



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

DEC 3 1 2013

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  
License #: 424630

Dear Ms. Roebuck Kuhns:

As a result of the Department of Public Welfare's licensing inspection on November 13, 2013 and November 14, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 2, 2014 to March 2, 2015 was issued on November 15, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary

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

PCH Name: LAURELBROOKE PERSONAL CARE		License Number: 42463
Address: 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825		County: Jefferson
Administrator: MS. JESSICA COPENHARVER		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy C-2 LP 07/25/2002 Comm.of PA Dept. L&I		<b>RECEIVED</b>  DEC 2, 2013  <b>WEST REGION FIELD OFFICE Human Services Licensing</b>
Staffing Hours		
Resident Support: 0	Total Daily Staff: 66	Waking Staff: 50
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/13/2013: Pollock, Susan; Cutter, Jan 11/14/2013: Pollock, Susan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 50  Number of Residents Served: 46  Secured Dementia Care Unit in Home: Yes  Area: Harmony Circle  Secured Dementia Unit Capacity, if Applicable: 20  Number of Residents Served in Secured Dementia Care Unit, if applicable: 20  Number of Current Hospice Residents: 1  Number of Hospice Residents in past year: 6	Number of Residents who:  Receive Supplemental Security Income: 4  Are 60 Years of Age or Older: 45  Have Mental Illness: 0  Have an Intellectual Disability: 0  Have a Mobility Need: 20  Have a Physical Disability: 2	

Violation Report: 42463 - 11/13/2013 - Pollock, Susan  
PCH Name: LAURELBROOKE PERSONAL CARE

DEC 6 2 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 11/1/13. The resident did not sign the resident home contract dated 11/1/13.

Resident #2 was admitted to the home on 7/8/13. The resident did not sign the resident home contract dated 7/5/13.

Resident #3 was admitted to the home on 4/20/12. The resident did not sign the resident home contract dated 4/20/12.

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.

Administrator conducted house audit of admission/contract agreements on November 15, 2013 to ensure completeness including signatures as required by regulation.

Resident #1 & Resident #2 as indicated above have signed their home contract on 12/02/2013. Resident #3 resides on our secured neighborhood and is unable to understand what she would be signing. Her signature was not obtained. Please see attached signature page for Resident #1 & Resident #2.

Administrator will continue to monitor admission/contract agreements through auditing for completeness prior to filing. This begins immediately and is continual. Admissions department educated and aware of regulation as well as ongoing monitoring procedure.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Jessica Copenhagen, PCHA

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

Jessica Copenhagen, Administrator

Date 12/02/2013

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

The above plan of correction is approved as of 12-10-13  
(Date)

Plan of correction implementation status as of 12-10-13  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 12-10-13
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42463 - 11/13/2013 - Pollock, Susan  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A's first day of work in the home was 8/28/13. Direct care staff person A did not receive orientation in general fire safety and emergency preparedness prior to or during the first day of work.

Direct care staff person B's first day of work in the home was 7/24/13. Direct care staff person A did not receive orientation in general fire safety and emergency preparedness prior to or during the first day of work.

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.

Administrator designed a checklist to utilize for new hires (attached). This shall ensure training will be done timely and within regulation. Administrator will be responsible to ensure training is conducted within regulatory guidelines as of this date and going forward.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Jessica Copenhagen, PEHA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jessica Copenhagen, Administrator* Date *12/02/2013*

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The above plan of correction was approved by <u>J</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>12-10-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42463 - 11/13/2013 - Pollock, Susan  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A completed their 40th scheduled work hour on or about 9/9/13. Direct care staff person A did not receive orientation in: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions.

Direct care staff person B completed their 40th scheduled work hour on or about 8/5/13. Direct care staff person B did not receive orientation in: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions.

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.

Administrator will utilize the attached checklist to ensure and verify staff persons have received required trainings within 40 scheduled working hours.

Administrator is responsible to ensure training is conducted and completed within regulatory guidelines as of this date and going forward.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Jessica Copenhagen, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Copenhagen, Administrator</i>	Date <i>12/02/2013</i>
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(Date)

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(Initials)

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(Date)

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- Partially Implemented - Adequate Progress *12-10-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42463 - 11/13/2013 - Pollock, Susan  
PCH Name: LAURELBROOKE PERSONAL CARE

DEC 02 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A began providing unsupervised ADL services on 9/9/13. Direct care staff person A has not successfully completed and passed the Department-approved direct care training course and competency test.

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.

