

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

May 20, 2026

[REDACTED]
ELIZABETH ROSE LOWRY
[REDACTED]
[REDACTED]

RE: C A R E
109 WILLIAMS ROAD
MAINESBURG, PA, 16932
LICENSE/COC#: 20326

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/03/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CARE License #: 20326 License Expiration: 11/15/2026
 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: [REDACTED]
 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: 14 Waking Staff: 11

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/03/2026

Inspection Dates and Department Representative

03/03/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 18 Residents Served: 13
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 9
 Diagnosed with Mental Illness: 02 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

03/03/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/09/2026

04/10/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/20/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/17/2026

Inspections / Reviews *(continued)*

04/29/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/11/2026

05/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's 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], at approximately 1:00p.m., Staff Person A was sleeping and was the only staff person working in the home. The home's census was 13 residents including a resident with mobility needs. This incident was reported to Staff Person B on [REDACTED] at 1:45p.m. but was not reported to the Department of Aging within 48 hours.

Plan of Correction

Directed [REDACTED] 04/29/2026)

We sent AAA a copy of the state report. As the administrator I will in the future report this or any other type of abuse immediately to AAA.

Richard Savey DCS will make sure that all act 13 reports are sent to AAA in a timely manner.

Proposed Overall Completion Date: 04/28/2026

Directed: In addition to the above plan of correction, new hires will be educated upon hire, and any contracted staff will be educated on the abuse reporting protocol before beginning their first shift of work. All staff and management staff including the administrator will receive training in abuse reporting and prevention. Documentation of training will be kept and provided to the Department.

Directed Completion Date: 05/10/2026

Implemented [REDACTED] 05/20/2026)

15c - Supervision

2. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [REDACTED], at approximately 1:00p.m., Staff Person A was sleeping and was the only staff person working in the home. This incident was reported to Staff Person A on [REDACTED] at 1:45p.m. Staff Person A was suspended for 1-day. Staff Person A returned to work on [REDACTED] and was not placed on a plan of supervision.

Plan of Correction

Directed [REDACTED] 04/29/2026)

Staff person A was suspended from being on call as soon as it happened. We did do a plan. Which included the neglect and abuse video. [REDACTED] was reprimanded. [REDACTED] was removed from second shift and placed on third shift which [REDACTED] is doing an hourly log. The administrator calls at different times thru the night, and [REDACTED] answers every call and is alert. We have also made [REDACTED] do a fire drill by herself total time 2 min 15 seconds and the med supervisor timed [REDACTED] and reported that [REDACTED] did very well.

15c - Supervision (continued)

█ WENT BACK THRU A MANADTORY RETRAIN ON ELLDER ABUES AND NEGLEGT. █ WENT THRU THIS 1/18/26

Proposed Overall Completion Date: 04/28/2026

Directed: In addition to the above plan of correction, If any future allegations of abuse occur, the home will immediately take the following steps:

- 1. Suspend the staff person or persons involved or place the accused staff person on a plan of supervision which includes not having access to any residents with the presence of another qualified direct care staff person present.**
- 2. Report the alleged abuse to the Department**
- 3. Report the alleged abuse to the local Area Agency on Aging**
- 4. Report the alleged abuse to the resident's designated person, if any.**

Directed Completion Date: 05/10/2026

Implemented █ (05/20/2026)

16c - Written Incident Report

3. 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 █, at approximately 1:00p.m., Staff Person A was sleeping and was the only staff person working in the home. The home had 13 residents in-house including 1 resident with mobility needs. The home did not report this incident to the department until █.

Plan of Correction

Directed █ - 04/29/2026)

Administrator didn't report this because it was on the weekend, and █ reported it on Monday morning. From now on if it happens on a weekend, we will report it and fax it.

█ WENT THRU MANDATORY RE TRAIN ON ABUSE AND NEGLEGT ON 1/18/26

Proposed Overall Completion Date: 04/28/2026

Directed: In addition to the above plan of correction, The administrator shall re-train all staff regarding reporting reportable incidents and conditions to the Department within 24 hours in accordance with §2600.16[a][1-19] and suspected resident abuse reporting and investigation requirements per §2600.15. Documentation of the education shall be kept.

Directed Completion Date: 05/10/2026

Implemented █ (05/20/2026)

58b - Awake Staff Mobility Needs

4. Requirements

2600.

58.b. If a home serves one or more but less than 16 residents with mobility needs, at least one direct care staff person shall be awake at all times residents are present in the home.

