

Department of Human Services  
Bureau of Human Service Licensing

March 15, 2021

██████████ PRESIDENT/CEO  
LOWRIE AID OPCO LLC  
330 NORTH WABASH, SUITE 3700  
CHICAGO, IL 60611

RE: LOWRIE PLACE  
100 STERLING VILLAGE DRIVE  
BUTLER, PA, 16001  
LICENSE/COC#: 44496

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Janine Wenzig

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *LOWRIE PLACE* License #: *44496* License Expiration Date: *04/18/2021*  
Address : *100 STERLING VILLAGE DRIVE, BUTLER, PA 16001*  
County: *BUTLER* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *7242872171* Email: [REDACTED]

**Legal Entity**

Name: *LOWRIE AID OPCO LLC*  
Address: *330 NORTH WABASH, SUITE 3700, CHICAGO, IL, 60611*  
Phone: *7242872171* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/07/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *31* Working Staff: *23*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *01/21/2021*

**Inspection Dates and Department Representative**

01/21/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *47* Residents Served: *29*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *2* Have Physical Disability: *1*

**Inspections / Reviews**

01/21/2021 Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/19/2021*

Inspections / Reviews *(continued)*

2/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *02/24/2021*

3/15/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

161d - Dietary Needs

1. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #1 is prescribed a mechanical soft diet, as indicated on the medical evaluation, dated 12/1/2020. However, the resident was served green beans approximately 2 inches long and whole piece of meatloaf approximately 4 inches long and 1/2" thick, for lunch on 1/21/21.

Plan of Correction

Accept

- 1. On 1/21/2021, Resident Care Partner (RCP) cut resident #1 green beans and meatloaf to meet mechanically soft diet specifications.
- 2. On 1/21/2021, CSM educated current staff on mechanical soft diet specifications.
- 3. CSM and/or designee will audit resident with mechanical soft diet orders weekly for 4 weeks, then biweekly for 4 weeks, and then monthly for one month to ensure proper diet texture is served. Audits will be reviewed at monthly QI meetings. Continued review will be based on 3 months of sustained compliance.

Plan of Correction

Disclaimer Statement

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cite, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Corrections. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Completion Date: 02/19/2021

Document Submission

Implemented

audits and education attached

187a - Medication Record

1. 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 #2 is prescribed Morphine Sulfate Solution 10mg/0.5ml every 2 hours as needed for pain. However, the resident's medication administration record (MAR) indicates Morphine Sulfate 20mg/ml every 2 hours as needed for pain.

187a - Medication Record (continued)

**Plan of Correction**

**Accept**

1. On 1/21/2021, CSM updated Resident #2 medication administration record (MAR) to accurately reflect resident medication order.
2. On 01/21/2021, CSM and/or designee audited current resident's medication records to ensure medication record reflected current medication orders. No discrepancies noted during audit.
3. By 2/26/2021, CSM and/or designee will educate nurses and certified medication technicians on transcription of medication orders to MAR.
4. CSM and/or designee will audit 5 resident's medication orders and MAR's weekly for 4 weeks, then biweekly for 4 weeks, then monthly for one month to ensure medication orders are properly transcribed to the MAR. Audits will be reviewed at monthly QI meetings. Continued review will be based on 3 months of sustained compliance.

*Plan of Correction*

*Disclaimer Statement*

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**Completion Date:** 02/19/2021

**Document Submission**

**Implemented**

*audits and education attached*