



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: December 14, 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 June 22, 2016 and June 23, 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.

Sincerely,

A handwritten signature in cursive script that reads "Larry Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing 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: Carol Swann		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy		NOV 28 2016
C2 LP	I-2	WEST REGION FIELD OFFICE Human Services Licensing
07/25/2002	08/11/2010	
L&I	Brookville Borough	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 59	Waking Staff: 44
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/22/2016: Marini, Michael; McConnell, Deb		
08/23/2016: Marini, Michael; McConnell, Deb		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 50 Number of Residents Served: 43 Secured Dementia Care Unit in Home: Yes Area: Harmony Circle-Room 500 and above Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 16 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 7		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 43 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 1

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NOV 28 2016

Violation Report: 42463 - 06/22/2016 - Marini, Michael

PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE

Human Services Licensing

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

Direct care staff person A's first day of work was [redacted]-16; however, staff person A did not receive training in fire safety.

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.

2600.65a

Staff a resigned [redacted] 16 was unable to correct,

Orientation prior to first day of working Staff orientation will include general fire safety and emergency preparedness that includes the 1-7 training stated in the 2600.65 a regulations (see attached)

All staff will be retrained in the 1-7 training in the 2600.65 a by 1/1/2017. Administrative assistant will track all new hire training requirements and give the completed training requirements to the administrator prior to being scheduled. Administrator will give final approval before being put on the schedule to work a shift. Staff training requirement will be include in the quarterly QA meeting and audited for compliance.

Immediately: A designated staff person will review all current staff records to ensure each staff person has received all trainings specified in 2600.65a. Documentation of the audit and training shall be kept. for 11/29/16

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/28/2015 et al

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 Community Based Care

Date

11/27/16

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The above plan of correction is approved as of

11/29/16  
(Date)

Plan of correction implementation status as of

11/29/16  
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]  
(Initials)

NOV 28 2016

Violation Report: 42483 - 06/22/2016 - Marini, Michael	
PCH Name: LAURELBROOKE PERSONAL CARE	
WEST REGION FIELD OFFICE Human Services Licensing	
<b>1. REGULATION 55 Pa.Code §2600</b> 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.	
<b>2a. DESCRIPTION OF VIOLATION</b> On 6-22-16, a container of skin calming cream for itch relief, with a manufacturer's label indicating, "If swallowed get medical help or contact poison control", was unlocked and accessible to residents on the nightstand in bedroom #501.  On 6-22-16, a bottle of liquid dish soap, with a manufacturer's label indicating, "If swallowed contact a physician", was unlocked and accessible to residents in the bathroom of bedroom #512.  On 6-22-16, a can of spray disinfectant, with a manufacturer's label indicating, "if sprayed in eyes contact poison control or doctor", was unlocked and accessible to residents on a TV stand in bedroom #500.  Residents of the home, including residents #1 and #2, have not been assessed capable of recognizing and using poisons safely.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
26.00.82 c  All room were searched 6/23/16 and all items were remove, labeled and located to a locked storage area where residents aides can access them for use during care and returned. Families will be provided with a notice. All new admissions families will be oriented to the regulation of 26.00.82 c. Notices will be placed on door of locked storage and Residents aides will sign off for understanding of regulation. All resident aides have been re-educated. Resident care coordinator will monitor on a regular basis to insure compliance. Housekeeping staff will be educated as they are in every room daily.	
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) <i>Julie Swanson, Director of Home/Community based Services</i>	
Date <i>11/27/16</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>11/29/16</u> (Date)	Plan of correction implementation status as of <u>11/29/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

Violation Report: 42463 - 06/22/2016 - Marini, Michael

PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE

Human Services Licensing

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

On 6-22-16 at 10:16 AM, the steam table in the kitchenette of the secure dementia care unit was 162.2 degrees Fahrenheit. The steam table was accessible to residents.

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.

2600.840

The steam table is shut off and not in use. The steam table is being replaced with a heated thermos container is being purchased to keep meals warm while serving. All heat sources will be protected with guards or insulation.

Immediately, then weekly thereafter: A designated staff person shall inspect the home to ensure all heat sources which are accessible to residents be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

*[Signature]*  
11/29/16

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 11/29/16

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Violation Report: 42463 - 06/22/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
No bedside lamp or other operable source of light was present within reach of the bed in bedroom #510.

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.

2600.101j7

A lamp was taken to Room 510, the administrator completed a room to room check for lamp source that can be turned on at bedside. All rooms are in compliance. A routine room by room check list will be established for ongoing compliance on quarterly basis.

*monthly*  
*11/29/16*

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

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Plan of correction implementation status as of 11/29/16 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42463 - 08/22/2016 - Marini, Michael

NOV 28 2016

PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the fire drill conducted on 5-25-16 at 8:00 PM does not indicate the exit routes used.

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.

2600.132c

Implementation of the Adult Residential Licensing-Personal care Fire drill record-Pa.code 2600132 (c) effective immediately. Correct previous recorded fire drills to include exit routes where able as the Maintenance Man that conducted them is no longer here. Education was provided to Director of environmental Services for compliance to regulations. Administrator will meet with Dir. Of Environmental services on a quarter basis to monitor on going compliance with Fire drill documentation in the recording of the fire exit routes used for evacuation.

Immediately: A designated staff person shall review the home's written fire drill records monthly to ensure all items specified in 2600.132c are present on the fire drill records, to include the exit routes used.

*[Signature]*  
11/29/16

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 Services*      Date *11/27/16*

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- Not Implemented

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NOV 28 2016

Violation Report: 42463 - 08/22/2016 - Marini, Michael

PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #3's most recent medical evaluation was completed on 8-7-14.

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.

2600.141 b 1

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 #3 DME was unable to be completed as [redacted] was discharged. 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 Laurelbroke personal care [redacted] (6). The prescreening will be included in the Audit process and Quarterly reviews performed by administrative assistant. All new admissions and Transfers to or from secured unit will have a prescreening completed

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 Subrger, Director of Home and Community Services* Date *11/29/16*

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Violation Report: 42463 - 06/22/2016 - Marini, Michael  
PCH Name: LAURELBROOKE PERSONAL CARE

NOV 28 2016

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE  
2600.225(c) - The resident shall have additional assessments as follows: Human Services Licensing  
(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 #4 most recent assessment was completed on 3-25-15.

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 c

Two Resident Care coordinators were hired Ft to assist with the documentation requirements for the Residents at Laurelbrooke personal care (██████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 12.1.16. Resident #4 assessment was unable to be completed, as ██████ has been discharged. Resident Care Coordinators were re-education on RASP's by use of the OHS RCG best practices guide.

I have included our Quality management program which has been updated to include the above monitoring and corrective actions in this plan as another step to correct the areas identified in the violation report.

Immediately: A designated staff person shall review all Resident Records to ensure each resident has an assessment, completed in its entirety, at least annually.  
Ritzke 11/29/16

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 Simonson Director of Home & Community Services Date 11/27/16

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