

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WRC PENNSYLVANIA MEMORIAL HOME

LEGAL ENTITY

To operate LAURELBROOKE ASSISTED LIVING

NAME OF FACILITY OR AGENCY

Located at 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 50
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 3, 2010 until April 3, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 424630

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 29 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Frances Roebuck-Kuhns, President/CEO
WRC Pennsylvania Memorial Home
985 Route 28
Brookville, Pennsylvania 15825

RE: Laurelbrooke Assisted Living
133 Laurelbrooke Drive
Brookville, Pennsylvania 15825

Dear Ms. Roebuck-Kuhns:

As a result of the Department of Public Welfare's licensing inspection on February 5, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		Adult Residential Licensing CURRENT LICENSE NUMBER 424630	
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Flinner-Aiman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Cathleen Humes</i>	DATE 3/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bridgette (BAM)</i>	DATE 3/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25a-1 Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.	The contract (signed 8/10/09) for Resident #1 (admitted 8/7/09) was not signed within the required time frame.	2/5/10	Administrator will have all contracts completed and signed prior to admission or with 24 hours of admission.	3/16/10 msg

**VIOLATION REPORT
PERSONAL CARE HOMES -- 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		Adult Res	CURRENT LICENSE NUMBER 42463001 Licensing
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Catherine Hines</i>	DATE 3/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE 3/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25c12 The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.	The contract for Resident #1 does not indicate the charges for bed holds.	3/4/10	Administrator will review all contracts to ensure completion. Attachment: 1	3/16/10 MSG

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		Adult Residential Licensing	CURRENT LICENSE NUMBER 424630
INSPECTION DATE(S) (include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Eastern Flinders</i>	DATE 3/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE 3/24/10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	There was a box of permanent work solution "If swallowed, call poison control" on the secure dementia unit.	2/5/10	Removed at time of inspection. Administrator will complete a weekly room check for 3 months then monthly for 3 months. This will be done to ensure all products/poisonous materials are locked up at all times.	3/16/10 MSG

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Williamston

2/10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		CURRENT LICENSE NUMBER 424630	
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Colleen Flinn</i>	DATE <i>3/8/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAW</i>	DATE <i>3/12/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
103e 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.	<p>The following was in the main kitchen refrigerator freezer located in the prep area:</p> <ul style="list-style-type: none"> ▪ An unlabeled bag of pastries and an unlabeled bag of waffles. <p>The following was in the main kitchen walk-in cooler:</p> <ul style="list-style-type: none"> ▪ A dish of slurry that was unlabeled ▪ A partial head of cauliflower wrapped in cellophane that was unlabeled and undated ▪ A metal container of shredded carrots that was unlabeled 	<i>2/5/10</i>	<p>All items were thrown away or labeled and dated at time of inspection. Dietary Manager will do weekly audits for 3 months. Then monthly audits for 3 months. This will be done to ensure all food is labeled and dated at all times.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p><i>3/16/10</i> <i>MSE</i> Date Initials (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		ADULT RESIDENT LICENSING	CURRENT LICENSE NUMBER 124530
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Finner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Cathleen Finner</i>	DATE <i>3/8/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE <i>3/24/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	<p>The following was in the Jasmine Lane kitchen:</p> <ul style="list-style-type: none"> ▪ Two slices of bread in a zip lock bag that was unlabeled and undated on top of the refrigerator. ▪ A plastic container filled with white powder that was unlabeled and undated in a cabinet to the right of the microwave. <p>There was an undated package of pancakes in the resident kitchenette refrigerator on Honeysuckle Lane.</p>			

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		ADMINISTRATION	CURRENT LICENSE NUMBER 424680
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Patricia Hines</i>	DATE 3/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
105g-1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	There was approximately ¼ of an inch lint build up in the lint trap of the dryer located on Honeysuckle Lane.	2/5/10	Administrator will do a weekly audit for 3 months then monthly audit for 3 months. This will be done to ensure all lint traps are free of lint at all times.	3/16/10 MSG

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		CURRENT LICENSE NUMBER 424630 Adult Residential Licensing	
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Cathleen Jones</i>	DATE <i>3/8/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>RAM</i>	DATE <i>3/24/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
107a The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.	There was not a copy of the municipality's emergency preparedness plan available in the home.	<i>2/10/10</i>	<i>Plan was obtained and will be kept at Laurelbrooke</i> <i>Attachment: 2</i>	

VIOLATION REPORT
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

2010

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		Adult Residential Licensing	CURRENT LICENSE NUMBER 424630
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Finner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Laurelbrooke</i>	DATE <i>3/8/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAEM</i>	DATE <i>3/24/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
133a2 If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	In the lobby, there are doors located across from the mailboxes that are not marked with exit signs. There are exit signs hanging from the ceilings in the hallways of all the units that do not indicate where the exit doors are located.	<i>3/20/10</i>	<i>Signs were ordered and will be installed when received.</i> <i>Attachment: 3</i>	<i>3/16/10</i> <i>MSG</i>

W. J. ...

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		ADMITTED RESIDENT	CURRENT LICENSE NUMBER 424630
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Patricia ...</i>	DATE 3/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE 3/24/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	<p>The medical evaluation (completed 8/14/09) for Resident #1 indicates "See attached" for medications, however, the MARS that are attached are not signed or dated by the physician.</p> <p>The medical evaluation (completed 11/20/09) for Resident #2 (admitted 12/8/08), indicated "See attached," however, the MAR that was attached are not signed or dated by the physician.</p> <p>The medical evaluation (completed 1/12/10) for Resident #3 (admitted 12/5/09), it is</p>	3/8/10	<p>All attached MARS were signed by doctors.</p> <p>Resident Care Coordinator will ensure all medical evaluations are complete.</p> <p>All attachments will be signed by doctors.</p> <p>Resident Care coordinator will audit all medical evaluations monthly for 6 months, then on-going.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/16/10 <i>MSG</i> Date Initials (BPW)</p>