Direct care staff persons will not be scheduled without a mentor until they have successfully completed the Department approved direct care training course and successfully passed the competency test from this date forward. Administrator will audit and approve schedules prior to them being posted to ensure staff members that have not met this requirement are scheduled with a mentor. Administrator approval of schedule will be signified by Administrator signature at the bottom of the schedule. Administrator will track date of completion of this training/competency test on the tracking form attached. This is effective as of this date: 12/02/2013 and continual ongoing.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Jessica Coppenhaver*, DATA

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jessica Coppenhaver, Administrator* Date *12/02/2013*

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Violation Report: 42463 - 11/13/2013 - Pollock, Susan  
 PCH Name: LAURELBROOKE PERSONAL CARE

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1. REGULATION 55 Pa.Code §2600  
 2600.66(a) - A staff training plan shall be developed annually.

DEC 02 2013

2a. DESCRIPTION OF VIOLATION  
 The home has not developed a staff training plan for the 2013 training year.

**WEST REGION FIELD OFFICE  
 Human Services Licensing**

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.

*Administrator is responsible for development and implementation of an annual staff training calendar. Please see attached training calendar for 2013.*

*1-30-14 - The Administrator will review and update the Annual Staff training plan to include all of the required information in accordance with regulation 2600.66. 12-10-13*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Copan*, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Copan, Administrator</i>	Date <i>12/02/2013</i>
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Violation Report: 42463 - 11/13/2013 - Pollock, Susan  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - 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.

2a. DESCRIPTION OF VIOLATION

On 11/13/13 a gallon container of bleach with a manufactures label indicating "if ingested call a physician or a poison control center immediately" was stored unlocked and accessible in the secure dementia care unit (SDCU) laundry room. None of the residents in the have been assessed to safely identify or use poisonous materials.

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.

Bleach was immediately removed at time of inspection. All staff have been educated on proper handling and storage of hazardous materials via memo in communication log from Administrator on 12/02/2013 (attached)

Staff on Harmony Circle (SDCU) have been instructed to keep laundry room doors closed and locked when unoccupied by staff. Administrator will continually monitor for compliance.

1-1-14 - A designated staff person will monitor the home daily to ensure poisonous materials are not accessible to residents that have not been assessed as being able to identify and safely use poisonous materials. 12-10-13g

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/07/2013		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Jessica Copenhagen, PCHA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jessica Copenhagen, Administrator* Date *12/02/2013*

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(Date)

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(Date)

The above plan of correction was approved by S  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *12-10-13g*
- Partially Implemented - inadequate Progress
- Not Implemented

DEC 9 2013

Violation Report: 42463 - 11/13/2013 - Pollock, Susan  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 11/13/13, the emergency procedures for the local municipality were not posted in a conspicuous and public place in the home.

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.

This was corrected at time of inspection. Administrator posted the emergency procedures for the local municipality on bulletin boards conspicuous to the public eye on both personal care and harmony circle (SCDV). Pictures of postings are attached.

Administrator will monitor bulletin boards regularly to ensure these emergency procedures remain posted.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Jessica Copenhaver, PCMA

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

Jessica Copenhaver, Administrator

Date

12/10/13

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(Date)

Plan of correction implementation status as of 12-10-13  
(Date)

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

- Fully Implemented 12-10-13
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

**Violation Report:** 42463 - 11/13/2013 - Pollock, Susan  
**PCH Name:** LAURELBROOKE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - 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.

**2a. DESCRIPTION OF VIOLATION**

The home does not have a designated safe evacuation time from a fire safety expert within the last year. The home's fire drill evacuation times exceed two and a half minutes as follows:

- On 1/21/13 at 1:00 a.m. - 6min. and 50sec.
- On 2/4/13 at 10:30 a.m. - 4min. and 35sec.
- On 3/29/13 at 5:00 a.m. - 6min. and 55sec.
- On 4/22/13 at 1:00 p.m. - 5min. and 57sec.
- On 5/15/13 at 9:00 a.m. - 5min. and 57sec.
- On 6/18/13 at 12:00 a.m. - 6min. and 10sec.
- On 7/31/13 at 12:35 p.m. - 4min. and 10sec.
- On 8/20/13 at 10:00 a.m. - 3min. and 35sec.
- On 9/3/13 at 11:35 a.m. - 4min. and 38sec.
- On 10/31/13 at 10:36 a.m. - 6min. and 5sec.

*withdrawn*

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DEC 2 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

**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.*

*Laurelbroke Personal Care had a fire safety inspection on August 21, 2013 by a certified code inspector (certification card attached). On the last page of his inspection summary, he indicates a max. safe evacuation time is seven minutes (attached).*

*Administrator is responsible in coordination with maintenance to ensure this inspection occurs annually.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Copenhagen, PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Copenhagen, Administrator*

Date *12/10/2013*

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Violation Report: 42463 - 11/13/2013 - Pollock, Susan

PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

On 10/31/13 at 10:36 a.m. the home conducted a fire drill with 41 residents present in the home; however, only 39 residents were evacuated during the fire drill.

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.

