

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

September 29, 2026

[REDACTED]
ELIZABETH ROSE LOWRY
[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 04/23/2026 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: 16

Waking Staff: 12

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 04/23/2026

Inspection Dates and Department Representative

04/23/2026 - 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: 10

Are 60 Years of Age or Older: 13

Diagnosed with Mental Illness: 7

Diagnosed with Intellectual Disability: 3

Have Mobility Need: 1

Have Physical Disability: 1

Inspections / Reviews

04/23/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/21/2026

07/08/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/19/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/13/2026

Inspections / Reviews *(continued)*

08/04/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/19/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/09/2026

09/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/19/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 4:30P.M., resident [REDACTED] and resident [REDACTED] engaged in a verbal altercation. During the altercation resident [REDACTED] threatened to kill resident [REDACTED] in the resident's room later that night.

On [REDACTED] at approximately 7:30P.M., resident [REDACTED] grabbed the buttocks of resident [REDACTED] and stated, "I am going to have [REDACTED] with you later tonight whether you like it or not".

Plan of Correction

Accepted [REDACTED] 08/03/2026)

WE SPERTATED THE TWO RESIDENTS. RESIDENT [REDACTED] WAS KEPT INSIDE AND RESIDENT [REDACTED] WAS SENT OUTSIDE IMMEDIATELY. RESIDENT [REDACTED] CALLED PA STATE POLICE. TROOPERS SHOWED UP AND TALKED TO BOTH RESIDENTS. AND ENDED UP ARRESTING RESIDENT [REDACTED]. WE NOTIFED RESIDENT [REDACTED]'S [REDACTED] AND INFORMED [REDACTED] THAT [REDACTED] HAD BEEN ARRESTED FOR THREATING ANOTHER RESIDENT. [REDACTED] WAS RELEASED TO [REDACTED] ON THURSDAY AND [REDACTED] TOOK [REDACTED] STRAIGHT TO THE WELLSBORO HOSTIPAL AND TRIED TO GET [REDACTED] ADMITTED TO THE HOSTIPAL. WHILE THIS WAS GOING ON THE ADMINISTRATOR CALLED THE STATE REGIONAL OFFICE TO SEE WHAT WE COULD DO TO KEEP OUR RESIDENTS SAFE. [REDACTED] WAS TOLD TO START THE EVICTION PROCESS BUT WE HAD TO TAKE [REDACTED] BACK. WE STARTED THE EVICTION PROCESS ON 4/17/26. WE ALSO PUT [REDACTED] IN [REDACTED] OWN ROOM. [REDACTED] HAD A DIFFRENT EATING TIME THAN THE REST OF THE RESIDENTS. WE THEN DEALT WITH [REDACTED] AND [REDACTED] DOCTOR. THE [REDACTED] WAS TRING TO FIND [REDACTED] ANOTHER PLACE TO LIVE BUT [REDACTED] WAS NOT ELIGABLE FOR THAT TYPE OF CARE. DOCTOR ADDED ANOTHER MED TO TRY TO STABLIZE [REDACTED] BEHAVIOR. WE MONITORED [REDACTED] CLOSELY FOR THE NEXT 5 DAYS TILL [REDACTED] NEXT INCIDENT WITH RESIDENT [REDACTED]. THE COURT HAS SINCE THROWN OUT THIS COMPLAINT OUT BECAUSE IT CAME TO LIGHT THAT RESIDENT [REDACTED] WAS INSTAGATING BETWEEN RESIDENT [REDACTED] AND RESIDENT [REDACTED]. THAT RESIDENT HAS SINCE THEN BEEN MOVED FROM THE CARE HOME. THE ADMINISTRATOR WILL BE FOLLOWING UP ON THIS AND KEEPING IN CONTACT WITH [REDACTED] WHO IS [REDACTED] (POA). RESIDENT [REDACTED] AND RESIDENT [REDACTED] WERE ASKED NOT TO HAVE ANY INTERACTION WITH EACH OTHER.