VIOLATION REPORT

PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		CURRENT LICENSE NUMBER 424630
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010	REGIONAL REPRESENTATIVE Lisa V. Flinger-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 3/8/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	<p>indicated "See attached," however; the MAR that was attached are not signed or dated by the physician.</p> <p>The medical evaluation (completed 11/16/09) for Resident #4 (admitted 11/16/09), it is indicated "See Attached," however; nothing was attached to the medical evaluation.</p>		<p>resident 1 - Attachments 4.0, 4.1</p> <p>resident 2 - Attachments 5.0, 5.1, 5.2, 5.3, 5.4</p> <p>resident 3 - Attachments 6.0, 6.1</p> <p>resident 4 - Attachments 7.0, 7.1, 7.2</p>	

VIOLATION REPORT
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		Adult Residential Licensing	CURRENT LICENSE NUMBER 424630
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Finner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Cotton Hill</i>	DATE 2/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAH</i>	DATE 3/29/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	There was a tube of Nystatin Triamcinolone cream prescribed 1/13/10 Resident #1 on the medication cart that expired on 1/27/10.	2/5/10	Was pulled out of cart at time of inspection. Resident Care Coordinator will audit all medication carts weekly for 3 months, then monthly for 3 months. These will be performed to ensure all medication are removed when expired.	3/16/10 MSG

5 10 2010

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa. Code Chapter 2600

Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		CURRENT LICENSE NUMBER 424630
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010	REGIONAL REPRESENTATIVE Lisa V. Finner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Patricia Lewis</i>	DATE <i>3/8/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAW</i>
		DATE <i>3/24/10</i>

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new	There was a bottle of Humalog OG solution 100 unit/ml (opened 12/9/09 prescribed to Resident #5 that expired on 1/6/10. There was a bottle of Lantus Solution 100 unit/ml that was not dated when it was opened for Resident #5, so it is not possible to determine if it has expired.	<i>2/5/10</i>	All medication was pulled at time of inspection. Resident Care Coordinator will audit insulin weekly for 3 months, then monthly for 3 months. This will be done to ensure all medication is dated when opened and expiration dates are in compliance.	Steps have been taken to correct violation; full compliance is not verifiable <i>3/16/10</i> Date <i>MSB</i> Initials (DPW)

Worship Station

10 10 2010

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		CURRENT LICENSE NUMBER 424630
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010	REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Patricia Lewis</i>	DATE <i>2/8/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BA</i>
		DATE <i>3/2/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
placement on the day of departure from the home.				

VIOLATION REPORT
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		Adult Resident	CURRENT LICENSE NUMBER 424630
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Flinger-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Patricia Hill</i>	DATE <i>3/8/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE <i>3/24/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
185a 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.	Resident #5 is prescribed Pseudoephedrine 30mg, every six hours p.r.n., however; the medication was not available in the home.	<i>3/5/10</i>	All residents with PRN orders will have medication in cart at all times. Resident Care Coordinator will audit PRN orders weekly for 3 months, then monthly for 3 months. This will be done to ensure all orders are filled and available in medication cart. Medication was ordered and is in cart. Attachment: 8	<i>3/16/10</i> <i>MSB</i>

Western Region

VIOLATION REPORT

PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 JAS 10 2010 Page 15 of 16

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		Adult Residential Licensing	CURRENT LICENSE NUMBER 424630
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Robert Weiss</i>	DATE 3/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BA</i>	DATE 3/22/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times.	Resident #6 is prescribed Nystatin Triamcinolone cream; however; it is not indicated on the medication administration record.	2/5/10	This was added on Medication Administration Record at time of inspection. Resident care coordinator will audit MARS weekly for 3 months, then monthly for 3 months. This will be done to ensure all medication is on MARS monthly. Attachment: 9	3/16/10 MSG

Westam Region

VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

MAR 10 2010 Page 16 of 16

NAME AND ADDRESS OF PERSONAL CARE HOME Laurelbrooke Assisted Living 133 Laurelbrooke Drive Brookville, PA 15825		CURRENT LICENSE NUMBER Adult Residential Licensing 22160	
INSPECTION DATE(S) (Include all dates of the inspection) February 5, 2010		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Nancy Mandock	
SIGNATURE OF LEGAL ENTITY <i>Peach News</i>	DATE <i>3/8/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE <i>3/24/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	<p>Resident #5 is prescribed Pseudoephedrine 30mg, every six hours p.r.n.; however, the medication was not available in the home.</p> <p>Resident #6 is prescribed the following medications, however, they were not available to the resident:</p> <ul style="list-style-type: none"> • Acetaminophen tablet 325mg, 2 tabs every 4 hours • SM Pain Reliever Ex St. tablet 500mg, 2 tablets every 4-6 hours as needed 	<i>3/5/10</i>	<p>Medication is available in medication carts at this time. Resident #6 SM pain reliever is discontinued. Resident Care Coordinator will do weekly audits for 3 months, then monthly audits for 3 months. This will be done to ensure all medication is in medication cart and available.</p> <p>Attachment: 8, 10, 11</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>3/16/10</i> <i>MSG</i> Date Initials (DPW)</p>