



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: December 10, 2014**

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  
#424630

Dear Ms. Roebuck Kuhns:

As a result of the Department of Human Services' licensing inspection on June 20, 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 "Jon Kimberland" followed by a stylized flourish.

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing 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: Christian Camoso Interim administrator		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		<b>RECEIVED</b>
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy 1-2 04/13/2011 Bureau Veritas		NOV 25 2014 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 64	Working Staff: 40
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/20/2014: Phillips, Joseph; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 50 Number of Residents Served: 45 Secured Dementia Care Unit in Home: Yes Area: to the back left of the building Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 44 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0

Violation Report: 42463 - 06/20/2014 - Phillips, Joseph  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

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 6/4/14, an allegation of sexual abuse from resident #3 toward resident #1 was reported to staff person A. The home did not report the allegation of sexual abuse to the local 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.

- FOLLOWING INCIDENT MANDATORY STAFF TRNG/MTG. HELD REGARDING ADULT PROTECTIVE SERVICES ACT. MANDATED REPORTING PREVENTION TIMELINE, AND NIAPA. (SEE ATTACHED SIGNATURE PAGE)

- FOLLOWING INCIDENT MANDATORY TRNG. COMPLETED REGARDING TOPIC

- EFFECTIVE 6/4/2014, A 25% OF CONCURRENT AUDIT WILL BE COMPLETED AS IDENTIFY ANY SITUATION POTENTIALLY RELATING TO OR REFLECTING ABUSE.

- Corporate Compliance will monitor progress, Audit to be completed.

1-15-15 - All staff persons including management will be educated on abuse prevention and reporting by an outside source approved by the department. Documentation of education will be kept. 12-8-14

Immediately - The Administrator will review all allegations of abuse to ensure all allegations of abuse are reported in accordance with the older adult protective services act. 12-8-14

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/17/2014

Signature of Legal Entity Representative  
(Required on EVERY Page) *Douglas L. Cronce*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Douglas L. Cronce*      Date *10/28/14*

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

The above plan of correction is approved as of 12-8-14  
(Date)

Plan of correction implementation status as of 12-8-14  
(Date)

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

The above plan of correction was approved by *g*  
(Initials)

NOV 25 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42463 - 06/20/2014 - Phillips, Joseph  
PCH Name: LAURELBROOKE PERSONAL CARE

1. REGULATION 55 Pa. Code §2600  
2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 6/4/14, an allegation of sexual abuse from resident #3 toward resident #1 was reported to staff person A. The home did not report the allegation of sexual abuse to the local area agency on aging. The home did not notify resident #3's designated person of the report.

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 incident, mandatory staff training will be held, regarding education on Adult Protective Services Act, mandatory reporting.

- TO NOTIFY RESIDENT'S DESIGNATED PERSON WHEN A INCIDENT IS REPORTED.

- EFFECTIVE 6/4/14, a 25% of census count will be Audited until be completed to identify any situation potentially reflecting abuse, issues to be documented on organization complaints/concerns log to verify confidentiality of report to Area Agency on Aging, Corporate compliance to monitor progress, Audited to be completed monthly

Immediately - The administrator will all allegations of abuse to ensure required reporting in accordance with regulation 2600.16(d). 12-8-14

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Joseph L. Phillips*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Joseph L. Phillips*      Date *11/25/14*

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The above plan of correction is approved as of 12-8-14  
(Date)

Plan of correction implementation status as of 12-8-14  
(Date)

The above plan of correction was approved by *JLP*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *8*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42463 - 06/20/2014 - Phillips, Joseph  
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 6/4/14, an allegation of sexual abuse from resident #3 toward resident #1 was reported to staff person A. The home did not report the allegation of sexual abuse to the Department until 6/10/14.

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 incident being mandatory staff not held regarding education on Adult Protective Service Act, Mandated Reporting, HIPAA Privacy, HIPAA Security & HIPAA.

