



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: June 5, 2018

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's Bureau of Human Services Licensing inspection on February 21, 2018, and April 11, 2018 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 "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32944 - 02/21/2018 - Springs, Israel
 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

Resident #1 is diagnosed with Alzheimer's Dementia and the most recent Resident Assessment and Support Plan (RASP) dated 2/9/18, documents under "Behaviors" to "Take the resident to a quiet area and provide 1:1"; under "Irritability" to "Sit and talk with the resident one to one to find out the issue. Give resident time to express needs.", and under the "Summary and Determination" section staff are directed "If the resident is agitated provide one on one time with resident until calm." At approximately 8:15pm on 2/17/18, Resident #1 was observed by staff going in and out of resident bedrooms on the 3rd floor and as a result was taken to the 1st floor dining area for 1:1 supervision by Staff member A until appropriate to return to 3rd floor, per directions in the resident's support plan. At approximately 8:30pm, Staff Member A was advised of an emergency situation on the 2nd floor and left resident unattended in the 1st floor dining area. Based upon interviews, after Staff Member A's departure, Resident #1 was yelling and cursing at two other residents present in the area and was described as engaging in exit seeking behaviors while commenting that he/she wanted to go to the 1st floor even though the resident was actually located on the 1st floor. At this time, Resident #1 opened the door to the stairwell, drove his/her motorized wheel chair into this area. At approximately 8:40pm, the resident was found by staff lying face down on the floor at the bottom of the run of five steps with the wheel chair on top of him/her and blood coming from the resident's head, nose, and mouth. EMS was called and the resident was transported to a local hospital. On [redacted] 18, the resident passed away after being transferred from the hospital to a hospice facility. The death certificate documents the immediate cause of death a "Trauma from fall; C4 to C6 fracture; Nasal bones bilateral, Radius bilateral." The home failed to provide adequate care and supervision necessary to maintain the resident's health, safety, and well-being.

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.

- Keypad placed on door that resident exited through *bts* 5/1/18
- Facility will be placing code system on all exit doors interior and exterior
- All staff inserviced on behaviors/exit seeking
- All staff inserviced on RASP as it pertains to resident
- Executive Director/designee will review 24^o shift report on daily basis to ensure any resident with a change in condition is addressed to ensure staff is updated on specific needs for resident as it relates to safety.
- Executive Director/designee will check all doors daily for proper function and secure measures are in place for safety of residents.
- All floors will have a staff member present. (continued on page 2A)

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/07/2017

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 *3/13/18*

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

The above plan of correction is approved as of *3/27/18*
 (Date)

Plan of correction implementation status as of *5/7/18*
 (Date)

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

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

Addendum to 2600 42B for The Leland of Laurel Run

A review of all current residents RASP's will be reviewed by Executive Director/Designee by April 20, 2018

A review of all staffing schedules will be completed daily by Executive Director/Designee

Hene Shumaker

3/20/18

* The home has installed a Wanderguard system on all doors that will sound an alarm if a resident wearing the activator gets in close proximity to the door. The installation of this system was completed on 4/20/18.

BAS 5/2/18