



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 08 2018

Ms. Barbara Sepich
President/Chief Executive Officer
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's Bureau of Human Services Licensing annual inspection on April 6, 2018 and June 27, 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.

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.

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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License 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
Administrator: Sherril Reno		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		RECEIVED
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy I-1 04/13/2011 Brookville Borough		JUN 04 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 70	Waking Staff: 53
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/06/2018: Park, Beth; Hoover, Josh		
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: 45 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: 17 Number of Current Hospice Residents: 2 Number of Hospice Residents In past year: 9		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 44 Have Mental Illness: 9 Have an Intellectual Disability: 1 Have a Mobility Need: 25 Have a Physical Disability: 0

Violation Report: 42463 - 04/08/2018 - Park, Beth
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The glucometer belonging to resident #9 was used to measure the blood sugar level of resident #8 on the following dates and times:

- *3/10/2018 7:16 AM
- *3/11/2018 6:22 AM
- *3/19/2018 6:12 AM

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.

Regulation 55 Pa. Code 2600 page 2-12

Upon discovery that glucometers were being shared between two residents, Resident Care Coordinator and Administrator disposed of all residents current glucometers. Resident Care Coordinator immediately called PCA Mission Pharmacy and ordered brand new glucometers and supplies at the facilities expense. All primary care physicians were notified of glucometers being shared. Resident Care Coordinator and Administrator came into facility 4/7/2018 and went through all cabinets in both medication rooms and disposed of any extra glucometers. New glucometers arrived at facility on 4/9 and were put into place on 4/11. Resident Care Coordinator used a label maker machine and printed out the name of each resident for the glucometer itself, and the glucometer case. A mandatory glucometer training was conducted by RN Educator on 4/11/2018. Resident Care Coordinator will perform glucometer audits weekly times 4, then monthly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherrri Reno

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

Sherrri Reno, Administrator

Date 6-4-2018

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

The above plan of correction is approved as of

7/31/18
(Date)

Plan of correction implementation status as of 7/31/18
(Date)

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

The above plan of correction was approved by

PLW
(Initials)

Violation Report: 42463 - 04/06/2018 - Park, Beth
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
There were 2 undated cling-wrapped packages of cheese in the refrigerator located in the secure 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.

I immediately removed the undated packages of cheese and threw them away.
Staff have been verbally educated on ensuring dates are on all items in refrigerator. Weekly audits are being conducted by designated staff.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Sherri Reno

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Sherri Reno, Administrator Date 6-4-2018

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

The above plan of correction is approved as of 7/31/18
(Date)

Plan of correction implementation status as of 7/31/18
(Date)

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

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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42483 - 04/06/2018 - Park, Beth
PCH Name: LAURELBROOKE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The right door of the double doors from the activity room to the foyer was locked and obstructed by a 4 foot round table and an armchair. The left door was obstructed by a stand containing a sound system and speakers which only allowed this side to open approximately 26 inches.

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 doorway was immediately unlocked and the 4' round table, armed chair, sound system and speakers were removed.

Signs stating PLEASE DO NOT BLOCK ENTRANCE/EXIT DOORS were immediately placed on doors. Please see attached photos.

Staff were trained on keeping all egress routes from rooms and from the building unlocked and unobstructed on 6/11/18. *9/27/18*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sherrri Reno, Administrator* Date *6-4-2018*

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

The above plan of correction is approved as of 7/31/18
(Date)

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

- Plan of correction implementation status as of 7/31/18
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress *SR*
 - Partially Implemented - Inadequate Progress
 - Not Implemented

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JUN 04 2018

Page 6 of 12

Violation Report: 42463 - 04/06/2018 - Park, Belh
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
The Great Hall and Harmony Courtyard have been the only exit routes used for the past 6 monthly fire drills.

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.

Fire drill regulation has been reviewed by administrator, maintenance and resident care coordinator. Alternate exit routes will be used moving forward during fire drills.

Maintenance attended Fire-Train the trainer held by Temple University on April 26, 2018

Fire drills conducted on 4/11/18 and 5/30/18 used alternate exits for evacuation. *pu 7/3/18*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sherrri Reno*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sherrri Reno, Administrator* Date *6-4-2018*

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

The above plan of correction is approved as of 7/3/18
(Date)

Plan of correction implementation status as of 7/3/18
(Date)

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

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

Violation Report: 42463 - 04/06/2018 - Park, Beth
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #2's prescription for Pramoxine HCL 1% was discontinued by the physician on 7/5/2017. However, this medication was still present in the medication cart.

