



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 23 2017

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' annual licensing inspections on May 24, 2016 and May 25, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: LAURELBROOKE PERSONAL CARE		License Number: 42483
Address: 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825		County: Jefferson
Administrator: Carol Swann		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy		<b>RECEIVED</b> <b>DEC 05 2016</b>
C2 LP 07/25/2002 L&I	I-2 08/11/2010 Brookville Borough	WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 63	Waking Staff: 47
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/24/2016: Marini, Michael; Knee, Donald 05/25/2016: Marini, Michael; Knee, Donald		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 50	Number of Residents who:	
Number of Residents Served: 45	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: Yes	Are 80 Years of Age or Older: 45	
Area: Secure Care	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 20	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 18	Have a Mobility Need: 18	
Number of Current Hospice Residents: 2	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 5		

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Violation Report: 42463 - 06/24/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 5-24-16, the resident privacy coding document was attached to the licensing inspection summary, dated 11-13-13, which was posted by the main dining room.

On 5-25-16 at 1:38 PM, a binder containing resident transfer sheets and narcotic count sheets for residents living in Harmony Circle, including residents #1, #2, #3, #4 and #5, was unlocked and unattended on the medication cart.

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.

2600.17

The privacy coding document dated 11/13/16 posted in the main dining area was removed and administrator went to the 2 locations where posted to make sure the resident coding document was removed. Future licensing inspections summary will be posted with license and the Resident Privacy coding document removed and keep in the administrator's office.

The Narcotic count sheets in binder that was open on top of medication cart for residents living in harmony circle is now placed in the cart at all times, Narcotic counts are done in the medication room.

All staff will be re-education on Privacy and confidentiality. Signature sheet enclosed.

*Immediately: A designated staff person shall inspect the home daily to ensure all resident records are maintained in a confidential manner and are stored in an area that is locked.*

*12/8/16*

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)      Date 12/5/16  
*Julie Swanger, Director of Home Care Services of Laurel Brook*

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

The above plan of correction is approved as of 12/8/16 (Date)

Plan of correction implementation status as of 12/8/16 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

DEC 05 2016

Violation Report: 42463 - 05/24/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #8 was admitted to the home on [redacted] 16; however, resident #6 did not sign the resident-home contract.

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.

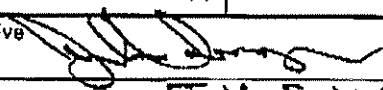
2600.25

Resident contact for resident #6, contract was in resident chart and signed by Responsibility. Resident was unable to sign due to dementia, which is now noted on the contract (Included). Admission date was on [redacted] 15. The administrator will do a 100% audit of resident charts and resident administrative files for compliance by 1/1/2017. And create an audit 2 x a year for compliance. A check list will be created for all new admissions to ensure compliance and completion of documents by 1/15/17.

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 Swonger  
Dir. of Home & Community Based Care

Date 12/5/16

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12/8/16  
(Date)

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12/8/16  
(Date)

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(Initials)

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Violation Report: 42463 - 05/24/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
- Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #6 and resident #7's records did not contain a statement signed by the residents acknowledging receipt of a copy of the resident rights.

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.

2600.41e

Acknowledgment of receipt of the residents rights were located in the chart and signed by responsibility party. (Resident #6 & #7 acknowledgement enclosed) A resident chart review will be completed to ensure compliance with all resident chart and this will be added to the new admission check list to ensure future compliance. - The audit shall be completed within 30 days of receipt of the plan of correction.

*12/8/16*

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)

*Julie Swartz  
Director of Home's Community Relations*

Date *12/5/16*

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*12/8/16*  
(Date)

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*12/8/16*  
(Date)

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*[Handwritten Initials]*  
(Initials)

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Violation Report: 42463 - 05/24/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE WEST REGION FIELD OFFICE  
Human Services Licensing

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 A, hired [redacted] 09, did not receive training on the following topics during the 2015 training year:

- \* Medication self-administration training
- \* Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

Direct care staff person B, hired [redacted] 14, did not receive training on medication self-administration during the 2015 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.

