



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

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 Human Services' licensing inspection on January 28, 2015 and January 29, 2015 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, 2015 to March 2, 2016 was issued on November 17, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones  
Director /s/

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: Douglas Crance		Region: WEST
Legal Entity Name: WRC Pennsylvania Memorial Home		
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy I-2 04/13/2011 Brookville Borough		MAY 22 2015
Staffing Hours		
Resident Support: 0	Total Daily Staff: 64	Waking Staff: 48
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/28/2015: McConnell, Deb; Marini, Michael 01/29/2015: McConnell, Deb; Marini, Michael		
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: 47 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: 17 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 4		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 46 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 1

Violation Report: 42463 - 01/28/2015 - McConnell, Deb  
 PCH Name: Laurelbrooke Personal Care

1. REGULATION 55 Pa.Code §2600

MAY 22 2015

2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The annual quality management review conducted on 4/23/14, did not address the review and evaluation of the following:

- \* Complaint procedures
- \* Staff person training
- \* Licensing violations and plan of correction
- \* Resident or family councils

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.*

Quality Management program shall include the development and implementation of measure that addresses the areas needing improvement identified during the periodic review and evaluation. First quarter review for Jan., Feb., and March 2015 were completed on April 15, 2015. The Quality Management meeting is attended every quarter. Objective is to review departmental quality issues and concerns and implement action plans with timeframes. See (attach) quarterly meeting. This meeting will be attended by the Personal Care Administrator quarterly. The following topics of discussion will be addressed at each meeting: complaint procedures, staff person training, licensing violations and plan of correction and resident or family councils.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Douglas L. Cronon, Administrator</i>	Date <i>5/22/15</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6-11-15</u> (Date)	Plan of correction implementation status as of <u>6-11-15</u> (Date)
The above plan of correction was approved by <u>DC</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

Violation Report: 42463 - 01/28/2015 - McConnell, Deb  
 PCH Name: Laurelbrooke Personal Care

MAY 22 2015

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired date 12/15/14, provided unsupervised direct care services on 1/4/15, during the 10:00 p.m. to 6:00 a.m. shift. However, staff person A does not have a high school diploma, GED diploma or active registration on the Pennsylvania nurse aide registry.

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 person A and future new staff will be supervised by the administrator and will use the checklist to ensure proper training and qualifications according to regulations. The administrator will be responsible to ensure training is conducted within regulatory guidelines as of this date and going forward. See attached pre-hire and orientation checklist. Staff person A is no longer employed as of January 31, 2015 due to resignation. With new employees the process will be audited to ensure all pre-hire requirements are met every six (6) months.

*Immediately - the administrator or designee will review all direct care staff records to ensure all direct care staff meet the requirements of regulation 2600.54(a). 6-11-15*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Douglas L. Cooney, Administrator*      Date *5/22/15*

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

Violation Report: 42463 - 01/28/2015 - McConnell, Deb

JUN 10 2015

PCH Name: Laurelbrooke Personal Care

**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**

Staff person B, whose first day of work was 7/24/13, did not receive any of the orientation training in general fire safety and emergency preparedness prior to or during the first work day.

**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 person B and current and all new staff will be educated on Reg. 2600.65. A check list will be used to ensure that this training is done. The administrator or designee will monitor this on the first work day, and will be completed within regulatory guidelines as of this date and going forward. Findings of audits will be brought to the Quarterly Assurance meeting for review.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/13/2014
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Douglas L. Cooney*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Douglas L. Cooney, Administrator* Date *6/8/15*

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(Date)

Plan of correction implementation status as of 6-11-15  
(Date)

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

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

Violation Report: 42463 - 01/28/2015 - McConnell, Deb

PCH Name: Laurelbrooke Personal Care

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

Staff person B, completed their 40th scheduled work hour on or about 8/1/14. 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.

Staff person B and current and all new staff will be educated on Reg. 2600.65. A check list will be used to ensure that this training is done. The administrator or designee will monitor this on the 40<sup>th</sup> scheduled work hour, and will be completed within regulatory guidelines as of this date and going forward.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/13/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *Douglas L. Cronin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Douglas L. Cronin Administrator* Date *6/8/15*

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MAY 22 2015

Violation Report: 42483 - 01/28/2015 - McConnell, Deb  
PCH Name: Laurelbrooke Personal Care

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C only completed 6 hours of the required 12 hours of annual training during the 2014 training year 2014.

