



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 03 2015

Mr. Larry Cottle, CEO
Regal Manor, LLC
120 West Main Street
Waynesboro, Pennsylvania 17268

RE: The Leland of Laurel Run
License #: 329940

Dear Mr. Cottle:

As a result of the Department of Human Services' annual licensing inspection on September 24, 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 "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: THE LELAND OF LAUREL RUN		License Number: 32994
Address: 120 West Main Street, Waynesboro, PA 17268		County: Franklin
Administrator: Rene Shumaker		Region: CENTRAL
Legal Entity Name: REGAL MANOR LLC		
Legal Entity Address: 120 WEST MAIN STREET, WAYNESBORO, PA 17268		
Certificate(s) of Occupancy		
I-2 09/26/2012 Borough of Waynesboro		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 85	Waking Staff: 64
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/24/2015: McCloskey, Jason; OPake, Hope		
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: 72 Number of Residents Served: 65 Secured Dementia Care Unit in Home: Yes Area: memory care Secured Dementia Unit Capacity, if Applicable: 22 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 64 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0

Violation Report: 32994 - 09/24/2015 - McCloskey, Jason
 PCH Name: THE LELAND OF LAUREL RUN

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

The annual training provided to direct care staff person A in training year 2014 did not include training in medication self-management or care for residents with mental illness or mental retardation.

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 member was immediately inserviced as per the regulation 2600.65F
- All employee files have been QA to ensure compliance based on regulation 2600.65F
- The Executive Director will QA all new hires to ensure compliance
- The Executive Director/Designee will complete random audits to ensure compliance and review in QA meeting

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rene Shumaker</i>	Date <i>10/6/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/6/15
 (Date)

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

Plan of correction implementation status as of 10/6/15
 (Date)

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

Violation Report: 32994 - 09/24/2015 - McCloskey, Jason
 PCH Name: THE LELAND OF LAUREL RUN

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

An aerosol can of Lysol disinfectant spray with a manufacturer's label indicating "if in eyes, call a poison control center or doctor for treatment advice" was unlocked and accessible to residents being located in the spa room of the secure dementia care unit (SDCU). Seven bottles of Gel-Rite Instant Hand Sanitizer with a manufacturer's label indicating "in case of accidental ingestion contact a physician or poison control center right away" was accessible to residents of the SDCU being located in an unlocked soiled linen closet. Residents of the SDCU are not assessed to be capable of recognizing and using poisons safely.

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.

- Poisonous material was immediately removed and locked in secure cabinet
- All staff will be inserviced on poisonous materials as per regulation 2600.82C
- All new hires will be inserviced on poisonous material regulation 2600.82C
- Executive Director and/or Designee will complete random audits to ensure compliance is achieved.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Rene Shumaker</u>	Date <u>10/16/15</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/16/15</u> (Date)	Plan of correction implementation status as of <u>10/16/15</u> (Date)
The above plan of correction was approved by <u>RJS</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: 32994 - 09/24/2015 - McCloskey, Jason
 PCH Name: THE LELAND OF LAUREL RUN

1. REGULATION 55 Pa.Code §2600
 2600.127(b) - Nonportable space heaters must be well vented and installed with permanent connections and protectors.

2a. DESCRIPTION OF VIOLATION
 The electric space heater in the front lobby plugs into the wall and is not permanently installed.

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.

- Immediately fireplace/heating device was dismantled
- All staff will be inserviced that no space heaters are permitted
- The Executive Director and/or Designee will complete random rounds to ensure compliance with regulation 2600.127B

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Rene Shumaker</u>	Date <u>10/6/15</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/6/15
 (Date)

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

Plan of correction implementation status as of 10/6/15
 (Date)

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