2600.65f/

All of the staff training for staff A and B are enclosed. An additional skill fair was held on 4/6, 7/2016 for staff competencies. The check list for new hires will be used with every hire and Personnel records will be audited as part of the QA management program. A training Calendar will be developed for the 2017 Training year. Training compliance will be part of the staff evaluation for compliance to the required trainings. Documentation shall be kept. 12/8/16

Immediately: A designated staff person shall develop and implement a tracking system to ensure all direct care staff persons receive all trainings specified in 2600.65f during each established training year. Documentation shall be kept. 12/8/16

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/28/2015

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

Printed Name and Title of Legal Entity Representative Julie Swonger Date 12/5/16  
Dis. of Harrisburg Community Coll. Trng

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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 <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 42463 - 06/24/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

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 A, hired on 6-2-09, did not receive training on the following topics during the 2015 training year:

- \* Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- \* Resident rights
- \* The Older Adult Protective Services Act
- \* Falls and accident prevention

Direct care staff person B, hired on 8-18-14, did not receive training on resident rights during the 2015 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.

2600.65g

All of the staff training for staff A and B are enclosed. An additional skill fair was held on 4/6, 7/2016 for staff competencies. The check list for new hires will be used with every hire and Personnel records will be audited as part of the QA management program. A training Calendar will be developed for the 2017 Training year. Training compliance will be part of the staff evaluation for compliance to the required trainings. Documentation shall be kept. 12/8/16

Immediately! A designated staff person shall develop and implement a tracking system to ensure all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers receive all trainings specified in 2600.65g during each established training year. Documentation shall be kept. 12/8/16

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/28/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie Swovayk, Dr. of Home and Community Based Services      Date 12/5/16

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Violation Report: 42483 - 05/24/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

On 5-24-16, the window between the linen room and laundry room in the Periwinkle Lane neighborhood did not contain a screen was open approximately 2".

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.

2600.92

The screen was placed in the window. The maintenance department did a complete walk through to check all windows to replace damaged and any missing windows. This will be placed on an annual walk through performed by the maintenance department in the spring of every year.

Immediately: A designated staff person shall inspect all windows and doors monthly to ensure they are in good repair and securely screened when opened.

*[Signature]*  
12/8/16

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 Snowder  
Dir. of Home Communities *[Signature]*      Date 12/8/16

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The above plan of correction is approved as of 12/8/16  
(Date)

Plan of correction implementation status as of 12/8/16  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 42463 - 06/24/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

On 5-24-16, the first aid kit in the Jasmine Lane neighborhood did not include a thermometer, and the first aid kit in the Periwinkle Lane neighborhood did not include scissors or gloves.

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.

2600.96a

The personal care home had 5 different first aid kits. There will 2 primary designated first aid kits that will be located in the medication room and monitored by the Resident Care coordinator for the complete supply of required items. All other containers will not be labeled as first aid kits. Notices will be placed on the 2 primary kits that alerts the staff to replace any items that is taken out.

Immediately: A designated staff person shall inspect the home's first aid kit monthly to ensure all items specified in 2600.96a are present in the first aid kit. Any items found to be missing shall immediately be replaced. *J* 12/8/16

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 Swonger  
Dir. of Home & Community based care

Date 12/5/16

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12/8/16  
(Date)

Plan of correction implementation status as of

12/8/16  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *P*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*J*  
(Initials)

DEC 05 2016

Violation Report: 42463 - 05/24/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #7 was admitted to the home on [redacted] 16; however, a medical evaluation was not completed.

Resident #8 was admitted to the home on [redacted] 15; however, the resident's medical evaluation was not completed until 8-28-15.

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

2600.141a1

A complete Audit was completed on 10.21.16 on all medical evaluations to identify and complete for the date of the in person medical evaluation. All new admissions, change in condition and annuals will then be on a quarterly audit for compliance by administrator. Resident #7 & # 8 are completed (enclosed). All new admissions and annual DME will be on a quarterly audit to identify if process is being followed performed by administrative assist. Both Ft time Resident care coordinators have received re-education on the DME regulations.

Two Resident Care coordinators were hired Ft to assist with the documentation requirements for the Residents at Laurelbrooke personal care ([redacted] 16). The prescreening will be included in the Audit process and Quarterly reviews performed by administrative assistant.