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 person C completed the remaining six (6) hours of annual training on March 1, 2015.  
Direct care staff person C under the supervision of the administrator or designee will utilize the attached training schedule checklist to ensure and verify staff person C the required training to be conducted and completed within the regulatory guidelines as of this date and going forward. Administrator will complete a monthly audit to ensure that staff completes the training by regulations and by schedule. Findings of audits will be brought to the quarterly Quality Assurance meeting for review.

*By 7-1-15. The Administrator will review all 2014 staff training records to ensure that direct care staff persons completed at least 12 hours of annual training. 6-11-15g*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

*Douglas L. Coan, Administrator*

Date *5/20/15*

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The above plan of correction is approved as of 6-11-15  
(Date)

Plan of correction implementation status as of 6-11-15  
(Date)

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

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

JUN 10 2015

Violation Report: 42463 - 01/28/2015 - McConnell, Deb

PCH Name: Laurelbrooke Personal Care

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person C did not complete training on any of the required training topics during the 2014 training year.

**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 person C will complete all training from 2014 by June 30, 2015. All direct care staff for the year 2014 will be reviewed and completed. Administrator or designee will utilize the attached training schedule checklist to ensure and verify each direct care staff person and all employees to complete the required training within regulatory guidelines as of this date and forward.

*By 7-1-15 - The administrator will monitor the completion of all staff training during the quality management review process  
6-11-15g*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Douglas L. Cronin, Administrator* Date *6/11/15*

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Violation Report: 42463 - 01/28/2015 - McConnell, Deb  
PCH Name: Laurelbrooke Personal Care

MAY 22 2015

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, did not receive annual training in fire safety, emergency preparedness, resident rights, Older Adult Protective Services Act and falls and accident prevention during the 2014 training year.

Ancillary staff person D, did not receive annual training in fire safety, emergency preparedness procedures and falls and accidents prevention during the 2014 training year.

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 person C and D will complete all training by June 30, 2015 under the supervision of the administrator or designee and will utilize the attached training schedule checklist to ensure and verify staff person C and D the required guidelines were completed as of this date and going forward. Administrator will complete a monthly audit to ensure that staff complete the training by regulation and by schedule. Findings of audits will be brought to the quarterly Quality Assurance meeting for review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Douglas Lee Administrator

Date

5/20/15

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6-11-15  
(Date)

Plan of correction implementation status as of

6-11-15  
(Date)

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

The above plan of correction was approved by

DL  
(Initials)

MAY 22 2015

Violation Report: A2463 - 01/28/2015 - McConnell, Deb  
 PCH Name: Laurelbrooke Personal Care


**1. REGULATION 55 Pa.Code §2600**  
 2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

**2a. DESCRIPTION OF VIOLATION**  
 The following fireplace surface temperatures measured more in excess of 120 degrees Fahrenheit presenting a resident burn hazard:  
 On 1/28/15 - Harmony Circle fireplace at 11:03 a.m. - 140.5 degrees Fahrenheit  
 On 1/28/15 - Periwinkle Lane fireplace at 11:37 a.m. - 230.1 degrees Fahrenheit  
 On 1/29/15 - Jasmine Lane fireplace at 12:40 p.m. - 186.0 degrees Fahrenheit

**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.*

Fireplaces identified on date of survey were turned off on January 28, 2015. Fire place grates will be ordered and installed by June 30, 2015 in front of fireplaces on Harmony Circle, Periwinkle Lane and Jasmine Lane to prevent residents and visitors getting too close to the heat source. Administrator or designee will check the fireplace temperatures weekly when the fireplaces are turned on. Findings of audits will be brought to the quarterly Quality Assurance meeting for review.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Douglas L. Conway, Administrator      Date 5/22/15

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Violation Report: 42463 - 01/28/2015 - McConnell, Deb  
 PCH Name: Laurelbrooke Personal Care JUN 10 2015

1. REGULATION 55 Pa.Code §2603  
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION  
 On 1/28/15, at 4:15 p.m., a portable electric space heater was in use in the Resident Care Coordinator's office, located in the secured dementia care unit.

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.

All staff will be educated regarding the regulation on portable heaters. A weekly audit will be performed in all rooms, office space, and common areas. The audits will be done weekly, and then continue to be monitored during the weekly audits in the cold months. The audits will be brought to the Quality Assurance meeting for review.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Douglas L. Conroy, Administrator</i>	Date <i>6/4/15</i>
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