



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 30 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 inspection on April 7, 2017 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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



JUN 12 2017

Violation Report: 42463 - 04/07/2017 - Mulick, Cindy PCH Name: LAURELBROOKE PERSONAL CARE	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600  
2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION  
The contract for resident #1 is not dated, therefore it cannot be determined if it was completed within 24 hours of admission.

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 resident-home contract has since been dated. Please refer to attachment 1.

The administrator and/or designee will have all resident-home contracts dated prior to or within 24 hours of admission.

Please refer to attachment 2, the admission checklist.

Immediately - The administrator or designee will review the contracts of all current residents to ensure they are complete, including dates and signatures.

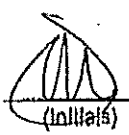
*[Signature]* 6/19/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ashley Buzard</i>	Date <i>06/12/2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/19/17</u> (Date)	Plan of correction implementation status as of <u>6/19/17</u> (Date)
The above plan of correction was approved by  (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

JUN 12 2017

Violation Report: 42463 - 04/07/2017 - Mulick, Cindy  
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

The undated contract for resident #1, admitted [redacted], was not signed by the administrator or a designee, or 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.

Resident-home contract has since been signed. Resident started to sign 4/12/2017, then stopped. Responsible party then signed 6/8/2017. Please refer to attachment 3.

The administrator and/or designee will have all resident-home contracts signed prior to or within 24 hours of admission.

Please refer to attachment 2, the admission checklist.

Immediately - The administrator or designee will renew all contracts for current residents to ensure they are complete, including dates and signatures.

6/19/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/22/2016

Signature of Legal Entity Representative (Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Buzard      Date 6/12/2017

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Plan of correction implementation status as of 6/19/17 (Date)

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

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

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JUN 12 2017

Violation Report: 42483 - 04/07/2017 - Mulick, Cindy  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
There were 6 uncovered garbage cans in the kitchen. Each can had a hole approximately 8 inches in diameter cut out of the lid, and were at least half full with trash.

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.

All garbage cans have received new lids that have no holes. Please refer to attachment 4.

Dietary staff have also been notified since inspection. Please refer to attachment 5.

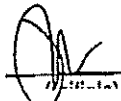
Administrator and/or designee will monitor on a monthly basis to ensure all garbage cans are covered.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) Ashley Buzard		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Buzard		Date 06/12/2017

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JUN 12 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 5 of 9

Violation Report: 42403 - 04/07/2017 - Mulick, Cindy  
PCH Name: LAURELBROOKE PERSONAL CARE

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  
Residents #4 and #5, do not have a source of lighting that can be turned off/on from bedside. Resident #4's lamp was approximately 3 1/2 feet from the bed, and resident #5's lamp was approximately 4 feet from the bed.

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.

Lighting source has been moved within arms length of bed. Please refer to attachment 7 and 8.

Administrator and/or designee will do room inspections bi-weekly to ensure lighting source at bedside for the next 3 months and then on admission.

Immediately - all staff persons will be directed to monitor bedside lighting daily, as part of their regular duties.

6/19/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/22/2016

Signature of Legal Entity Representative (Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Buzard      Date 06/12/2017

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Plan of correction implementation status as of 6/19/17 (Date)

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- Fully Implemented
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- Not Implemented

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Violation Report: 42463 - 04/07/2017 - Mulick, Cindy  
PCH Name: LAURELBROOKE PERSONAL CARE

JUN 12 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa. Code §2600  
2800.103(j) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

There was an unsealed 5 pound bag of pecans, and an unsealed 2 pound bag of bran flakes, in the pantry in the rear of the kitchen.

There were 4 unsealed bags of potato chips in the kitchenette, in the secured dementia care unit.

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.

All unsealed food was discarded at time of inspection.

All resident aides, dietary staff and activity staff have been notified on regulation.

Administrator and/or designee will do weekly checks for next 3 months to ensure all food is stored properly in a sealed container.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Ashley Buzard

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

Ashley Buzard

Date

06/12/2017

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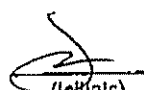
6/19/17  
(Date)

Plan of correction implementation status as of

6/19/17  
(Date)

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(Initials)

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Violation Report: 42463 - 04/07/2017 - Mulick, Cindy  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed the following eye drops that were administered after the expiration dates as follows:

\*Combigan 0.2%/0.5%, one drop into each eye twice daily. The medication was opened 2/28/17, and according to manufacturer's instructions, expired 30 days after opening, 3/30/17. However, the eye drop were administered to the resident at 7 a.m. on 4/1/17, 4/2/17.

\*Latanoprost 0.005% ophthalmic solution, one drop in both eyes at bedtime. The medication was opened 2/2/17 and expired on 4/4/17. However the eye drops were administered to the resident from 4/5/17-4/7/17 at bedtime.

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.

Eye drops have been discarded and replaced since inspection.

PCA-Mission pharmacy does complete monthly cart audits and has a report that the RCC or administrator receives. Administrator and/or RCC will make all changes/corrections once report is received.

Immediately - All staff who administer medications, including eye drops, will be reeducated on checking expiration dates from the date the medications are opened.

*De 6/19/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Ashley Buzard*

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

Ashley Buzard

Date 06/12/2017

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*6/19/17*  
(Date)

Plan of correction Implementation status as of

*6/19/17*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
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- Not Implemented

RECEIVED

JUN 12 2017

Violation Report: 42453 - 04/07/2017 - Mulick, Cindy  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
(1) The resident's name.  
(2) The name of the medication.  
(3) The date the prescription was issued.  
(4) The prescribed dosage and instructions for administration.  
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #2 is prescribed Docusate Sodium 100mg, take 1 capsule once a day as needed. However, the pharmacy label indicates 1 capsule twice daily.  
  
Resident #2 is prescribed Senna tablet 17.2mg, 2 tablets at bedtime as needed. However, the pharmacy label indicates 2 tablets daily at bedtime.

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.  
  
Labels have been corrected since inspection.  
  
Any change in order will receive a "direction change sticker" or a new label from the pharmacy. This will be verified by RAC/designee. Any new order will be verified by RAC/designee that labels match.  
  
Immediately - All staff who administer medication will be retrained on checking MAR orders to medication bottle to ensure they match.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ashley Buzard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ashley Buzard*      Date *06/12/2017*

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The above plan of correction is approved as of 6/9/17 (Date)

Plan of correction implementation status as of 6/9/17 (Date)

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

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

*[Handwritten initials]*  
6/9/17

JUN 12 2017

Violation Report: 42463 - 04/07/2017 - Mulick, Cindy  
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The April 2017 medication administration record (MAR) for resident #1 does not indicate the diagnosis or purpose for Terbinafine 250mg.

The April 2017 MAR for resident #3 does not indicate the diagnosis or purpose for Omeprazole 20mg DR.

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.*

All diagnosis have been added to the MAR for both residents. Please refer to attachment 9 for resident #3. Resident #1 was added but since discontinued.

Administrator and/or designee performs weekly reports to ensure all medications have a diagnosis. This process is ongoing.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Ashley Buzard*

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

*Ashley Buzard*

Date

*06/12/2017*

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The above plan of correction is approved as of

*6/19/17*  
(Date)

Plan of correction implementation status as of

*6/19/17*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
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- Not Implemented