## 26b - Quality Management Plan Content

## 2. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

## Description of Violation

*The home did not conduct a quality management review for 2021.*

## Plan of Correction

**Accept (AG - 01/27/2023)**

*WE WENT OVER 2021 AND 2022 INSPECTIONS. WE ADDRESSED '21 AND '22 INCIDENT REPORTS. WE DISCUSSED COVID. WE DISCUSSED PEER SUPPORTS, FAMILIES, DR.'S SUGGESTIONS. WE TALKED ABOUT WHERE WE COULD IMPROVE ON RESIDENT CARE AND HOW TO REDIRECT A RESIDENT. WE WENT OVER STAFF EVALUATIONS.*

**Licensee's Proposed Overall Completion Date: 12/16/2022**

**Implemented (AG - 03/02/2023)**

## 103e - Left Overs

## 3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

## Description of Violation

*A bowl of carrots and apple crisp were located in the homes refrigerator in the kitchen without a label or date on the food.*

## Plan of Correction

**Accept (AG - 01/27/2023)**

*ALL LEFTOVERS WILL BE LABELED AND DATED. ANY FOOD THAT IS NOT LABELED OR DATED WILL BE THROWN OUT.*

*ADMINISTRATOR WILL BE KEEPING A CLOSE EYE ON THIS AND MAKE SURE THAT WE ARE DOING THIS ON A*

103e - Left Overs (continued)

DAILY BASIS.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (AG - 03/02/2023)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

A handful of lint was noted in both of the home's dryer lint traps, posing a possible fire hazard.

Plan of Correction

Accept (AG - 01/27/2023)

LINT TRAPS HAVE BEEN CLEANED OUT.

AMINASTRATOR WILL MAKE SURE THAT STAFF ARE CLEANING OUT LINT TRAPS ON A DAILY BASIS

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (AG - 03/02/2023)

132a - Monthly Fire Drill

5. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct a fire drill in October 2022.

Plan of Correction

Accept (AG - 01/27/2023)

FIRE DRILL WAS CONDUCTED ON 11/29/2022

ADMIN WILL MAKE SURE THAT FIRE DRILLS ARE BEING DONE MONTHLY AND THAT ONE FIRE DRILL WILL BE DONE DURING SLEEPING HOURS EVERY 6 MONTHS

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (AG - 03/02/2023)

132c - Fire Drill Records

6. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drills conducted from May 2022 - September of 2022 did not indicated the year.

132c - Fire Drill Records (continued)

The fire drills conducted from July 2022 - September of 2022 did not indicated if the drill was conducted in the AM or PM.

Plan of Correction

Accept (AG - 01/27/2023)

YEAR AND AM AND PM HAVE BEEN FIXED ON THE RECORD.

ADMIN WILL MAKE SURE THE YEAR AND AM AND PM ARE ON THE RECORD MONTHLY

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (AG - 03/02/2023)

132e - Fire Drill Sleeping Hours

7. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The homes most recent sleeping hours fire drill was conducted on 4/25/22 at 10pm.

Plan of Correction

Accept (AG - 01/27/2023)

FIRE DRILL WAS DONE ON 11/29/2022 @ 4 AM

ADMIN WILL MAKE SURE THAT THERE IS A FIRE DRILL DURING SLEEPING HOURS EVERY 6 MONTHS

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (AG - 03/02/2023)

144d - Smoking Outside

8. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

An ashtray full of cigarette butts was located in the attic of the home. Staff interviews indicated that staff member A and B will smoke in the attic.

Plan of Correction

Accept (AG - 01/27/2023)

ALL STAFF HAVE BEEN MADE AWARE THAT THERE IS NO SMOKING OTHER THAN IN CERTAIN PLACES.

ADMIN WILL BE KEEPING A CLOSE WATCH ON THIS AND WILL BE DOING THIS DAILY

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (AG - 03/02/2023)

184a - Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 has an order for lisinopril 2.5mg daily, hold for systolic blood pressure less than 100 and metoprolol 25mg daily hold for systolic blood pressure less than 100 and heart rate less than 50. The label to the medication does not indicate the parameters.

Resident #3 has an order for humalog with meals per a sliding scale of insulin. The label to the medication notes before meals and at bedtime. The label is incorrect.

Resident #3 has an order for lantus 5 units at bedtime, the label to the medication notes 22 units. The label is incorrect.

Plan of Correction

Accept (AG - 01/27/2023)

RESIDENT 2 HAS NEW LABELS SHOWING PRAMTERS ON THEM.  
RESIDENT 3 HAS NEW LABELS SHOWING CORRECT DOSES.

ADMIN WILL BE MAKING SURE THAT ALL MEDS ARE CORECT AS THEY GET CHANGED

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (AG - 03/02/2023)

184b - Labeling OTC/CAM

10. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #4's calcium and tylenol did not have the residents name on the bottle.

Plan of Correction

Accept (AG - 01/27/2023)

RESIDENT 4 HAS HAD [REDACTED] NAME PUT ON ALL OF THEM THAT [REDACTED] NAME WAS NOT ON.

ADMIN WILL BE CHECKING TO MAKE SURE THAT THIS IS BEING COMPLIED WITH ON A MONTHLY BASIS

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (AG - 03/02/2023)

187a - Medication Record

11. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.
- 6. Dose.

**187a - Medication Record (continued)****Description of Violation**

*Resident #2 has an order for Vitamin D3 50 mcg, the MAR notes 2000 iu's, the MAR is incorrect.*

*Resident #2 has a PRN order for Tylenol 325mg every 4 hours, the MAR notes 650mg every 4 hours, the MAR is incorrect.*

*Resident #3 has an order for oysco 500 - Vitamin D3 200, the MAR notes oysco 400mg daily, the MAR is incorrect.*

*Repeat Violation: 11/10/21*

**Plan of Correction****Accept (AG - 01/27/2023)**

*RESIDENT 2 HAS HAD ALL MEDS CORRECTED AND MAR SHEETS AND MEDS NOW MATCH.*

*RESIDENT 3 MAR SHEETS NOW MATCH AS THE LABEL READS ON THE MED.*

*ADMIN WILL MAKE SURE THAT THIS IS DONE ON A MONTHLY BASIS.*

**Licensee's Proposed Overall Completion Date: 12/16/2022**

**Implemented (AG - 03/02/2023)**