



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 7, 2014

Ms. Ellen Doub, Administrator
Regal Manor LLC
120 West Main Street
Waynesboro, Pennsylvania 17268

RE: The Leland of Laurel Run
329940

Dear Ms. Doub:

As a result of the Department of Public Welfare's licensing inspection on January 29, 2014 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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 32994 - 01/29/2014 - Gensil, Lori
 PCH Name: THE LELAND OF LAUREL RUN

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 1/3/14, an allegation of abuse against three staff members was reported to the administrator. The home did not report the allegation to the Franklin County Area Agency on Aging.

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.

The Executive Director investigated the incident that was reported on 1/3/14 and determined that the allegations of abuse were not substantiated.

The Franklin County Area Agency on Aging was made aware of the reported allegation. The Agency's investigation determined that the allegations of abuse were not substantiated.

The Executive Director will ensure that all future incidents are reported in accordance of regulation 2600.15(a).

All incidents will be reviewed monthly to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ellen Doub* NIA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ellen Doub, Executive Director* Date *3/4/14*

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

The above plan of correction is approved as of 4-3-14
 (Date)

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

Plan of correction implementation status as of 4-3-14
 (Date)

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

Violation Report: 32994 - 01/29/2014 - Gensil, Lori
 PCH Name: THE LELAND OF LAUREL RUN

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

2a. DESCRIPTION OF VIOLATION
 On 1/3/14, an allegation of abuse against three staff members was reported to the administrator. The home did not report the alleged 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:

The Executive Director investigated the incident that was reported on 1/3/14 and determined that the allegations of abuse were not substantiated.

The Department of Public Welfare was made aware of the incident.

The Executive Director in-serviced all staff on mandatory reporting/investigation of any allegations of abuse on 2/28/14.

The Executive Director will ensure that all future incidents are reported in accordance of regulation 2600.16(c).

All incidents will be reviewed monthly to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Ellen Dore</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Ellen Dore, Executive Director</i>	<i>3/4/14</i>

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

The above plan of correction is approved as of <u>4-3-14</u> (Date)	Plan of correction implementation status as of <u>4-3-14</u> (Date)
The above plan of correction was approved by <u>ED</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented