

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

March 27, 2023

[REDACTED]
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 02/06/2023 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: CARE License #: 20326 License Expiration: 11/15/2023
 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: Pa. Dept. of L & I

Staffing Hours

Resident Support Staff: 117 Total Daily Staff: 134 Waking Staff: 101

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 02/06/2023

Inspection Dates and Department Representative

02/06/2023 - Off-Site: [REDACTED]

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

Inspections / Reviews

02/06/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/28/2023

03/01/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/27/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/06/2023

Inspections / Reviews (*continued*)

03/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/29/2023

03/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/28/2023

03/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2023

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 [REDACTED], Administrator/staff person "A" was made aware of an incident of alleged abuse which was reported to the Bradford/Sullivan/Susquehanna and Tioga Counties Protective Service Unit. A Protective Services worker was on site on 1/13/2023 to investigate an allegation resident #1 had been pulled out of bed and pushed to the floor by a staff person. The incident occurred in [REDACTED]. Administrator/staff person "A" did not report the suspected abuse of resident #1 to the local Area Agency on Aging in accordance with the Older Adult Protective Services Act.

Plan of Correction

Accept (JH - 03/22/2023)

The administrator will train all staff on reporting abuse. The administrator/ assistant will review all internal incidents on a daily basis to indicate if the department of aging needs to be notified of suspected abuse of a resident. The administrator will follow thru with ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (JH - 03/27/2023)

16c - Written Incident Report

2. 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 [REDACTED], Administrator/staff person "A" was made aware of an incident of alleged abuse which was reported to the Bradford/Sullivan/Susquehanna and Tioga Counties Area Agency on Aging Protective Service Unit. A Protective Services worker was on site on 1/13/2023 to investigate an allegation resident #1 had been pulled out of bed and pushed to the floor by a staff person. The incident occurred in [REDACTED]. Administrator/staff person "A" did not report the suspected abuse of resident #1 until a reportable incident report dated [REDACTED] was submitted to the Department's Northeast Regional Office. The incident was not reported to the Department within 24 hours. The [REDACTED] incident report does not describe the details of the allegation, the involvement of the Area Agency on Aging Protective Services investigation and the names of staff who were interviewed by Administrator/staff person "A." The incident report which was submitted is simply a statement made by staff person "B" and comments of Administrator/staff person "A."

16c - Written Incident Report (continued)

Plan of Correction

Accept (JH - 03/22/2023)

The administrator will train all staff on reporting abuse. The administrator/ assistant will review all internal incidents on a daily basis to indicate if the department of human services needs to be notified of suspected abuse of a resident. The administrator will follow thru with ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (JH - 03/27/2023)

144d - Smoking Outside

3. Requirements

2600.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 1/13/23 and 1/19/23 a Protective Services worker from the Bradford /Sullivan Susquehanna and Tioga Counties Area Agency on Aging was present in the home to conduct a resident abuse investigation. While in the home on one of those dates, a Protective Services worker observed a [REDACTED] person smoking in the kitchen of the home with a sandwich near [REDACTED]. The kitchen in the home is not a designated smoking room. The home has an inside designated smoking room.

Plan of Correction

Accept (JH - 03/22/2023)

The administrator trained the staff on the smoking policy. If the staff does not comply with this they will be suspended for 3 days without pay. The administrator will monitor this daily to make sure that staff are following the smoking policy.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (JH - 03/27/2023)