

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

(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 March 1, 2011 until March 1, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **424630**

Robert E. Robinson

ISSUING OFFICER

R. C. [Signature]

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

MAR 16 2011

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

Ms. Frances Roebuck-Kuhns, President/CEO
VRC 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 January 5, 2011 and January 12, 2011 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 black ink, appearing to read 'RMelusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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 DATES (Include all dates of the inspection) 01/05/2011, 1/12/2011		REGIONAL REPRESENTATIVE Tera Newman, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Cathy Henry</i>	DATE 2/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Perrino (JJP)</i>	DATE 2/4/11

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
42q A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.	Resident #1 was introduced to licensing representative as a resident helper. Resident #1 stated that he/she helps set the tables and takes the table clothes and aprons down to be washed and is not compensated. Staff person A stated that resident #1 wanted to perform these duties on his/her own and is not compensated for doing these tasks.	1/31/11 3/30/11	Resident and family have been educated that working is not permitted when you are a resident. Resident has signed up as a volunteer at McKinley Health Center. All residents and staff person will be educated on this regulation and documentation shall be kept. 2-4-11 JJP	2-4-11 JJP

Western Region

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

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INSPECTION DATES (Include all dates of the inspection) 01/05/2011, 1/12/2011		REGIONAL REPRESENTATIVE Tera Newman, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Cooley Homes</i>	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 2-4-11

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
63d A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order	The DNR orders for Resident #2 & Resident #3 are not signed by a physician; therefore, it is not a valid DNR.	1/28/11	DNR orders are signed by physician. House sweep was done. Administrator will check all DNR orders upon admission.	2-4-11 <i>JJP</i>
<p style="font-size: 24px; margin: 0;">Western Region</p> <p style="font-size: 18px; margin: 0;">Adult Residential Licensing</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 DATES (Include all dates of the inspection) 01/05/2011, 1/12/2011		REGIONAL REPRESENTATIVE Tera Newman, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Cathy Lewis</i>	DATE 8/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2-4-11

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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the medication room in the SDU and the medication room by the activity's room does not include scissors.	1/5/11	Fixed at Time of inspection Administrator/designee will do monthly audits on first Aid kits.	2-4-11 <i>[Signature]</i>
<p style="font-size: 24px; opacity: 0.5;">Western Region</p> <p style="font-size: 24px; opacity: 0.5;">Adult Residential Licensing</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	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Cathy Hines</i>	DATE 2/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 2-4-11

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
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency procedures are not posted in a conspicuous and public place in the home.	4/12/11 3/20/11	This was fixed at time of inspection. Home's Emergency procedures are posted on bulletin board The administrator will inspect weekly to ensure the home's emergency procedures are posted. 2-4-11 JYP	2-4-11 JYP
Western Region				
Adult Residential Licensing				

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	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Patsy Hines</i>	DATE 8/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 2-4-11

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
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	According to resident and staff who were interviewed during the fire drills the residents in the home evacuated to the "Great Room" and living room in the SDU. Residents were not evacuated outside of the building to the designated area or the fire safe area in the SDU.	1/12/11 3/20/11	All drills will be monitored by Administrator or designee for compliance The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month, all residents are evacuated to a public thoroughfare, or to a fire safe area, and documentation is kept for each fire drill on a record which includes all information required by 2600.132c. 2-4-11 JJP	Steps have been taken to correct violation; full compliance is not verifiable Date: <i>2/4/11</i> Initials: <i>(JJP)</i> Data: <i>(JJP)</i>

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 DATES (Include all dates of the inspection) 01/05/2011, 11/2/2011		REGIONAL REPRESENTATIVE Tera Newman, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Casey Lewis</i>	DATE 2/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2-4-11

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																																																																	
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Mont</th> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Time</th> <th style="text-align: left; border-bottom: 1px solid black;">Evac. Time</th> <th style="text-align: left; border-bottom: 1px solid black;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No			
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SIGNATURE OF LEGAL ENTITY <i>Peter Hess</i>	DATE 2/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 2-4-11

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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.	Western region	3/30/11	The administrator or designated staff person will review all newly completed medical evaluations for accuracy and completion including medications. 2-8-11 JJP	

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

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SIGNATURE OF LEGAL ENTITY <i>Patsy New</i>	DATE 2/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 2-4-11

