



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 26, 2017

Mr. Larry Cottle,
CEO
Regal Manor, LLC
120 West Main Street
Waynesboro, Pennsylvania 17268

RE: The Leland of Laurel Run
Certificate #: 329940

Dear Mr. Cottle:

As a result of the Department of Human Services' licensing inspection on August 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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32994 - 08/07/2017 - Cargile, Kellie

PCH Name: THE LELAND OF LAUREL RUN

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 8/04/17 at 7:05 pm, Resident #1 was observed by staff to have his/her knee on the chest and hands around the neck of Resident #2. Resident #2 sustained a laceration to the face, black and blue bruising around both eyes and swelling of the eyes, nose and upper cheek area. Resident #2 was sent to the hospital for evaluation of the injuries and placed on charting to monitor his/her bruising and pain.

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 was immediately removed from the situation. Resident #2 was evaluated and assessed and sent to the ER for evaluation and returned later that evening.
- Facility will continue to monitor all residents and increase activity staff in the secured dementia unit to prevent any further incidents.
- Resident #1 was discharged from the facility to a more appropriate setting.
- All staff are in-serviced at time of hire and yearly thereafter to prevent abuse and ensure safety of the residents.
- Executive Director will increase education for staff on a monthly basis.
- Executive Director/Designee will continue to evaluate and monitor compliance to attempt to prevent any further incidents.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Hene Shumaker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Hene Shumaker* Date *8/25/17*

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

The above plan of correction is approved as of 9-26-17 (Date)

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

Plan of correction implementation status as of 9-26-17 (Date)

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

Violation Report: 32994 - 08/07/2017 - Cargile, Kellie
 PCH Name: THE LELAND OF LAUREL RUN

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 #1's assessment and support plan, dated 2/23/17, has not been updated to reflect changes in behaviors and aggression toward others, which occurred on 3/15/17, 3/25/17, 5/6/17, 6/9/17 and 8/4/17.

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 - assessment and Support Plan was updated to reflect the changes in behaviors and aggression towards others based on the above dates.
- All staff will be inserviced on requirement to ensure that all assessments and Support plans are updated to reflect any significant changes prior to the annual assessment
- Executive Director/Designee will ensure that significant change RASP will be updated for behaviors/aggression.
- Executive Director will QA all incident reports regardless to ensure RASP's have been updated per regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kene Shumaker

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

Kene Shumaker

Date *8/25/17*

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

The above plan of correction is approved as of *9-26-17*
 (Date)

Plan of correction implementation status as of *9-26-17*
 (Date)

The above plan of correction was approved by *JS*
 (Initials)

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