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

June 11, 2025

[redacted], 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 03/11/2025 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:** *15* **Waking Staff:** *11*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal, Incident* **Exit Conference Date:** *03/11/2025*

Inspection Dates and Department Representative

03/11/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* **Residents Served:** *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *9* **Are 60 Years of Age or Older:** *11*

Diagnosed with Mental Illness: *7* **Diagnosed with Intellectual Disability:** *3*

Have Mobility Need: *0* **Have Physical Disability:** *0*

Inspections / Reviews

03/11/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/11/2025*

05/05/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/27/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/16/2025*

Inspections / Reviews *(continued)*

06/11/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *05/27/2025*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.
26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's annual Quality Management Review that was due in December 2024 was not completed.

Plan of Correction ***Accept (- 05/05/2025)***

Ower/Administrator - We had the minutes meeting and did the 2025 training plans. Was done on 4/17/2025. Ower/Administrator will monitor and make sure they are done on time.

Licensee's Proposed Overall Completion Date: *05/01/2025*

Implemented (- 05/27/2025)

42r - Visitation

2. Requirements

2600.
42.r. A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week.

Description of Violation

On 3/11/25, a notice was observed on the front door that stated, "Attention. At this time, we are not allowing visitors due to the flu. Please feel free to call the Carehome." Staff A indicated the notice was to slow the spread of the flu outbreak the home was experiencing, but confirmed no visitors were being allowed in at the time.

Plan of Correction ***Directed (- 05/05/2025)***

Ower/Administrator - Took down sign off of front door and allowed all to come in and visit residents. Was removed on 3/11/2025. Ower/Administrator will monitor this and make sure that all visitors are allowed to come in.

Proposed Overall Completion Date: 05/02/2025

Directed: Visitors will be allowed in the home a minimum of 12 hours a day 7 days a week. The administrator or designee will do weekly checks of all doors for 4 weeks to ensure no signs limiting visitation below the above 12 hours. Weekly checks will be documented with date, and person making the checks.

Directed Completion Date: *05/16/2025*

Implemented (- 06/11/2025)

66a - Staff Training Plan

3. Requirements

2600.
66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for the 2025 training year.

66a - Staff Training Plan (continued)

Plan of Correction ***Directed (- 05/05/2025)***

[redacted] *Ower/Administrator - We had the minutes meeting and did the 2025 training plans. Was done on 4/17/2025.* [redacted] *Ower/Administrator will monitor and make sure they are done on time.*

Proposed Overall Completion Date: 05/02/2025

Directed: The staff training plan will be completed annually prior to the start of the training year. The administrator or designee will audit the training plan and verify that all required training and topics are covered in the annual training plan.

Directed Completion Date: *05/12/2025*

Implemented (- 05/27/2025)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 1:30 p.m., Staff Person B counted narcotics from a bottle using their ungloved hand to touch the medications.

Plan of Correction ***Directed (- 05/05/2025)***

[redacted] *Med Tech - All staff were reminded to use gloves when handling the meds. This was addressed on 3/11/2025.* [redacted] *Ower/Administrator - Will monitor this to make sure that staff are in compliance with state regulations*

Proposed Overall Completion Date: 05/02/2025

Directed: All staff that are trained to pass medications will be educated by the administrator or designee in proper sanitation procedures for passing medications. The administrator or designee will do weekly checks for 4 weeks on staff passing medications. These weekly checks will be documented with the date, person making checks, staff observed passing medications, and if sanitary practices were followed. Any issues identified will be immediately addressed and documented.

Directed Completion Date: *05/16/2025*

Implemented (- 05/27/2025)

101j2 - Bedroom Chairs

5. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

Room # 8 is shared by 2 residents. There was only one chair available in the room to the residents.

101j2 - Bedroom Chairs (continued)

Plan of Correction ***Directed (- 05/05/2025)***

[redacted] *Ower/Administrator - Chair was replaced in room #8 on 3/13/2025.* [redacted] *Ower/Administrator - Will monitor and make sure that all rooms have the chairs that are needed in the rooms.*

Proposed Overall Completion Date: 05/02/2025

Directed: The administrator or designee will complete weekly checks for resident chairs in all resident rooms for 4 weeks. These checks will be documented with date, staff completing checks, rooms checked, and if enough chairs were in the rooms. Any chairs that are found to be missing will be immediately replaced.

