



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 28 2014

Mr. Howard Holben, Executive Director
Regal Manor, LLC
120 West Main Street
Waynesboro, Pennsylvania 17268

RE: The Leland of Laurel Run
License #: 329940

Dear Mr. Holben:

As a result of the Department of Public Welfare's licensing inspection on September 15 and September 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.

Your regular license for the period November 26, 2014 to November 26, 2015 was issued on August 1, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 32994 - 09/15/2014 - Riel, Becky
 PCH Name: THE LELAND OF LAUREL RUN

1. REGULATION 55 Pa.Code §2600
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
 (1) The name, position and duties of each direct care staff person.
 (2) The required training courses for each staff person.
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION
 The home's staff training plan for 2014 does not include the amount of time each training is for; the location of the scheduled trainings; and the following required trainings: fire safety completed by a fire safety expert, emergency preparedness procedures, resident rights; and the Older Adult Protective Services Act.

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.

An update training plan has been implemented to include the time each training is for, location of the training, fire safety training completed by fire safety expert, emergency preparedness procedures, resident rights and the Older Adult Protective Services Act.

The Executive Director will QA quarterly the training plan to ensure compliance based on regulation 2600.66(b).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Howard Holten, PCHA Exec. Director* Date *10-20-14*

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

The above plan of correction is approved as of *10/21/14*
 (Date)

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

Plan of correction implementation status as of *10/21/14*
 (Date)

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

Violation Report: 32994 - 09/15/2014 - Riel, Becky
 PCH Name: THE LELAND OF LAUREL RUN

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

- The trash can in the shared bathroom for bedroom #'s 403A and 403B does not have a lid.
- The trash can in the bathroom of shared bedroom #409 does not have a lid.

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.

Rooms 403A, 403B and 409 trash cans have been replaced to include lids.

The Executive Director and/or designee will complete daily rounds to ensure compliance of regulation 2600.85(d).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Howard Holton PCHHA Exec. Director

Date *10-20-14*

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10/21/14
 (Date)

Plan of correction implementation status as of

10/21/14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 32994 - 09/15/2014 - Riel, Becky
 PCH Name: THE LELAND OF LAUREL RUN

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The emergency service numbers posted near the phones in the hallway outside the dining room and in bedroom #207 do not have the accurate phone number for the personal care home complaint hotline.

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.

An updated listing has been posted by each telephone with an outside line to include the accurate phone number for the Personal Care Home Complaint hotline.

The Executive Director and/or designee will check postings weekly to ensure compliance. In addition findings will be reviewed in Quality Assurance meetings.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Howard Holm, PCHA Exec. Director* Date *10-20-14*

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

The above plan of correction is approved as of <u>10/21/14</u> (Date)	Plan of correction implementation status as of <u>10/21/14</u> (Date)
The above plan of correction was approved by <u>HH</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32994 - 09/15/2014 - Riel, Becky
 PCH Name: THE LELAND OF LAUREL RUN

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 During the sleeping hour fire drills on 2/28/2014 @ 11pm, 5/30/2014 @ 12:00am, and 8/30/2014 @ 5am, 5 staff people participated in the drills. According to staff records, the average number of staff people on duty at these times of day is 3-4.

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.

Staff that are on duty and under orientation will not participate in fire drills.

The Executive Director will review and sign all monthly fire drills to ensure compliance with regulation 2600.132(g).

All fire drills will be reviewed in Quality Assurance meetings to ensure compliance.

The Executive Director will ensure that all sleeping hour fire drills are conducted with the actual number of staff that routinely works during the night shift. *JE*

A fire drill was conducted on 10/21/14 at 11:15pm with four staff participating. The evacuation time was 3 minutes and 30 seconds. *JE*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Howard Holman, PCHA, Exec. Director* Date *10-20-14*

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The above plan of correction is approved as of <u>10/22/14</u> (Date)	Plan of correction implementation status as of <u>10/22/14</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Violation Report: 32994 - 09/15/2014 - Riel, Becky
 PCH Name: THE LELAND OF LAUREL RUN

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 9/15/2014 at 8am, Resident # 1 was administered "crumbled" pieces of a Lorazepam/0.5mg tablet to equal 1 half tab (0.25mg). Staff are unable to be sure if the resident received the proper dosage of the medication by administering "crumbled" pieces of the pill.

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 #1 medications were immediately corrected to ensure resident is receiving correct dose as prescribed by the physician.

Medications will be dispensed as ordered by the physician.

Staff will be educated by the Pharmacy Consultant on proper administration.

Director of Wellness will complete random medication audits to ensure compliance is maintained based on regulation 2600.187(d).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *H.H.H.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Howard Hobson, RCHA Exec. Director* Date *10-9-14*

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

The above plan of correction is approved as of <i>10/21/14</i> (Date)	Plan of correction implementation status as of <i>10/21/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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