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 Swartz, Dir. of Home and Community Based Care      Date 12/5/16

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

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Plan of correction implementation status as of 12/8/16 (Date)

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

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

Violation Report: 42463 - 05/24/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE

DEC 05 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B completed and passed the initial Department-approved medication administration course on [redacted]-15; however, did not complete the annual practicum. Staff person B administered medications to residents, to include the following medications to resident #9:  
\* Carvedilol 3.125mg and Oxycodone 5mg on 5-3-16 at 8:00 PM

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.

2600.190 a

Staff person B was taken off the passing of medications on 5/25/2016 and has been retained and has successfully completed a department-approved medication administration course and passed the department performance-based competency test initial student training on 7/25/16. (Enclosed). All Staff medication records were reviewed and all correction were made. [redacted] Rn Staff trainer was Re-educated on the regulations and will continue to monitor for compliance.

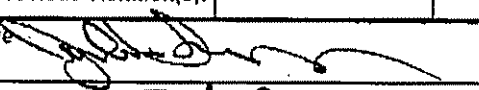
*Immediately: A designated staff person will develop and implement a tracking system to ensure all direct care staff persons qualified to administer medications receive all required trainings timely in accordance with the Department-approved medication administration course.*

*J  
12/8/16*

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 Swonger  
Director of Home Care Community Based Home*

Date

*12/5/16*

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

The above plan of correction is approved as of

*12/8/16*  
(Date)

Plan of correction implementation status as of

*12/8/16*  
(Date)

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

The above plan of correction was approved by

*J*  
(Initials)

Violation Report: 42453 - 05/24/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Staff person B has not completed the Department-approved diabetes patient education program since 8-18-14. Staff person B administered insulin to residents, including administering insulin to resident #10 on the following dates/times:  
\* 8:00 PM on 5-6-16  
\* 7:00 AM and 11:00 AM on 5-20-16

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.*

2600.190 b

Staff person B was taken off of all medication responsibilities including the administration of insulin. Staff person B attended and completed the diabetes and insulin education on 7/10/16 (certificate enclosed) All staff education records were reviewed and corrected. The diabetic trainer will be scheduled on a quarterly basis to keep staff current with the regulation. [Redacted] Rn Staff trainer was Re-educated on the regulations and will continue to monitor for compliance.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Julie Spingola  
Dir. of Home and Community Care Services Date 12/5/16

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Page 13 of 15

Violation Report: 42463 - 05/24/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #8 was admitted to the home on [redacted] 15; however, the resident's assessment was not completed until 8-19-15.

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.

2600.225 a

Resident #8 written initial assessment was not corrected due to the out of compliance time frame. The administrator of that time frame has been replaced and a 2 ft. LPNs Services Coordinator has been hired. Two Resident Care coordinators were hired Ft to assist with the documentation requirements for the Residents at Laurelbrooke personal care [redacted] 16). The department's assessment forms will be included in the Audit Process that was completed on 10/21/016 and Quarterly/annual reviews monitored by Administrator. All new admissions and Transfers to or from secured unit, change in condition, and annuals will be completed within 15 days of admission. Any that were not completed within the 15 days will be completed by 12.10.16. Resident Care Coordinators were re-education on RASP's by use of the OHS RCG best practices guide.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julie Swinger*

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

Julie Swinger  
Dir. of Home & Community based Services

Date 12/5/16

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

The above plan of correction is approved as of

12/8/16  
(Date)

Plan of correction implementation status as of

12/8/16  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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DEC 05 2016

Violation Report: 42463 - 05/24/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE

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

Resident #11's most recent assessment was completed on 8-3-16; however, the previous assessment was completed on 5-13-14.

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.

2600.225c

Resident #11 most recent assessment was not corrected due to the out of compliance time frame. The administrator of that time frame has been replaced and a 2 ft. LPNs Services Coordinator has been hired. Two Resident Care coordinators were hired Ft to assist with the documentation requirements for the Residents at Laurelbrooke personal care (8/5/16). The department's assessment forms will be included in the Audit Process that was completed on 10/21/016 and Quarterly/annual reviews monitored by Administrator. All new admissions and Transfers to or from secured unit, change in condition, and annuals will be completed within 15 days of admission. Any that were not completed within the 15 days will be completed by 12.10.16. Resident Care Coordinators were re-education on RASP's by use of the OHS RCG best practices guide.

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 Swanson  
Dir. of Home & Community Services

Date 12/5/16

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)