- Following incident mandatory being completed regarding report to DPW in a timely manner

- Effective 6/4/14, a 25% of census chart audit will be completed to identify any situations potentially reflecting abuse, areas to be documented on organizational complaints/concerns log to verify consistency of reports to Area Agency on Aging, Complete compliance to monitor progress, Audit to be completed monthly  
Immediately - The Administrator will review all reportable incidents and conditions to ensure required reporting in accordance with regulation 2600.16cc?, 12-8-14

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/17/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Joseph L. Connor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joseph L. Connor*      Date *10/28/14*

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Plan of correction implementation status as of 12-8-14 (Date)

The above plan of correction was approved by *JL* (Initials)

- Fully Implemented
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Violation Report: 42463 - 06/20/2014 - Phillips, Joseph  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 85 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3 is located on the facilities secured dementia care unit. Resident #3's most recent assessment, dated 5/13/14, indicates the resident's supervision as needing 24 hour direct supervision; however, the resident's support plan, dated 5/13/14, indicates the supervision needs as 2 hour check during the day and 1 hour checks at night.

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 incident - 5/13/14 Resident #3 + all residents are checked every one hr. during 10-6 shift + Day+Evening shift are checked every two hrs.

- Following incident - Ensure support plan is updated immediately after resident need has changed.

- Starting 8/1/14 all support plans are all read & understood then they are signed by the resident side, with all updates & changes.

Immediately - The administrator or designated staff person will review all newly completed support plans for accuracy and completion. 12-8-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Douglas Crown*

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

*Douglas Crown*

Date

*11/25/14*

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12-8-14  
(Date)

Plan of correction implementation status as of

12-8-14  
(Date)

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

The above plan of correction was approved by

4  
(Initials)

DEC 04 2014

Violation Report: 42483 - 06/20/2014 - Phillips, Joseph  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 is located on the facilities secured dementia care unit. Resident #1's most recent assessment, dated 11/5/13, indicates the resident's supervision as needing 24 hour direct supervision; however, the resident's support plan, dated 11/5/13, indicates the supervision needs as 1 to 2 hour checks.

Resident #2 is located on the facilities secured dementia care unit. Resident #2's most recent assessment, dated 11/1/13, indicates the resident's supervision as needing 24 hour direct supervision; however, the resident's support plan, dated 11/1/13, indicates the supervision needs as 1 hour checks.

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 incident = Resident 1 & Resident 2 - RESIDENTS ARE CHECKED EVERY hour during the 10-6 shift. +

Effective 8/1/14 the resident care plan was updated with addendum added to the support plan.

All such change of conditions is updated on the support plan.

~~24 hour supervision in the locked down and (dementia unit) must match all assessment of each resident.~~

Administrators will review all resident supervisory assessment monitor all assessment from RCC + administrators.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Douglas L. Crane*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Douglas L. Crane*      Date *12/25/14*

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Plan of correction implementation status as of 12-8-14 (Date)

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

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

DEC 04 2014

Violation Report: 42463 - 06/20/2014 - Phillips, Joseph  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST MICHIGAN 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 #1's most recent support plan, dated 11/5/13, does not address residents need for home health wound care. On 4/9/14, home health care conference notes state resident #1 is to lie down after meals due to pressure areas on buttocks. Home health care's plan of care notes dated 6/12/14 indicates wound care to buttocks and coccyx twice a day and as needed, which is not on the most recent support plan.

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 incident = Resident #1 - PCC started to update support plan upon consultation with any change in home health care, medical, dental, vision, hearing, mental health or other behavioral services.

- Staff continue to sign off on the support plan when changes are updated + changed.

- Staff continue to document, treatment intention given + follow via progress notes. Progress notes are to be reviewed monthly.

updates on residents condition to be made to Dr., family, + home health agency. PCC admitted will remain assessed + monitor.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 11/13/2013

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Deborah Crown*

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

Deborah Crown

Date: 12/25/14

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(Date)

Plan of correction implementation status as of 12-8-14  
(Date)

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

The above plan of correction was approved by *DC*  
(Initials)

Immediately - monitoring of support plans will be completed for accuracy and completion. 12-8-14