Resident #2's prescription for triple antibiotic cream was discontinued by the physician on 3/13/2018. However, this medication was still present in the medication cart.

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.

Regulation 55. Pa Code 2600- page 7-12

Upon discovery that medications were left in the medication cart Resident Care Coordinator took out of the cart and returned to the pharmacy for disposal. Resident Care Coordinator performed a medication cart audit on all residents with the help of RN, Educator and Administrator. A mandatory staff training was held on 4/11/2018 to educate on safe storage access, security, distribution, and use of medication and medical equipment. In this training RN Educator reeducated Med Trained staff on the proper way to perform a cart audit, and obtaining discontinued medication from the medication carts. All staff received a packet of information regarding discontinued medication. All staff was required to sign off on the information provided.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherri Reno

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

Sherri Reno

Date *6-4-2018*

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

The above plan of correction is approved as of

7/31/17
(Date)

Plan of correction implementation status as of

7/31/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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JUN 04 2018

Page 8 of 12

Violation Report: 42463 - 04/06/2018 - Park, Beth PCH Name: LAURELBROOKE PERSONAL CARE	REGISTRATION AND LICENSING Human Services Licensing
1. REGULATION 55 Pa.Code §2600 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
2a. DESCRIPTION OF VIOLATION	

Please see attached. (pages 9 of 12 + 10 of 12)

Sherr Reno
Sherr Reno, Administrator
6-4-2018

Violation Report: 42463 - 04/06/2018 - Park, Beth
 PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

The glucometers belonging to residents #4, #6 and #7 are not set to the current date and time.

Resident #3 had multiple documented blood glucose levels on the medication administration record (MAR) which were not found on resident #3's glucometer to include:

<u>Date and time</u>	<u>MAR</u>	<u>Glucometer</u>
4/4/2018 for 7:00 AM	108	Nothing
4/2/2018 for 7:00 AM	108	Nothing
3/31/2018 for 7:00 AM	100	Nothing
3/28/2018 for 7:00 AM	102	Nothing
3/26/2018 for 7:00 AM	97	Nothing

Resident #4 had multiple documented blood glucose levels on the medication administration record (MAR) which were not found on resident #4's glucometer to include:

<u>Date and time</u>	<u>MAR</u>	<u>Glucometer</u>
4/6/2018 for 6:00 AM	116	Nothing
4/4/2018 for 6:00 AM	109	Nothing
4/3/2018 for 6:00 AM	110	Nothing
4/1/2018 for 6:00 AM	115	Nothing
3/31/2018 for 6:00 AM	114	Nothing

Resident #5 had multiple documented blood glucose levels on the medication administration record (MAR) which were not found on resident #5's glucometer to include:

<u>Date and time</u>	<u>MAR</u>	<u>Glucometer</u>
3/14/2018 for 7:00 AM	100	Nothing
3/13/2018 for 4:00 PM	116	Nothing
3/13/2018 for 7:00 AM	99	Nothing
3/12/2018 for 4:00 PM	105	Nothing
3/12/2018 for 7:00 AM	92	Nothing

Resident #6 had multiple documented blood glucose levels on the medication administration record (MAR) which were not found on resident #6's glucometer to include:

<u>Date and time</u>	<u>MAR</u>	<u>Glucometer</u>
4/6/2018 for 6:00 AM	117	Nothing
4/5/2018 for 6:00 AM	122	Nothing
4/4/2018 for 6:00 AM	110	Nothing
4/3/2018 for 6:00 AM	112	Nothing
4/1/2018 for 6:00 AM	108	Nothing

Resident #7 had multiple documented blood glucose levels on the medication administration record (MAR) which were not found on resident #7's glucometer to include:

<u>Date and time</u>	<u>MAR</u>	<u>Glucometer</u>
4/5/2018 for 4:00 PM	100	Nothing
4/5/2018 for 7:00 AM	99	Nothing
4/1/2018 for 4:00 PM	105	Nothing
3/31/2018 for 4:00 PM	171	Nothing
3/31/2018 for 7:00 AM	136	Nothing

Resident #8 had multiple documented blood glucose levels on the medication administration record (MAR) which were not found on resident #8's glucometer to include:

<u>Date and time</u>	<u>MAR</u>	<u>Glucometer</u>
4/6/2018 for 7:00 AM	102	Nothing
4/5/2018 for 7:00 AM	110	Nothing
4/4/2018 for 7:00 AM	90	Nothing
4/1/2018 for 7:00 AM	107	Nothing
3/31/2018 for 7:00 AM	127	Nothing

Violation Report: 42463 - 04/06/2018 - Park, Beth
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

The home has 2 glucometers considered to be "house" glucometers. The "house" glucometer in medication cart #1 contains 1 reading in March 2018, 2 readings in January 2018 and 3 readings in December 2017.