NOW RESIDENT [REDACTED] WITH THE HELP OF NEW MEDS HAS LEVELED OFF AND HAS RETURNED TO [REDACTED] NORMAL CALM BASELINE BEHAVIORS. AND IS DOING GREAT. [REDACTED] IS HAVING DOCTORS RUNNING TEST FOR COGNATIVE DEFECECTS. [REDACTED] IS IN CONTACT WITH THE ADMINISTRATOR AND CARE HOME DAILY TO SEE HOW [REDACTED] IS DOING. [REDACTED] HAS REQUESTED THAT IF WE HAVE ANOTHER EPISODE OF THIS TO CALL CRISIS AND HAVE [REDACTED] SENT TO ER FOR EVALUATION. [REDACTED] ALSO STATED THAT IF IUT CAME DOWN TO IT [REDACTED] WOULD TAKE [REDACTED] TILL [REDACTED] CAN FIND ANOTHER PLACE FOR [REDACTED] TO LIVE. RESIDENT [REDACTED] HAS ANOTHER COURT HEARING COMING UP ON THE INCIDENT WITH RESIDENT [REDACTED]. IN THE MEANTIME, THE STAFF IS MONITORING RESIDENT [REDACTED]'S BEHAVIORFOR TRIGGERS THAT WOULD INDICATE POTENIAL AGITATED OR AGGRESSIVE BEHAVIORS AND INTERVENEFOR RESIDENT SAFETY. THE RESIDENT IS COMPLIANT WITH MEDICATIONS AS ORDEREDBY THE DOCTOR. BY PROPERLY MAINTAINING THE MEDICATION REGIMEN, THE RESIDENT WILL NOT HAVE VIOLENTOR SEXUALLY INAPPROPRIATE OUTBURSTS AND OTHER RESIDENTS OF THE HOME WILL BE SAFE HARM OR FEAR.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] - 09/29/2026)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:15A.M., the resident bathroom/shower across from the dinning room had a brown substance in the caulking of the shower, a brown/blackish substance around the walls and behind the toilet.

At 9:10A.M., the kitchen floor had various food items and broken pretzels lying under most of the dining room tables.

Resident [REDACTED] stated the items had been there since last night.

Plan of Correction

Accept [REDACTED] 08/04/2026)

THE FLOOR WAS CLEANED UP ON THE DAY OF THE INSPECTION. THE ADMINISTRATOR ADDRESSED THE ISSUE OF DIRTY FLOORS WITH ALL STAFF AND SAID THAT FLOORS NEEDED TO BE KEPT CLEANED UP. THIS WAS DONE AT A STAFF TRAINING. THERE IS A SIGNIN SHEET FOR THIS TRAINING. A CHECKLIST OF PHYSICAL PLANT ITEMS HAS BEEN CREATED AND IS IN DAILY USE BY THE OVERNIGHT STAFF. THE ADMINISTRATOR IS MONITORING IT.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] 09/29/2026)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:18A.M., there was a full uncovered, unattended trash can in the kitchen.

Plan of Correction

Accept [REDACTED] - 08/04/2026)

THE ADMINISTRATOR IMMEDIATELY HAD THE TRASH EMPTIED OUT TO THE DUMPSTER AND ADVISED STAFF THAT THE LID FOR THE GARBAGE CAN HAD TO BE ON AT ALL TIMES. THIS WAS DONE IN A STAFF TRAINING CONDUCTED ON 4/27/26. A CHECKLIST OF PHYSICAL PLANT ITEMS HAS BEEN CREATED AND PUT INTO USE BY THE OVERNIGHT STAFF TO BE COMPLETED DAILY. THE ADMINISTRATOR WILL BE MONITORING THIS.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] - 09/29/2026)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 9:15A.M., the kitchen cabinet drawer holding utensils did not have a front cover.

At 9:20A.M., the back hallway of the home does not have a floor covering. The hallway is just covered by the subflooring.