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
144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtray, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguisher.	The home's designated smoking area outside of room 422 does not have an ashtray and has a cushion on a chair that is not fire resistant.	1/12/11 3/20/11	This has been posted as a non-smoking area. Resident was educated on this regulation. A designated staff person will routinely check this area to ensure no one is smoking outside of the designated area. 2-8-11 JJP	2-4-11 JJP

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	
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SIGNATURE OF LEGAL ENTITY Cathy Sims	DATE 2/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION JJP	DATE 2-4-11

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144c2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	The home's smoking area located outside in the court yard is located in front of the doors that leads to the court yard.	1/12/11	This has been posted as a non-smoking area.	2-4-11 JJP
		3/30/11	All staff and residents will be educated on the change in designated smoking areas. Documentation will be kept. 2-8-11 JJP	
		3/30/11	A designated staff person will routinely check this area to ensure no one is smoking outside of the designated smoking area. 2-8-11 JJP	

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	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paddy Hines</i>	DATE 8/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2-4-11

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
181d If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.	Resident #6 self administers medications and stores medications in their room. On 1/12/11, the resident's medication was unlocked and accessible in their bathroom.	1/12/11	Resident has been educated on this regulation. Administrator or designee will do weekly audits for 1 month, monthly audits for 3 months then on-going for compliance Attachment 11	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: small; margin: 0;">Date: 2-4-11 Initials (DPW): <i>[Signature]</i></p> </div>

Adult Residential Licensing

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

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SIGNATURE OF LEGAL ENTITY <i>Cathy New</i>	DATE 2/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2-4-11

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The label for resident #7's Novolin 70/30 insulin instructs to use 28 units in AM and 10 units in PM. The physician's order dated 5/14/08 and the MAR states to use 25 units in the AM and 10 units in the PM. Western Region	1/6/11 3/20/11	New label has been put on insulin. All insulin will be monitored for accuracy on-going by administrator or designee. A medication audit will be conducted by a designated staff person to ensure all labels on the medication containers correctly match the physician's order and the MAR. 2-8-11 JJP	2-4-11 JJP

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	
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SIGNATURE OF LEGAL ENTITY <i>Cathy News</i>	DATE 2/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 2-4-11

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening form for Resident #8 does not include a determination that the home can meet the service needs of the resident. The pre-admission screening form for Resident #9 does not include a determination that the home can meet the service needs of the resident.	2/2/11 3/20/11 3/30/11	All pre-admission screening will be checked by administrator and designed for completion and compliance on-going Resident #8 ⁴ & 9 ⁵ pre-admission screening forms will be updated to include a determination that the home can meet the service needs of the resident. 2-8-11 JJP The administrator or designated staff person will review all pre-admission screenings to ensure they are completed in their entirety.	2-4-11 JJP 2-8-11 JJP

Western Region

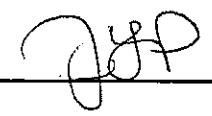
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME LAURELBROOKE ASSISTED LIVING, 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 424630	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Patricia Lewis</i>	DATE 2/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2-4-11

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most recent assessment for Resident #3 dated 6/2/10 is not updated to discontinue his/her thickened liquids diet. The most recent assessment for Resident #6 dated 7/22/10 is not updated to address his/her puree diet and the discontinued services for wound care. The most recent assessment for Resident #11 dated 5/14/10 indicates that the resident can self administer medications and is independently mobile with a walker. His/Her medical evaluation dated 5/12/10 indicates that the resident can't self administer medications and is unable to move from one location to another without physical assistance from others. The assessment also is not updated to discontinue Home Health nursing and PT.	1/5/11	The assessments were fixed at the time of inspection. All assessments will be reviewed for accuracy and compliance by Administrator or designee on-going. Attachment 13-13.6 14-14.6 15-15.6 16 See page 15A	Steps have been taken to correct violation; full compliance is not verifiable Date: 2-4-11 Initials: (DPW)

Western Region

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

NAME AND ADDRESS OF PERSONAL CARE HOME A - LAURELBROOKE ASSISTED LIVING, 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 424630	
INSPECTION DATES (Include all dates of the inspection) 01/05/2011		REGIONAL REPRESENTATIVE Tera Newman, Deb McConnell	
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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
			2-4-11

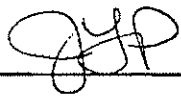
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most recent assessment for Resident #3 dated 6/2/10 is not updated to discontinue his/her thickened liquids diet. The most recent assessment for Resident #6 dated 7/22/10 is not updated to address his/her puree diet and the discontinued services for wound care. The most recent assessment for Resident #11 dated 5/14/10 indicates that the resident can self administer medications and is independently mobile with a walker. His/Her medical evaluation dated 5/12/10 indicates that the resident can't self administer medications and is unable to move from one location to another without physical assistance from others. The assessment also is not updated to discontinue Home Health nursing and PT.	3/20/11 3/20/11	All staff persons completing assessments will be educated on the accuracy and completion of the form including a mobility assessment, special diets and wound care. Documentation of training will be kept. The administrator or designated staff person will review all resident assessments for accuracy and completion including a mobility assessment.	

