



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 29, 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 August 12, 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 black ink, appearing to read "Jon Kimberland".

Jon Kimberland  
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: 424630
Address: 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825		<b>RECEIVED</b>
County: Jefferson		Region: WEST
Administrator: Danielle Gabler		
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		NOV 17, 2016
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		WEST REGION FIELD OFFICE Human Services Licensing
Certificate(s) of Occupancy I-2 04/13/2011 Brookeville Borough		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 70	Waking Staff: 53
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/12/2016: McConnell, Deb		
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 Served: 47 Secured Dementia Care Unit in Home: Yes Area: Harmony Circle Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 3 Number of Hospice Residents In past year: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 1

Violation Report: 42463 - 08/12/2016 - McConnell, Deb  
PCH Name: LAURELBROOKE PERSONAL CARE

NOV 17 2016

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

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 home's fire drill record does not indicate any exit routes used for fire drill as follows:

- \* On 5/25/16 at 8:00 p.m.
- \* On 6/25/16 at 4:50 a.m.
- \* On 7/31/16 at 10:39 a.m.

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.

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.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]* 11/17/16 updated

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

Director of Home  
Sub Manager, and Compliance

Date

10/17/16

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

The above plan of correction is approved as of 11-27-16  
(Date)

Plan of correction implementation status as of 11-28-16  
(Date)

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

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

NOV 17 2016

Violation Report: 42463 - 08/12/2016 - McConnell, Deb  
 PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's fire safety expert established a safe evacuation time of 7 minutes and 0 seconds. However, the home exceeded the safe evacuation on 6/25/15 at 4:50 a.m. with an evacuation time of 7 minutes and 10 seconds.

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.

Repeat fire drill and establish a plan of correction if evacuation is not within the fire expert's recommended evacuation time indicated on fire expert letter. A advertise/recruitment plan was established to add an additional shift for 10 pm-6 am. Which is now included in our staffing model, Level of care assessments were reviewed for identification of any physical or immobile residents that were not identified previously with update to the RASP's if indicated. A plan to re-educate all Staff on evacuation plan by 12.1.16. Administrator will monitor with notification from the Dir. of environmental services of any variances from the established fire expert period of time specified.

Immediately: The administrator or designee shall review all resident assessments and support plans to ensure appropriate staffing is available to evacuate all residents to a public thoroughfare or a designated fire safe area within the time specified by the fire safety expert. 11-23-16 ✓

Immediately: The administrator will complete the following steps to reduce the safe evacuation to a time specified in writing by a fire safety expert within the past year:

- \* Conduct at least two fire drills a month until the home can meet the safe evacuation time specified in writing by a fire safety expert within the past year, for three consecutive months.
- \* If the home exceeds the safe evacuation time specified in writing by a fire safety expert within the past year, for two consecutive fire drills, the home will add additional staff to the regular schedule and maintain the staffing level at all times. 11-23-16 ✓

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	
Julie Swanson Director of Home's Community Based Services		11/12/16 updated 10/17/16	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of		Plan of correction implementation status as of	
11-23-16 (Date)		11-23-16 (Date)	
The above plan of correction was approved by		<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	
/s/ (Initials)			

Violation Report: 42463 - 08/12/2016 - McConnell, Deb  
 PCH Name: LAURELBROOKE PERSONAL CARE

NOV 17 2016

1. REGULATION 55 Pa.Code §2600  
 2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill. WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 The home conducted a fire drill on 6/25/16, at 4:50 a.m. However, a smoke detector or fire alarm was not set off for the fire drill. Instead, staff and residents were alerted to evacuate through the use of the home's PA system.

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.

Reviewed the regulation on Fire Drills with Director of Maintenance (10.8.16) to ensure his understanding of all fire drills and Evacuation responsibilities. All future fire drills will be sounded by a smoke detector or alarm. . Education was provided to Director of Environmental Services for compliance to regulations. Administrator will meet with Dir. of Environmental services on a scheduled meeting following a fire drill to monitor on going compliance with Fire drill documentation in the recording of the fire exit routes used for evacuation.

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
Julie Swovall Director of Home & Community Based Services		11/17/16 updated 11/17/16

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

The above plan of correction is approved as of <u>11-23-16</u> (Date)	Plan of correction implementation status as of <u>11-23-16</u> (Date)
The above plan of correction was approved by <u>JS</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 - 08/12/2016 - McConnell, Deb  
PCH Name: LAURELBROOKE PERSONAL CARE

NOV 17 2016

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #1 was admitted to the home on [redacted] 16. Resident #1 has a medical evaluation in the resident's file signed by the physician on 8/18/16. However, the date that the in-person medical evaluation was completed is blank.

Resident #3 was admitted to the home on [redacted] 16. Resident #3 has a medical evaluation in the resident's file signed by the physician on 7/20/16. However, the date that the in-person medical evaluation was completed is blank.

Resident #4 was admitted to the home on [redacted] 16. Resident #4 has a medical evaluation in the resident's file signed by the physician on 7/20/16. However, the date that the in-person medical evaluation was completed is blank.

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.

A complete Audit will be done by 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 #1 and #4, DME was unable to be completed as to the blank seen by date as Resident 1 and 4 have been discharged. DME was corrected and the seen by date was filled in Resident was seen the same day as the completion date of 7/20/16 copy included. 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.

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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The above plan of correction is approved as of 11-28-16  
(Date)

Plan of correction implementation status as of 11-28-16  
(Date)

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

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

Violation Report: 42463 - 08/12/2016 - McConnell, Deb  
PCH Name: LAURELBROOKE PERSONAL CARE

NOV 17 2016

1. REGULATION 55 Pa. Code §2600

WEST REGION FIELD OFFICE

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on [redacted] 16. However, the home did not complete a preadmission screening for resident #3.

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.

Two Resident Care coordinators were hired Ft to assist with the documentation requirements for the Residents at Laurelbrooke personal care (8/5/16). 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. A prescreening was completed on 9/1/16 to correct and determine the Personal care is appropriate level of care. Resident # 3 corrected pre-screening included

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 Swoboda  
Director of Home's Community Care

Date

11/17/16 updated  
10/17/16

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The above plan of correction is approved as of 11-22-16  
(Date)

Plan of correction implementation status as of 11-22-16  
(Date)

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

- Fully Implemented
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Violation Report: 42463 - 08/12/2016 - McConnell, Deb  
PCH Name: LAURELBROOKE PERSONAL CARE

NOV 17 2016

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #1 was admitted on [redacted] 16. However, the home has not completed an initial assessment for the resident.

Resident #3 was admitted on [redacted] 16. However, the home has not completed an initial assessment for the resident.

Resident #4 was admitted on [redacted] 16. However, the home has not completed an initial assessment for the resident.

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.

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 form will be included in the Audit Process of 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 #1 and #4, Resident assessment was unable to be completed as to the blank seen by date as Resident 1 and 4 have been discharged. Resident #3 was completed 8/31/16 copy included. 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. Copy included.

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  
Director of Home Communities

Date

10/12/16

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(Date)

Plan of correction implementation status as of 11-28-16  
(Date)

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(Initials)