



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 19, 2014

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

RE: Ms. Jessica Copenhagen, Administrator
Laurelbrooke Personal Care
133 Laurelbrooke Drive
Brookville, Pennsylvania 15825
#424630

Dear Ms. Roebuck Kuhns:

As a result of the Department of Public Welfare's licensing inspection on April 17, 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 black ink that reads "Janine Wenzig" followed by a stylized monogram "KW".

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: LAUREL BROOKE PERSONAL CARE		License Number: 42463
Address: 133 LAUREL BROOKE DRIVE, BROOKVILLE, PA 15825		County: Jefferson
Administrator: Jessica Copenhaven		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		RECEIVED
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		JUN 11 2014
Certificate(s) of Occupancy C-2 LP 07/25/2002 Dept of L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 64	Waking Staff: 48
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/17/2014: Bacher, Mike		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 50 Number of Residents Served: 45 Secured Dementia Care Unit in Home: Yes Area: 0 Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served In Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 45 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 2	

JUN 11 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42463 - 04/17/2014 - Bacher, Mike
PCH Name: LAURELBROOKE PERSONAL CARE

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 or about 3/22/14 and 4/2/14 staff persons B and C witnessed staff person A yelling at residents #1 and #2. The home did not report the allegations of abuse to the local Area Agency on Aging until 4/10/14.

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.

- Following review of incident, employee A, Resident Aide was terminated 4/10/2014.
- Following incident, mandatory staff training and meeting held regarding education on Adult Protective Services Act, Mandated Reporting, Reporting Timelines and HIPAA. (see attached signature and sign in page) Staff members B and C present at training, 4/25/14
- Following incident mandatory training completed regarding topic "Managing challenging resident behaviors", dated 4/30/14
- Effective 6/1/2014, a 25% of census chart audit will be completed to identify any situations potentially reflecting abuse. Areas to be documented on organization complaints/concern log to verify confirmation of report to Area Agency on Aging. Corporate Compliance to monitor progress. Audit to be completed monthly

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Alison Mills McQuire

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

Alison Mills McQuire

Date

6.11.2014

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

The above plan of correction is approved as of

4/18/14
(Date)

Plan of correction implementation status as of

6/18/14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 42463 - 04/17/2014 - Bacher, Mike
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

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 or about 3/22/14 and 4/2/14 staff persons B and C witnessed staff person A yelling at residents #1 and #2. The home did not report the allegations of abuse to the Department until 4/10/14.

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.

- Following review of incident, employee A, Resident Aide terminated 4/10/14.
- Following incident mandatory staff training/meeting held regarding Adult Protective Services Act, Mandated Reporting, Reporting Timelines and HIPAA. (See attached signature page and sign in sheet). Staff members B and C present at this training, held 4/25/14
- Following incident mandatory training completed regarding topic "Managing challenging resident behaviors", dated ~~5/30/14~~ 4/30/14
- Effective 6/1/2014, a 25% of census chart audit will be completed to identify any situations potentially relating to or reflecting abuse. Areas to be documented on organizational complaints/concern log to verify confirmation of report to Dept of Public Welfare. Corporate Compliance will monitor progress. Audit to be completed monthly

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

Signature of Legal Entity Representative (Required on EVERY Page) *Alison Mills McGuire*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Alison Mills McGuire Date 6.11.14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 6/18/14 (Date)

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

Plan of correction implementation status as of 6/18/14 (Date)

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

Violation Report: 42463 - 04/17/2014 - Bacher, Mike
PCH Name: LAURELBROOKE PERSONAL CARE

JUN 11 2014

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

During the weekend of 3/22/14, staff person A yelled at resident #2 for not being able to stand and for having incontinence. On 4/2/14, in the late afternoon, resident #1 took his/her clothing off in the dining room area, and staff person yelled at the resident, "Get your damn clothes on," and that the resident was worse than a 4-year old child.

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.

- Following review of incident, employee A, Resident Aide terminated, 4/16/2014
- Following incident, mandatory training completed by employees, dated 5/30/14 regarding education and adherence to resident rights.
- Staff competency test to be completed upon hire, after 6 months, and therefore annually per organizational policy. Review of job description and resident rights to also take place. (see attached PER policy).
- Follow up to be completed with employee B and C effective 6/15/2014 to ensure employees knowledgeable in regards to reporting violations of residents rights, as evidenced by chart documentation via employee.
- Effective 6/1/2014, a 25% census chart audit to be completed to identify any situations potentially reflecting a violation of resident rights. Areas of concern to be documented on organizational complaints/concern log to verify confirmation of report to administrator. Corporate Compliance to monitor progress. Complete monthly

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Alison Mills McGuire Date 6.11.2014

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

The above plan of correction is approved as of 6/18/14
(Date)

Plan of correction implementation status as of 6/18/14
(Date)

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

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