Plan of Correction

Accept [REDACTED] 08/04/2026)

THE DRAWER HAS BEEN FIXED ON 4/26/26. WE HAVE THE FLOORING BOUGHT. A NON-SKID PAINT WILL BE

88a Surfaces (continued)

APPLIED TO THE FLOOR ON SUNDAY 7/26/26 TO ADDRESS THE PROBLEM OF THE FLOOR AT THE BACK OF THE HOME. IN ORDER TO PREVENT PROBLEMS WITH HOME MAINTENANCE IN THE FUTURE, A PHYSICAL CHECKLIST HAS BEEN DEVELOPED AND PUT IN USE ON 7/23/26. IT IS BEING COMPLETED DAILY BY THE OVERNIGHT STAFF THE ADMINISTRATOR IS OVERSEEING COMPLIANCE

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] - 09/29/2026)

92 - Windows**5. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 9:17A.M., the storm door off of the kitchen exit was open and did not have a screen or glass in place.

Plan of Correction

Accept [REDACTED] - 08/04/2026)

The glass was put down to cover the open area of the storm door in the kitchen there has been a checklist of physical plant items to be checked daily by overnight staff the administrator has been monitoring us the plan has been complete completed on 4/24/26

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] - 09/29/2026)

103d - Storing Food Off Floor**6. Requirements**

2600.

- 103.d. Food shall be stored off the floor.

Description of Violation

At 9:20A.M., a 5lb bag of apples was stored on the pantry floor of the kitchen.

Plan of Correction

Accept [REDACTED] - 08/04/2026)

The administrator corrected the violation on the date of the inspection the administrator addressed the staff in a training on 4/27/26 that we cannot place food directly on the floor a checklist has been created and put into use to check on compliance of the various regulations on a daily basis as of 7/23 of 26 the administrator has been monitoring this

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] 09/29/2026)

144d - Smoking Outside**7. Requirements**

2600.

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

Description of Violation

At 9:19A.M., an ash tray was sitting on the home's kitchen pantry counter that contained 3 extinguished cigarette

144d - Smoking Outside (continued)

butts. This area is not identified as a designated smoking area.

Plan of Correction

Accept [REDACTED] - 08/04/2026)

Trays have been removed and number 10 can has been placed outside with water to put butts in after they get done smoking there is a sign above the pantry shelf that says no smoking There has been no smoking by staff in the house since a training was conducted on 4/27/26 A checklist has been created and put into use to check on compliance of various regulations on a daily basis as of 7/23/26 the administrator has been monitoring this

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] - 09/29/2026)

201 - Positive Interventions**8. Requirements**

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident [REDACTED] has engaged in threatening other residents with physical harm, sexual advances, and inappropriate touching. The home has not implemented positive interventions to modify or eliminate the behavior.

Plan of Correction

Accept [REDACTED] - 08/04/2026)

The administrator and staff immediately separated resident number one into [REDACTED] own room without a roommate [REDACTED] seat in the dining room at was moved to the far end of the dining room and staff was checking on [REDACTED] every hour the administrator and [REDACTED] check on [REDACTED] every day to make sure [REDACTED] is following the home's rules and [REDACTED] feels comfortable and confident in [REDACTED] setting medications have been adjusted and [REDACTED] is now back to [REDACTED] previous behavioral basis Administer Administrator and staff have been watching for any adverse reactions Communication with the doctor's office has been frequently needed and the doctor's office is very responsive the resident is compliant with the new medication regimen

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] - 09/29/2026)

225c - Additional Assessment**9. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident [REDACTED]'s most recent assessment and support plan was completed on [REDACTED] Resident [REDACTED] has engaged in threatening other residents with physical harm, sexual advances, and inappropriate touching. The home has not documented or updated these behaviors in the residents assessment and support plan.

Repeated Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/04/2026)

Resident One RASP has been updated and does include all the things we are doing to keep the rest of the residents

225c - Additional Assessment (continued)

safe behavioral and cognitive aspects of the RASP including judgment agitation aggression were all updated to reflect a history of problematic behavior that had was successfully addressed it with medication adjustment the administration the administrator and designee is pulling random wrasse to critique them and see if that they are current and correctly reflect each resident situation and status the administrator is monitoring this

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] 09/29/2026)