

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

January 26, 2024

[REDACTED], ADMINISTRATOR/OWNER
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 12/06/2023 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: C A R E License #: 20326 License Expiration: 11/15/2024
 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: 17 Waking Staff: 13

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 12/06/2023

Inspection Dates and Department Representative

12/06/2023 - On-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: 11 Are 60 Years of Age or Older: 13
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

12/06/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2023

01/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/27/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/10/2024

Inspections / Reviews (*continued*)

01/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/21/2024

01/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

102f - Towel/Washcloth/Soap

1. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

There were no paper towels in bathroom #3.

Plan of Correction

Accept [redacted] - 01/16/2024)

Normally residents let us know when the dispensers are out of paper towels. Residents did not want to bother us with the state inspectors being here. Going forward staff will make sure the dispensers are full at all times. Staff filled dispenser as soon as we were alerted.

[redacted] DCS, [redacted] DCS, [redacted] DCS and [redacted] DCS are responsible for fixing the problem. [redacted] went upstairs and got a new roll of paper towels and put them in on 12/6/2023.

All staff will periodically check to make sure there are paper towels in all dispensers. 12/6/2023

[redacted] Administrator will be checking on this daily

Administrator will check daily. Dispenser was filled the same day. 12/6/23

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [redacted] 01/26/2024)

103e - Left Overs

2. 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

The IDYUS chest freezer in the store room across from room 0 contained 4 quarts of homemade applesauce, 3 plastic bags of homemade applesauce and 2 plastic bags of squash which were not labeled and dated.

Plan of Correction

Accept ([redacted] 01/08/2024)

Any food in the freezer will be labeled and dated. This was corrected on 12/6/23. Staff was also reminded to label and date any food going in the freezer or fridge.

Administrator will make sure all food is labeled and dated on a weekly basis

Licensee's Proposed Overall Completion Date: 12/27/2023

Implemented [redacted] - 01/26/2024)

105g - Lint Removal and Duct Cleaning

3. 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.

105g - Lint Removal and Duct Cleaning (continued)

Description of Violation

On 12-6-23, there was an approximate 1/4 inch accumulation of lint in the lint trap of dryer # 2. There were no clothes in the dryer at the time.

Plan of Correction

Accept [redacted] - 01/16/2024)

Staff was reminded to empty all lint traps as soon as they go to take the clothes out of the dryer. Staff was also reminded that this is a fire safety issue. This was taken care of on 12/6/23

[redacted] DCS, [redacted] DCS, [redacted] DCS and [redacted] DCS. Lint was removed from the dryer that day by [redacted] DCS. 12/6/2023

All staff will empty lint traps after running the dryer.

[redacted] Administrator will be monitoring this daily

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [redacted] 01/26/2024)

141a - Medical Evaluation

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The DME for resident # 1 which was signed by the doctor on the bottom of the form on 4/20/23, does not have the fields for the date of the exam and that date the form was completed filled in.

Plan of Correction

Accept [redacted] - 01/16/2024)

We will go over the DME and make sure that all the boxes are filled out correctly and that they are signed and dated. This was taken care of on 12/6/23

[redacted] DCS will make sure that all boxes are filled out on the residents DME.

Anytime a resident goes out for a DME [redacted] will check it when they get back to make sure that it is filled out correctly.

[redacted] will monitor this on a monthly basis

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [redacted] - 01/26/2024)

162c - Menus Posted

5. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

162c - Menus Posted (continued)

Description of Violation

The menus posted on the hallway bulletin board are dated for the weeks up to and including 9/30/23. There are no menus posted for the residents after 9/30/23.

Plan of Correction

Accept [redacted] - 01/16/2024)

Staff and office personnel were reminded that when they post the menu in the kitchen on the fridge that copies need to be posted on bulletin board for residents to see. This was corrected on 12/7/23.

[redacted] DCS, [redacted] DCS, [redacted] DCS and [redacted] DCS will make sure there are up to date menus posted for the residents to see. 12/7/2023

[redacted] Administrator will monitor this on a monthly basis.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [redacted] 01/26/2024)

184a - Resident's Meds Labeled

6. Requirements

2600.

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

Description of Violation

Resident #1 has prescription for Meclizine 25 mg three times per day. The medication label states the medication should be administered 4 times per day. On the residents MAR the medication is listed as 3 times per day and the most recent order from the doctor's office states the medication was decreased to 3 times per day.

Plan of Correction

Accept [redacted] - 01/16/2024)

Resident #1 was getting correct doses according to the Dr order. we fixed the label to match the Dr order from the pharmacy. This was corrected on 12/7/23.

[redacted] Administrator and [redacted] Med supervisor will monitor this and make sure that all labels and meds match.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [redacted] - 01/26/2024)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #5 is prescribed Albuterol 90 mcg PRN. On 12-6-23 the medication was not available in the home.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept (█ - 01/16/2024)

All staff and Med Supervisor was reminded that even if the med is a PRN that it needs to be in the home.

█ DCS, █ DCS, █ DCS and █ DCS

Administrator will be monitoring the paperwork and making sure that the med is in the home. This was corrected on 12/15/23.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented (█ - 01/26/2024)

187a - Medication Record

8. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Venlafaxine 150 mg once daily, Melatonin 3mg HS, and Oxcarbazepine 300 mg BID. The medication administration record (MAR) for the resident does not include the diagnoses why these medications are prescribed.

Resident #1 has bottle of Azflatine Nasal Solution 0.1 PRN 2 sprays BID in the medication cart. However, the medication is not listed on the residents MAR.

Resident #4's MAR indicates a prescription for Glipizide 10 mg once a day but the resident's notes from █ doctor appointment indicate the medication was discontinued on 12-6-22. The medication is not on hand.

Resident #4 has prescription for Eliquis 5 mg BID and Entresto 49-51 mg BID. The medication administration record (MAR) for the resident does not include the diagnoses why these medications are prescribed.

Plan of Correction

Directed (█ - 01/16/2024)

All meds listed in the MAR will have what they are prescribed for. any meds that are Dc'd will be Dc'd in the med log. This was fixed on 12/8/23

█ Administrator and █ Med supervisor will monitor this on a weekly basis.

Proposed Overall Completion Date: 01/12/2024

Within 5 days of receipt of this directed plan of correction.

The home's administrator will audit all current resident's MARs for compliance.

The home will amend residents' MARs to ensure that all of the required information is captured. The home's administrator will complete weekly audits of all current resident's MARs for compliance.

187a - Medication Record (continued)

Directed Completion Date: 01/21/2024

Implemented (█ - 01/26/2024)

252 - Record Content

9. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

The records or residents # 2 and #3 do not contain photos of the residents.

Plan of Correction

Directed (█ - 01/16/2024)

Residents had Pictures taken on 12/7/23 and have had them put in their files as well as the med log. █

█ DCS fixed this problem the next day.

█ Administrator will make sure that pictures are taken the day the resident moves into the home.

Proposed Overall Completion Date: 01/12/2024

Within 5 days of receipt of this directed plan of correction.

The home's administrator will audit all current resident's pictures in the resident's records. The administrator will fix any resident's pictures that are not in compliance. Administrator █ will be responsible for all new residents. pictures and all current resident's pictures that expired.

Directed Completion Date: 01/21/2024

Implemented (█ - 01/26/2024)