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 DATES (Include all dates of the inspection) 01/05/2011, 1/10/2011		REGIONAL REPRESENTATIVE Tera Newman, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Cathy Lewis</i>	DATE 1/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 2-4-11

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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The support plan for Resident #3 was not revised to address the resident's need for Ted hose or aphasia as indicated in the assessment and medical evaluation. The support plan also was not revised to discontinue the resident's thickened liquid diet. The support plan for Resident #8 was not revised to discontinue Home Health for wound care. The support plan for Resident #9 was not revised to discontinue Home Health PT. The support plan for Resident #11 was not revised to discontinue Home Health nursing. The support plan also was not revised to indicate that the resident can't self administer medications.	1/5/11	Support plans were fixed at time of inspection. Administrator or designee will review support plans for accuracy and compliance on-going Attachment 17-173 18-183 19-193 20-203 See page 16A	Steps have been taken to correct violation; full compliance is not verifiable Date <u>2-4-11</u> Initials (DPW) <u>JJP</u>
Western Region				

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

NAME AND ADDRESS OF PERSONAL CARE HOME A - LAURELBROOKE ASSISTED LIVING, 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 424630	
INSPECTION DATES (Include all dates of the inspection) 01/05/2011		REGIONAL REPRESENTATIVE Tera Newman, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-4-11


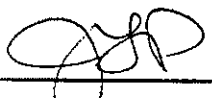
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The support plan for Resident #3 was not revised to address the resident's need for Ted hose or aphasia as indicated in the assessment and medical evaluation. The support plan also was not revised to discontinue the resident's thickened liquid diet. The support plan for Resident #8 was not revised to discontinue Home Health for wound care. The support plan for Resident #9 was not revised to discontinue Home Health PT. The support plan for Resident #11 was not revised to discontinue Home Health nursing. The support plan also was not revised to indicate that the resident can't self administer medications.	3/20/11 3/20/11	All staff persons completing support plans will be educated on the accuracy and completion of the form including PT, medication administration, special diets and wound care. Documentation of training will be kept. The administrator or designated staff person will review all resident support plans for accuracy and completion including a mobility assessment.	

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 DATES (Include all dates of the inspection) 01/05/2011, 1/12/2011		REGIONAL REPRESENTATIVE Tera Newman, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Cathy Lewis</i>	DATE 2/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 2-4-11

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
231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	Resident #9, admitted to the SDCU on 2/22/10 had a medical evaluation on 3/8/10. Resident #10, admitted to the SDCU on 12/15/10 had a medical evaluation on 2/16/10. Western Region	2/2/11 3/30/11	Administrator or designee will have medical evaluations Completed within 60-days prior to admission for all residents admitted to Secure Community. A resident will not be admitted to the home's SDCU until a medical evaluation has been completed. 2-8-11 <i>JJP</i>	Steps have been taken to correct violation; full compliance is not verifiable Date <i>2-4-11</i> Initials (DPW) <i>JJP</i>

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 DATES (Include all dates of the inspection) 01/05/2011, 1/12/2011		REGIONAL REPRESENTATIVE Tera Newman, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 2-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-4-11

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
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name.	Resident #9's record does not include a dated photo. Resident #11's records does not include an updated photo. The most recent photo was taken 8/16/08. Western Region Adult Residential Licensing	1/6/11	All residents have a current picture and all updates will be done annually in the month of January. Administrator or designee will review for compliance	2-4-11 JJP

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 DATES (Include all dates of the inspection) 01/05/2011, 1/12/2011		REGIONAL REPRESENTATIVE Tera Newman, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Polly Lewis</i>	DATE 2-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JLP</i>	DATE 2-4-11

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
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.	Western Region			

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 DATES (Include all dates of the inspection) 01/05/2011, 1/12/2011		REGIONAL REPRESENTATIVE Tera Newman, Deb McConneil	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Polly King</i>	DATE 2-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 2-4-11

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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified	Western Region Adult Residential Licensing			