On 10/31/2013 at the time of the indicated fire drill, there were only 39 residents in the home. Maintenance staff that conducted the drill, combined personal care census (39) and adult day census (2) and indicated 41 in house. This was a documentation error and the log has been corrected. Maintenance staff educated that a separate log must be maintained for each program.

Administrator will review fire drill log monthly and address any concerns/discrepancies immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Jessica Copenhagen, PCHA

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

Jessica Copenhagen, Administrator

Date 12/02/2013

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(Date)

Fully Implemented

Partially Implemented - Adequate Progress 12-10-13

Partially Implemented - Inadequate Progress

Not Implemented

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

Violation Report: 42463 - 11/13/2013 - Pollock, Susan  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on 4/20/12. An initial medical evaluation has not been completed for resident #3.

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.

Resident # 3 had a medical evaluation completed by her primary care physician on 04/19/2012 (attached). The form that was completed is an old Department used form. Medical evaluation was completed, however, the wrong form was used for documentation of this evaluation.

The Administrator, and/or designee, will ensure that medical evaluations are completed within regulatory guidelines and that the proper Department approved forms will be used to document such. House audit to be completed by 12/13/2013 by Administrator to ensure proper forms are being utilized.

1-30-14 - The Administrator will ensure all residents have a medical evaluation completed and the documentation of the medical evaluation is on the Department's form 12-10-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Jessica Copenhagen, RSTA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jessica Copenhagen, Administrator* Date *12/02/2013*

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Violation Report: 42463 - 11/13/2013 - Pollock, Susan  
 PCH Name: LAURELBROOKE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

*withdrawing*

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation, dated 2/8/13, does not include the resident's allergies to Codeine, Vicodin and Percocet.

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.*

Resident #2 does not have any allergies. Her most recent medical evaluation was on 07/12/2013 and indicates that she has no allergies (attached). There is no indication in residents chart or medical history present in her file that she has an allergy to Codeine, Vicodin, and Percocet.

Resident Care Coordinator will audit medical evaluations of current residents to ensure all required information is completed on forms. Any forms that have incorrect information or missing information will be returned to the physician for clarification. This audit will be completed by 12/16/2013. Going forward, these forms will be reviewed for completeness and accuracy prior to them being filed in charts. Resident Care Coordinator is responsible for this review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jessica Copenhagen, PCHA*

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

*Jessica Copenhagen, Administrator*

Date

*12/02/2013*

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 (Date)

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Violation Report: 42463 - 11/13/2013 - Pollock, Susan  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home's menu for the week of 11/17 - 11/23 was not posted in a conspicuous and public place in the home.

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.

Menus were posted at time of inspection. Dining services continues to post menus on bulletin board in personal care and harmony circle (scub). Please see attached photos.

Administrator will continue to monitor that menus are being posted timely and are in view of the public eye.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Jessica Copenhagen, PCHA

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

Jessica Copenhagen, Administrator

Date 12/02/2013

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

The above plan of correction is approved as of 12-10-13  
(Date)

Plan of correction implementation status as of 12-10-13  
(Date)

The above plan of correction was approved by J  
(Initials)

- Fully Implemented 12-10-13
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

Violation Report: 42483 - 11/13/2013 - Pollock, Susan  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The home provides transportation to the residents. On 11/14/13 the first aid kit in the home's bus did not include adhesive bandages, a thermometer, scissors, a breathing shield, eye coverings or tweezers.

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.

A first aid box as well as additional contents were purchased and placed in the vehicle used for transportation on 11/26/2013. Please see attached photos.

Maintenance staff will audit first aid kits in vehicles monthly continuously to ensure all contents required by regulation are present within the kit. An audit log will be created and utilized effective 01/01/2014.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Jessica Copenhagen, PCHA*

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

Jessica Copenhagen, Administrator

Date 12/02/13

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

The above plan of correction is approved as of 12-10-13  
(Date)

Plan of correction implementation status as of 12-10-13  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

- Fully Implemented 12-10-13
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42463 - 11/13/2013 - Pollock, Susan  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #6 was prescribed the use of a hospital bed that includes bed rails on 4/26/13. The resident's support plan, dated 3/29/13, was not updated to include how the home will meet the safety needs of the resident while the bedrail is in use.

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.

Resident Care Coordinator will conduct an audit of all current residents support plans to ensure they capture all service needs, equipment used, safety of each resident individually. This audit will be completed by 12/20/2013.

Resident Care Coordinator will update support plans annually. At a minimum, anytime there is a significant change, a new order for specialty equipment that requires monitoring by staff to assess safety and wellbeing of resident, etc. Resident Care Coordinator will complete these updates by using the forms approved by the Department.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Copenhagen, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Copenhagen, Administrator*      Date *12/02/2013*

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

The above plan of correction is approved as of 12-10-13 (Date)

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

Plan of correction implementation status as of 12-10-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *12-10-13*
- Partially Implemented - Inadequate Progress
- Not Implemented