Directed Completion Date: *05/16/2025*

Implemented (- 06/11/2025)

101j6 - Mirror

6. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
6. A mirror.

Description of Violation

Resident Room # 7 does not have a mirror.

Plan of Correction ***Directed (- 05/05/2025)***

[redacted] *DCS picked up a mirror and replaced the mirror in room # 7 on 3/12/2025.* [redacted] *Ower/Administrator Will monitor and make sure that all rooms have a mirror in them.*

Proposed Overall Completion Date: 05/02/2025

Directed: The administrator or designee will complete weekly checks for resident mirrors in all resident rooms for 4 weeks. These checks will be documented with date, staff completing checks, rooms checked, and if a mirror was in the room. Any missing mirrors will be immediately replaced.

Directed Completion Date: *05/16/2025*

Implemented (- 06/11/2025)

109b - Rabies Vaccination

7. Requirements

2600.
109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The home did not have a current certificate of rabies vaccination for a cat present in the home at time of inspection.

109b - Rabies Vaccination *(continued)*

Plan of Correction ***Directed (- 05/05/2025)***

[redacted] *Ower/Administrator - Residents were reminded that the cats are not allowed in the building on 3/12/2025. Staff were reminded that if they see any of the cats in the building, they are to get them out of the building.* [redacted] *Ower/Administrator - Will monitor this and make sure that we are in compliance with the state regulations*

Proposed Overall Completion Date: 05/02/2025

Directed: The administrator or designee will complete weekly checks for pets in the home for 4 weeks. These checks will be documented with date, and staff completing checks.

Directed Completion Date: *05/16/2025*

Implemented (- 06/11/2025)

125a - Combustible Storage

8. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:20 a.m., a towel was observed behind the dryer sitting on the exhaust hose.

Plan of Correction ***Directed (- 05/05/2025)***

[redacted] *Ower/Administrator - Staff were reminded that are to check behind the dryers to make sure that nothing has fallen behind them. this was on 3/12/2025.*
[redacted] *Ower/Administrator - Will monitor this and making sure that we are complying with state regulations.*

Proposed Overall Completion Date: 05/02/2025

Directed: All staff will be trained regarding this regulation. The administrator or designee will complete daily checks behind the home's dryers for 2 weeks and then weekly checks for an additional 2 weeks. these checks will be documented with the date, staff making the checks, and if any items were found behind the dryers. Any items will be immediately removed from behind the dryer.

Directed Completion Date: *05/16/2025*

Implemented (- 06/11/2025)

132e - Fire Drill Sleeping Hours

9. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

As of 3/11/2025, the last overnight fire drill was conducted on 4/17/24 at 11:00 p.m.

Plan of Correction ***Directed (- 05/05/2025)***

[redacted] *Ower/Administrator - Had an overnight fire drill on 3/28/2025 at 4:00 am.* [redacted]

132e - Fire Drill Sleeping Hours (continued)

Ower/Administrator - Will monitor this and make sure that we are doing fire drills like we should once a month.

Proposed Overall Completion Date: 05/02/2025

Directed: The administrator or designee will complete an overnight fire drill every 6 months as required by this regulation.

Directed Completion Date: *05/12/2025*

Implemented (- 05/27/2025)

141a - Medical Evaluation

10. 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 Initial Medial Evaluation for Resident # 1, admitted , was not completed until

Plan of Correction ***Directed (- 05/05/2025)***

Med Tech and Ower/Administrator - We were in the process of getting Resident # 1's medical insurance transferred over from Resident #1's insurance for Pa did not kick in till and the soonest Dr appointment we could make was . If we get another resident like this, we will make sure they come with an MA 51 before moving into the home. Ower/Administrator - Will monitor this and make sure we are complying with state regulations

Proposed Overall Completion Date: 05/02/2025

Directed: The administrator or designee will audit Medical Evaluations for all residents in the home and schedule a Medical Evaluation for any resident that is out of compliance with the date of their medical evaluation.

Directed Completion Date: *05/02/2025*

Implemented (- 05/27/2025)

141b1 - Annual Medical Evaluation

11. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The annual Medical Evaluation for Resident # 2, dated , does not indicate the need for body positioning if any.

