



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 18, 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' licensing inspection on October 26, 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 "Janine Wenzig".

Janine Wenzig
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
Adminstrator: Danielle Gabler		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		RECEIVED
Legal Entlty Address: 985 ROUTE 28, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy I-2 04/13/2011 Brookville Borough		DEC 26 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/26/2016: McConnell, Deb; Mulick, Cindy		
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: 50 Number of Residents Served: 42 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: 15 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 42463 - 10/26/2016 - McConnell, Deb
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 10/14/16, at approximately 10:25 a.m., staff person A observed resident #1 in the activity room of the secured dementia care unit (SDCU), sitting on the armrest of the chair in which resident #2 was sitting. Resident #1 was observed opening resident #2's robe and rubbing resident #2's thigh and abdomen. Staff person A reported the alleged abuse to staff person B. The home did not report the allegation of abuse to the local Area Agency on Aging.

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.

The local Area Agency on Aging has been notified of the incident. Abuse training and reporting is scheduled for 4/20/17 to be conducted by staff from Jefferson County Area Agency on Aging. ms 4/6/17

2600.15 a

The Personal care home and management team will report all forms of suspected abuse to the Area office of aging according to the Older Adults Protective Services Act and comply with the requirements regarding the investigation. Administration will always guide the management team to report without question or judgement. The administrator and Management team will review and re-educate on the mandatory reporting guidelines. Witness statements will be used in this situation.

staff persons A and B received training in abuse reporting procedures. ms 4/6/17

within 60 days of receipt of the plan of correction - All staff persons including housekeeping staff will be re-educated monthly in policies and procedures for reporting allegations of abuse. Documentable incidents in accordance with the Bureau of Human Services Licensing regulations. Documentation of training shall be kept. ms 4/6/17

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/31/2015

Signature of Legal Entity Representative
(Required on EVERY Page)

Julie Swanson

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

Julie Swanson
Director of Home Care

Date

12/23/16

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The above plan of correction is approved as of

4/6/17
(Date)

Plan of correction implementation status as of

4/6/17
(Date)

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

The above plan of correction was approved by

MS
(Initials)

Violation Report: 42463 - 10/26/2016 - McConnell, Deb
PCH Name: LAURELBROOKE PERSONAL CARE

DEC 26 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 10/14/16, at approximately 10:25 a.m., staff person A observed resident #1 in the activity room of the SDCU, sitting on the armrest of the chair in which resident #2 was sitting. Resident #1 was observed opening resident #2's robe and rubbing resident #2's thigh and abdomen. Staff person A reported the alleged abuse to staff person B. The home did not notify residents' #1 and #2's designated persons.

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.

on 10/26/16, resident #2's designated person was informed of the incident.
on 10/27/16, resident #1's designated person was informed of the incident.
staff persons A and B received training in abuse reporting procedures. ms 4/6/17

2600.15 d

The Personal care home and management team will report all forms of suspected abuse to the resident's designated responsibility parties within the mandatory time frames, according to the Older Adults Protective Services Act and comply with the requirements regarding the investigation. Administration will always guide the management team to report without question or judgement. The administrator and Management team have reviewed and re-educate on the mandatory reporting guidelines to all staff.

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

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

The above plan of correction is approved as of 4/6/17 (Date) Plan of correction implementation status as of 4/6/17 (Date)

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

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

DEC 26 2016

Violation Report: 42463 - 10/26/2016 - McConnell, Deb

PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 10/14/16, at approximately 10:25 a.m., staff person A observed resident #1 in the activity room of the SDCU, sitting on the armrest of the chair in which resident #2 was sitting. Resident #1 was observed opening resident #2's robe and rubbing resident #2's thigh and abdomen. Staff person A reported the suspected abuse to staff person B. The home did not submit an incident report to the Department until 10/19/16.

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.

Staff persons A and B received training in abuse reporting procedures. Abuse training and reporting is scheduled for 4/20/17 to be conducted by staff from Jefferson County Area Agency on Aging. ms 4/6/17

2600.16c

The Personal care home and management team will report all forms of suspected abuse to the Departments person care home regional office within 24 hrs. of alleged accidents, according to the Older Adults Protective Services Act and comply with the requirements regarding the investigation. Administration will always guide the management team to report without question or judgement. The administrator and Management team have reviewed and will re-educate on the mandatory reporting guidelines to all staff.

within 60 days of receipt of the plan of correction - All staff persons including housekeeping staff will be re-educated monthly in policies and procedures for reporting allegations of abuse and reportable incidents in accordance with the Bureau of Human Services licensing regulations. Documentation of training shall be kept. ms 4/6/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/31/2015	
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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 Sworger, Director of Home and County Date 12/26/16

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The above plan of correction is approved as of <u>4/6/17</u> (Date)	Plan of correction implementation status as of <u>4/6/17</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>ms</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

DEC 26 2016

Violation Report: 42463 - 10/26/2016 - McConnell, Deb
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #1, dated 8/19/16, indicates the resident requires extensive supervision while in the home. Resident #1 had a social work consultation on 10/13/16, related to the resident stating "I'm going to kill myself." On 10/14/16, at approximately 10:25 a.m., staff person A observed resident #1 in the activity room of the SDCU, sitting on the armrest of the chair in which resident #2 was sitting. Resident #1 was observed opening resident #2's robe and rubbing resident #2's thigh and abdomen. Staff person A reported the alleged abuse to staff person B. Resident #2 was escorted from the activity room by staff person B and taken back to his/her room. Resident #2 appeared tense and relieved when escorted away from resident #1. Resident #2 indicated resident #1 touched his/her belly. Staff person A did not immediately intervene in the incident, as staff person A is employed as housekeeping staff. Staff person A left the residents alone to report the incident to staff person B. Resident #1 did not receive the extensive supervision required and as indicated in the resident's assessment and support plan.

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.

2600.23 a

The Resident Care Coordinator will review with all staff the Residents support plan for extensive supervision. Extensive supervision protocols will be developed for the SDCU. All staff were educated on behaviors that need reported, and the protection of residents, when to intervene and steps that need taken to protect the safety of all residents. A policy was developed and staff were educated related to sexual behaviors. Future training related to common behaviors with dementia will be evaluated for the Staff in the SDCU. Resident # 1 was discharged upon return from hospital due to decline in medical condition.

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 Swagley
Director of Home Commit Date 12/26/16

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DEC 26 2016

Violation Report: 42463 - 10/26/2016 - McConnell, Deb
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

The medical evaluation for resident #1 was signed by the physician on 8/29/16. However, the dates of the in-person medical evaluation and the date the form was completed are 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.

Resident #1 is no longer in the home. MS 4/6/17

26.00.141 a 1

unacceptable

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. 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 (██████ 16). The completion of the DME will be included in the Audit process and Quarterly reviews performed by administrative assistant.

(Complete audit attached)

Audits are completed monthly. The medical evaluation shall be reviewed for timely completion, accuracy and completion in its entirety to include the date of the in-person medical evaluation. MS 4/6/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/12/2016	
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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) *Julie, Simon*
Director of Home Clinical Date *12/26/16*

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