



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 26, 2016

Ms. Barbara Sepich, 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. Sepich:

As a result of the Department of Human Services' licensing inspection on December 2, 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 "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 42463 - 12/02/2015 - Marini, Michael
 PCH Name: Laurelbrooke Personal Care

RECEIVED

OCT 11 2016

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

On 11/19/15 at approximately 5:10 PM, a staff member discovered resident #1 was not in the personal care home when he/she failed to come to dinner. At approximately 6:20 PM, resident #1 was found approximately 1.5 miles from the home and he/she was returned to the home unharmed. Resident #1 has a history of exit seeking behavior; however, the resident's assessment, dated 2/18/15, indicates the resident requires minimal supervision and "requires no supervision when in the home or when in familiar surroundings."

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.

Within 30 days of receipt of the plan of correction: A designated staff person shall review all resident assessments to ensure each resident has a complete and accurate assessment, to include any exit seeking behaviors. fr 10/12/16

- 1. Regulation 55 Pa. Code 2600 225(C) Resident #1 is now in a secured unit with up dated resident assessment and support plan. Exit seeking behavior will be addressed and communicated to physician, family. Resident assessments and support plans will be updated upon the onset of the exit seek behavior. On 8/5/16 the hours of the Resident Care Coordinator for the secured was increased to full time as an effort to correct the required Documentation to be completed. Review of the regulations and time requirements was reviewed with both Full time resident care Coordinators. The Best Practice from the RCG Manual was included in this review.

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) *Julia Swonger, Director of Compliance* Home & Community Care
 Date *10/11/16*

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

The above plan of correction is approved as of <u>10/12/16</u> (Date)	Plan of correction implementation status as of <u>10/12/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

OCT 11 2016

Violation Report: 42463 - 12/02/2015 - Marini, Michael
PCH Name: Laurelbrooke Personal Care

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

On 11/19/15 at approximately 5:10 PM, a staff member discovered resident #1 was not in the personal care home when he/she failed to come to dinner. At approximately 6:20 PM, resident #1 was found approximately 1.5 miles from the home and he/she was returned to the home unharmed. Resident #1 has a history of exit seeking behavior. When resident #1 was returned to the home on the evening of 11/19/15, he/she was admitted to the home's secured dementia care unit (SDCU); however, the resident's medical evaluation, dated 2/13/15, did not indicate the need for secured dementia care and a new medical evaluation was not completed until 11/20/15.

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.

- 2. Regulation 55 Pa. Code 2600 231(B) Resident now has a medical evaluation that states the need for dementia care. Medical evaluations have been audited for compliance. Policy and procedures will be Develop/Changed (by 11.1.16) for the transfer into a secured dementia care transfer due to significant change in behavior or condition that will constitute a updated DME and RASP.

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) Julie Swanger, Director of Home and Community based services Date 10/11/16

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The above plan of correction was approved by <u>[Initials]</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 - 12/02/2015 - Marini, Michael

PCH Name: Laurelbrooke Personal Care

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

On 11/19/15 at approximately 5:10 PM, a staff member discovered resident #1 was not in the personal care home when he/she failed to come to dinner. At approximately 6:20 PM, resident #1 was found approximately 1.5 miles from the home and he/she was returned to the home unharmed. Resident #1 has a history of exit seeking behavior. When resident #1 was returned to the home on the evening of 11/19/15, he/she was admitted to the home's SDCU; however a written cognitive preadmission screening was not completed until 11/20/15.

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.

3. Regulation 55 PA. Code 2600.231© Resident(s) will not be transferred to the secure unit until a pre-screening is completed, alternative options for the patient(s)' safety will be utilized. Recognizing a change in condition process will improve this which will be done by the full time resident coordinator who will track and monitor, pre-screenings prior to admission, DME, and RASP support plan. (8/5/16) All staff persons involved with the admission process shall be educated on the home's new system. *for 10/12/16*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/31/2015

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Julie Swonger, Director of Home and Community Based Care

Date

10/11/16

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The above plan of correction is approved as of

10/12/16
(Date)

Plan of correction implementation status as of

10/12/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *✓*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Violation Report: 42463 - 12/02/2015 - Marini, Michael
PCH Name: Laurelbrooke Personal Care

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

On 11/19/15 at approximately 5:10 PM, a staff member discovered resident #1 was not in the personal care home when he/she failed to come to dinner. At approximately 6:20 PM, resident #1 was found approximately 1.5 miles from the home and he/she was returned to the home unharmed. Resident #1 has a history of exit seeking behavior. When resident #1 was returned to the home on the evening of 11/19/15, he/she was admitted to the home's SDCU; however a new support plan was not developed until 12/2/15.

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.

4. Regulation 55 Pa. 2600.234(a) Support plans will be developed within 72 hours for all Admissions. The Resident Care Coordinator that is assigned to patients in secure unit will be responsible for the completion of the Resident assessment and support plan. Resident now has a current assessment and support plan the show the need for the secured Unit.

Immediately: The home shall develop and implement a system to ensure all residents admitted to the secured dementia care unit have a support plan developed within 72 hours of admission or within 72 hours prior to admission.

[Signature]
10/12/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Julie Swartz, Director of Home & Community Based Services* Date *10/11/16*

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 42463 - 12/02/2015 - Marini, Michael

PCH Name: Laurelbrooke Personal Care

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

On 11/19/15 at approximately 5:10 PM, a staff member discovered resident #1 was not in the personal care home when he/she failed to come to dinner. At approximately 6:20 PM, resident #1 was found approximately 1.5 miles from the home and he/she was returned to the home unharmed. Resident #1 has a history of exit seeking behavior. When resident #1 was returned to the home on the evening of 11/19/15, he/she was admitted to the home's SDCU. The incident was reported to the Department on 11/20/15; however a copy of the reportable incident was not present in resident #1's resident record.

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.

Within 30 days of receipt of the plan of correction: A designated staff person shall audit all resident records to ensure all items specified in 2600.252 are present in each resident record, to include a copy of all reportable incidents.

for 10/12/16

5. Regulation 55 Pa. Code 2600.252 All Reportable incidents will be included in all resident charts, prior practice was to put all in one binder. Current practice will be to include in Resident Chart per regulation. Complete 10.1.16

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)

Julie Swan, Director of Home & Community Based Services

Date 10/11/16

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Partially Implemented - Inadequate Progress
Not Implemented

The above plan of correction was approved by [Initials]