Plan of Correction ***Directed (- 05/05/2025)***

Med Tech and Ower/Administrator - Will make sure that all fields are filled out on the MA 51's this was taken care of 3/15/2025. Med Tech and Ower/Administrator - Will monitor this and make sure that all MA 51's are filled out correctly.

141b1 - Annual Medical Evaluation (continued)

Proposed Overall Completion Date: 05/02/2025

Directed: The administrator or designee will audit Medical Evaluations for all residents in the home and ensure that all required information is documented. Resident #2's medical evaluation will be updated with all required information.

Directed Completion Date: *05/16/2025*

Implemented ([redacted] - 06/11/2025)

144c1 - Smoking Area Guidelines

12. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

Resident # 1 was observed smoking cigarettes in their room and marijuana on the back porch of the home outside of the designated smoking area. The home has a designated smoking area outside and smoking marijuana is a violation of Home Rules.

Plan of Correction ***Accept ([redacted] - 05/05/2025)***

[redacted] Ower/Administrator - Resident #1 has left the facility and moved [redacted] to be closer to [redacted] kids and grandkids. [redacted] was addressed by staff and Administrator on this issue on 3/12/2025. [redacted] Ower/Administrator and staff were monitoring [redacted] till [redacted] left the facility on [redacted]

Licensee's Proposed Overall Completion Date: *05/02/2025*

Implemented ([redacted] - 05/27/2025)

185a - Implement Storage Procedures

13. 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 # 3's glucometer is not calibrated to the correct date and time.
Resident #4 is prescribed Orajel every 6 hours as needed for pain. However, this medication was not available in the home at 1:30 p.m..

Plan of Correction ***Directed ([redacted] - 05/05/2025)***

[redacted] Med Tech - calibrated Resident #3's glucometer on 3/11/2025. Resident #4's orgel was ordered and received on 3/12/2025. [redacted] Med Tech and [redacted] Ower/Administrator - will monitor this and order any meds that are need and make sure they are in house.

185a - Implement Storage Procedures (continued)

Proposed Overall Completion Date: 05/02/2025

Directed: The administrator or designee will audit the medications and glucometers weekly for 4 weeks. Any missing medications will be immediately ordered and any glucometers not calibrated with correct date and time will be immediately fixed. This will be documented with date, staff person completing audit, and if any calibration issues were identified or if any medications were missing.

Directed Completion Date: *05/16/2025*

Implemented ([redacted] - 06/11/2025)

187d - Follow Prescriber's Orders

14. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 has an order for Losartan 50mg one tablet daily, hold unless symbiotic BP number is greater than 160. From March 1, 2025 to March 06, 2025, the symbiotic pressure was less than 160 and the medication was administered.

Repeat Violation: 2/28/24

Plan of Correction ***Directed ([redacted] - 05/05/2025)***

[redacted] *Med Tech and* [redacted] *Ower/Administrator - staff was reminded to follow med logs and prescription labels and to make sure that all meds are given the way they are prescribed. this was done on 3/11/2025.* [redacted] *Med Tech and* [redacted] *Ower/Administrator - Will monitor and make sure that all staff are follow state regulations.*

Proposed Overall Completion Date: 05/02/2025

Directed: All staff that are trained to pass medications will be trained regarding this regulation. The administrator or designee will audit MAR's weekly for 4 weeks. This will be documented with date, staff completing the audit, and any errors identified. If any errors are identified, the staff member that made the error will be retrained prior to passing medications again.

Directed Completion Date: *05/16/2025*

Implemented ([redacted] - 06/11/2025)

225a - Assessment 15 Days

15. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

225a - Assessment 15 Days *(continued)*

Description of Violation

Resident # 1, admitted [redacted], there has been no assessment completed for this resident.

Plan of Correction ***Directed ([redacted] - 05/05/2025)***

[redacted] Med Tech and [redacted] Ower/Administrator - Will make sure that all fields are filled out on the MA 51's this was taken care of 3/15/2025. [redacted] Med Tech [redacted] Ower/Administrator - Will monitor this and make sure that all MA 51's are filled out correctly.

Proposed Overall Completion Date: 05/02/2025

Directed: The administrator or designee will audit the RASP's of all residents in the home and ensure that they are completed and accurate. Any assessment that is incomplete or inaccurate will be immediately updated.

Directed Completion Date: *05/16/2025*

Implemented ([redacted] - 06/11/2025)