Description of Violation

On [REDACTED] Staff Person A was on duty from 7:00a.m. to 3:00p.m., but was asleep from 1:00p.m. to 1:45p.m. The home's census was 13 residents including 1 resident with mobility needs. No other staff persons were working at this time.

Plan of Correction

Directed [REDACTED] - 04/29/2026)

We addressed the staff member. We retrained the staff member. As well as changed [REDACTED] shift. When the administrator questioned [REDACTED] about this incident the staff member said [REDACTED] was sick and was taking meds to get better, but when the administrator told [REDACTED] if [REDACTED] is ever that sick, [REDACTED] needs to call off and someone else will work [REDACTED] shift.

ADMIMISTRATOR CALLS PERIODICALLY THRU THE NIGHT AND [REDACTED] ALWAYS ANSWERS AND IS ALERT.

Proposed Overall Completion Date: 04/28/2026

Directed: In addition to the above plan of correction, The administrator or designee will do in-person unannounced checks on 3rd shift staff weekly for 1 month. These checks will be documented with the date, person completing the check, time, and results of the check and provide to the department.

Directed Completion Date: 05/28/2026

Implemented [REDACTED] - 05/20/2026)

60a Staff/Support Plan

5. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED] Staff Person A was the only staff person in the facility from 7:00a.m. to 3:00p.m. There were 13 residents in-house that day with 1 resident that requires assistance to evacuate due to mobility needs. Staff Person A indicated that they are not always able to walk the full distance of the home's hallway due to a medical condition. In the event of an emergency, Staff Person A may not be able to fully assist and evacuate residents from the building.

Plan of Correction

Directed [REDACTED] - 04/29/2026)

Staff person A was observed during a fire drill by the med supervisor who timed [REDACTED] on [REDACTED] ability to evacuate all residents. [REDACTED] time was 2 min, and 15 sec. allotted time is 2 min and 30 sec to evacuate all residents from the building, and till [REDACTED] got over [REDACTED] sickness and got [REDACTED] strength back we had another staff on shift with [REDACTED] [REDACTED] is doing great since getting put on third shift.

Proposed Overall Completion Date: 04/28/2026

60a - Staff/Support Plan (continued)

Directed: In addition to the above plan of correction, Staff Person A will be evaluated by the administrator or designee 1 every 2 weeks for 1 month. Evaluation will ensure staff person is able to perform all duties required of them timely. These evaluations will be documented with the date, time, person doing the evaluation, and if duties were able to be performed with documentation being provided to the Department.

Directed Completion Date: 05/28/2026

Implemented [redacted] - 05/20/2026)

141a 1-10 Medical Evaluation Information

6. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted]’s medical evaluation dated [redacted] was incomplete and did not include whether the resident could self-administer their medications.

Plan of Correction

Directed [redacted] 04/29/2026)

We assist [redacted] in taking [redacted] meds by telling [redacted] what med we are giving [redacted] We put them in [redacted] hand and [redacted] takes the med.

DME HAS BEEN FIXED BY [redacted] DOCTOR

Proposed Overall Completion Date: 04/28/2026

Directed: In addition to the above plan of correction, The administrator or designee will audit all resident DME’s to ensure that they are fully completed. If any information is missing, the DME will be updated within 3-days. This will be documented with the date of audit, resident DME reviewed, person reviewing the DME, and updates if needed. Documentation will be provided to the department upon completion.

Directed Completion Date: 05/10/2026

Implemented [redacted] - 05/20/2026)

227g -Support Plan Signatures

7. Requirements

2600.

227g -Support Plan Signatures (continued)

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] did not sign their support plan, dated [REDACTED]

Plan of Correction

Directed [REDACTED] - 04/29/2026)

We had Resident [REDACTED] sign it and we will make sure that they all sign them as needed.

WAS SIGNED BY RESIDENT [REDACTED] ON 4/28/26

Proposed Overall Completion Date: 04/28/2026

Directed: In addition to the above plan of correction, The administrator or designee will audit all resident RASP's to ensure that they are signed. If any signatures are missing, the RASP will be reviewed with the resident and updated within 3-days. This will be documented with the date of audit, resident RASP reviewed, person reviewing the RASP, and if any action was needed. Documentation will be provided to the department upon completion.

Directed Completion Date: 05/10/2026

Implemented [REDACTED] - 05/20/2026)