



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222**

ADULT RESIDENTIAL LICENSING

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www.dpw.state.pa.us

Mailing Date: **AUG 2 2012**

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

RE: Laurelbrooke Personal Care
133 Laurelbrooke Drive
Brookville, Pennsylvania 15825

Dear Ms. Kuhns:

As a result of the Department of Public Welfare's licensing inspection on July 16, 2012, 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.

Sincerely,

A handwritten signature in cursive script that reads "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

Violation Report: 42463 - 07/16/2012 - Williams, Jason

PCH Name: LAURELBROOKE PERSONAL CARE

JUL 31 2012

1. REGULATION 55 Pa.Code §2600

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. All reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

During the last week of June 2012, Staff person A approached Resident #1 in the smoking area of the home and held a sleeve of cups to his/her crotch to resemble a penis. Staff person A then tapped Resident #1 on the shoulder with the cups and said "Woo, hoo, hoo." This incident was witnessed by one other staff person in the home. The home never reported this incident to The Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All staff will be educated See attachmet 1

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cathy Himes

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cathy Himes PCHA

Date

7/30/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/31/12
(Date)

Plan of correction implementation status as of

7/31/12
(Date)

The above plan of correction was approved by

CH
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

STAFF IN-SERVICE

AUGUST 7, 6:00AM OR 1:00PM

This is a mandatory in-service for all staff members. You must attend one of the meetings as a job requirement.

Topics:

1. Resident rights
2. Employee conduct
3. Incident reporting procedures to administrator
4. Abuse and neglect
5. Resident and employee relationships

The above topics will be discussed and any and all questions please bring to the meeting.

Guest for the meeting:

1. Human Resource
2. Corporate Compliance
3. Executive Director

Violation Report: 42463 - 07/16/2012 - Williams, Jason
PCH Name: LAURELBROOKE PERSONAL CARE

JUL 31 2012

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

- During the last week of June 2012, Staff person A approached Resident #1 in the smoking area of the home and held a sleeve of cups to his/her crotch to resemble a penis. Staff person A then tapped Resident #1 on the shoulder with the cups, laughed, and said "Woo, hoo, hoo."
- During the last week of June 2012, Staff person A brought a toy frog into the home which revealed an erect penis when opened. Staff person A showed this toy to Resident #1 on at least one occasion and the resident was disgusted by this action.
- In December of 2011, Staff person A brought a toy turtle into the home which said vulgar phrases when activated by motion. The turtle was left in Resident #1's room on at least one occasion.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Employee has been suspended pending investigation.
Employee currently took an FMLA and Employee will be termed upon return.

Staff education will be completed on 8/7/12 with all staff. See Attachment 1.

9-1-12

All staff persons, including the administrator, will receive training in resident rights from an outside source. Documentation of the training will be kept.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Patty Himes*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Patty Himes PCHA* Date *7/30/12*

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(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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(Date)

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Violation Report: 42463 - 07/16/2012 - Williams, Jason
PCH Name: LAURELBROOKE PERSONAL CARE

JUL 31 2012

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on 3/28/2002, does not have a criminal background check completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Audit has been completed on all employees and will be completed yearly to ensure compliance.

- See Attachment 2

A background check was completed on staff Person A

See Attachment 3

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Cathy Himes*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cathy Himes* Date *7/30/12*

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