



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 13, 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
#424630

Dear Ms. Roebuck Kuhns:

As a result of the Department of Human Services' licensing inspection on March 31, 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.

Sincerely,

A handwritten signature in black ink that reads "Susie Pollock" followed by a checkmark.

Susie Pollock
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: LAURELBROOKE PERSONAL CARE HOME		License Number: 42463
Address: 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825		County: Jefferson
Administrator: DOUG CRANCE		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy C-2 LP 07/25/2002 Dept. of L&I		RECEIVED JUN 25 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 64	Waking Staff: 48
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
03/31/2015: Rosol, Jennifer; Williams, Jason		
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: 46 Secured Dementia Care Unit In Home: Yes Area: Back left of the building Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 45 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 18 Have a Physical Disability: 1	

Violation Report: 42463 - 03/31/2015 - Rosol, Jennifer
 PCH Name: LAURELBROOKE PERSONAL CARE HOME

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 2/28/15, at approximately 2:00 p.m., staff person A entered resident #2's bathroom and witnessed resident #1 pulling up his/her pants and resident #2 buttoning his/her pants. According to staff person A, it appeared residents #1 and #2 were involved in acts of a sexual nature. Both residents have a dementia diagnosis and reside in the secured dementia care unit (SDCU). This incident was not reported 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.

Administrator or designee will report to the local area agency on aging to report this violation.

Administrator or designee will report to the Dept. immediately upon any suspected or confirmed acts of sexual nature occurring on the SDCU effective 3/7/2015. Administrator or designee will randomly audit all incidents to ensure that the proper reporting to the AAA was instated. Results of audits will go through quality assurances.

Within 45 days of receipt of the plan of correction, all staff, including management will complete the Pennsylvania Department on Aging Older Adult Protective Services Act Self Study course which can be located at: http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031/unit_1_overview/616726 Self-study test results for all staff, including management shall be submitted to the Department. *SM*

Within 15 days of receipt of the plan of correction, the administrator will develop and implement written policy and procedures to ensure all allegations of abuse are reported in accordance with the Older Adult Protective Services Act. This written policy and procedures shall be submitted to the Department. *SM*

Within 30 days of receipt of the plan of correction, all staff persons will be educated on the home's policy and procedures for abuse reporting. Documentation of education shall be submitted to the Department. *SM*

Within 45 days of receipt of the plan of correction, all staff persons will receive specialized dementia care training to include, identifying resident abuse, utilizing positive interventions in a respectful manner to inhibit inappropriate behaviors and resident safety provided by an Department-approved outside source. Documentation of education shall be submitted to the Department. *SM*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/20/2014	04/17/2014
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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, Administrator* Date *6/25/15*

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

The above plan of correction is approved as of <u>7-10-15</u> (Date)	Plan of correction implementation status as of <u>7-10-15</u> (Date)
The above plan of correction was approved by <u>SM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 25 2015

Violation Report: 42463 - 03/31/2015 - Rosol, Jennifer
PCH Name: LAURELBROOKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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 2/28/15, at approximately 2:00 p.m., staff person A entered resident #2's bathroom and witnessed resident #1 pulling up his/her pants and resident #2 buttoning his/her pants. According to staff person A, it appeared residents #1 and #2 were involved in acts of a sexual nature. Both residents have a dementia diagnosis and reside in the SDCU. This incident was not reported to the Department until 3/6/15.

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.

Incident has been reported, staff will notify administrator or designee within 24 hours of any confirmed or alleged acts of sexual nature that occurs on the SDCU, effective 3/7/2015.

Administrator or designee will randomly audit all incidents to ensure that proper reporting to the BHSL will be instituted. Results of audits will go through quality assurances.

Within 15 days of receipt of the plan of correction, the administrator will develop and implement written policy and procedures to ensure all reportable incidents and conditions are reported in accordance with regulation 2600.16c. This written policy and procedures shall be submitted to the Department. *SN*

Within 30 days of receipt of the plan of correction, all staff persons will be educated on the home's policy and procedures for reporting reportable incidents and conditions. Documentation of education shall be submitted to the Department. *SN*

The administrator or designated staff person will review all reportable incidents and conditions daily to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. Documentation of reviews shall be submitted to the Department. *SN*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/20/2014	04/17/2014
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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 *6/25/15*

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

JUN 25 2015

Violation Report: 42483 - 03/31/2015 - Rosol, Jennifer
PCH Name: LAURELBROOKE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa.Code Chapter 2800 (relating to assisted living residences). There was a fax transmittal, dated 2/11/15, requesting a physician's visit for resident #2, which indicated "Laurelbrooke Assisted Living". Also, the February 2015 medication administration record (MAR) for resident #1 and the March 2015 MAR for resident #2 indicate "Laurelbrooke Assisted Living".

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.

Administrator or designee, reviewed all documents and has removed the term Assisted Living from all documents in the facility.

Administrator or designee will randomly audit all incidents to ensure that all proper documents will have Personal Care on them.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Douglas L. Crance, Administrator* Date *6/25/15*

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The above plan of correction is approved as of 7-10-15
(Date)

Plan of correction implementation status as of 7-10-15
(Date)

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

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

JUN 25 2015

Violation Report: 42463 - 03/31/2015 - Rosol, Jennifer
PCH Name: LAURELBROOKE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2, admitted to the SDCU on 1/8/15, had a cognitive preadmission screening completed; however, it is undated so it cannot be determined when it was completed.

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 #2 has been corrected and dated for completion.

Preadmission screen will be checked by the administrator or designee effective 4/1/2015 to assure that it is completed.

Administrator or designee will randomly audit all incidents to ensure that forms are to be completed by regulation. Results of audits will go through quality assurances.

Within 15 days of receipt of the plan of correction, the administrator or designated staff person will review all resident records to ensure all residents, 72 hours prior to admission to the secure dementia care unit (SDCU), have a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team present in each resident file. SW

Repeat Violation: No

Date(s) of Previous Violation(s):

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 Administrator

Date

6/25/15

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The above plan of correction is approved as of 7-10-15
(Date)

Plan of correction implementation status as of 7-10-15
(Date)

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

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

JUN 25 2015

Violation Report: 42463 - 03/31/2015 - Rosol, Jennifer
PCH Name: LAURELBROOKE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The key code and directions for operating the home's locking mechanism are not conspicuously posted near the exit door by the office in the SDCU.

The key code and directions for operating the home's locking mechanism are not conspicuously posted near the locked exit gate in the SDCU's courtyard.

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 codes was placed in a conspicuously area near the locked exit from the SDCU, and out of reach to be removed.

Administrator or designee will randomly audit all incidents to ensure that the codes are posted and in a conspicuous place. Results of audits will go through quality assurances.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Administrator* Date *6/25/15*

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