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.

Regulation 55 Pa. Code 2600 page 2-12

Upon discovery that glucometers were being shared between two residents, Resident Care Coordinator and Administrator disposed of all residents current glucometers. Resident Care Coordinator immediately called PCA Mission Pharmacy and ordered brand new glucometers and supplies at the facilities expense. All primary care physicians were notified of glucometers being shared. Resident Care Coordinator and Administrator came into facility 4/7/2018 and went through all cabinets in both medication rooms and disposed of any extra glucometers. New glucometers arrived at facility on 4/9 and were put into place on 4/11. Resident Care Coordinator used a label maker machine and printed out the name of each resident for the glucometer itself, and the glucometer case. A mandatory glucometer training was conducted by RN Educator on 4/11/2018. Resident Care Coordinator will perform glucometer audits weekly times 4, then monthly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherris Reno

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

Sherris Reno, Administrator

Date 6-4-2018

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

The above plan of correction is approved as of

7/31/18
(Date)

Plan of correction implementation status as of

7/31/18
(Date)

The above plan of correction was approved by

SR
(Initials)

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

JUN 04 2018

Violation Report: 42463 - 04/06/2018 - Park, Beth
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B completed the Department-approved medication administration course on 7/28/14 but has not completed any annual medication administration practicums. Direct care staff person B administered medications to include following:

- * Amlodipine 10mg tablet - Resident #1 - 4/1/18 and 4/2/18 at 9:00 AM
- * Amlodarone 200mg tablet - Resident #2 - 4/1/18 and 4/2/18 at 8:00 AM
- * Chlorthalldone 25mg tablet - Resident #7 - 4/1/18 and 4/2/18 at 10:00 AM
- * Lisinopril 20mg tablet - Resident #10 - 4/1/18 and 4/2/18 at 10:00 AM

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.

Regulation 55. Pa. Code 2600—page 11

Upon discovery Administrator immediately scheduled Paige Goodman to attend the medication administration course with RN, Educator. Paige completed this course on 4/10/2018 Moving forward, all staff who has had prior medication training, will be scheduled to have the medication administrator course taught by RN, Educator within the WRC company to ensure proper training is performed.

Immediately: The administrator or designated staff person will review staff training records to ensure all staff persons who administer medications to residents have completed the Department-approved medications administration course and an annual practicum at least every 12 months thereafter. *pk, 7/31/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherri Reno

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

Sherri Reno, Administrator

Date

6-4-2018

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

The above plan of correction is approved as of

7/31/18
(Date)

Plan of correction implementation status as of

7/13/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *pk*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

pk
(Initials)

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JUN 04 2018

Violation Report: 42483 - 04/06/2018 - Park, Beth
PCH Name: LAURELBROOKE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident #2's support plan, dated 12/1/2017, was not signed by the staff person who completed the form.

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.

Regulation 55. Pa. Code 2600 – page 12-12

Upon discovery Resident Care Coordinator immediately signed residents support plan. Resident Care Coordinator performed an audit on the personal care rasp and the secured dementia unit rasp. All other rasp have the required signature by the assessor.

Please see attached signature on the next page.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sherri Reno*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sherri Reno, Administrator* Date *6-4-2018*

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

The above plan of correction is approved as of 7/31/18
(Date)

Plan of correction implementation status as of 7/31/18
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *pe.*
- Partially Implemented - Inadequate Progress
- Not Implemented

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: LAURELBROOKE PERSONAL CARE		License Number: 42483
Address: 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825		County: Jefferson
Administrator: Sherri Reno		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		RECEIVED
Certificate(s) of Occupancy I-1 04/13/2011 Brookville Borough		JUL 16 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 70	Waking Staff: 63
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim, Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/27/2018: Hoover, Josh; Pfaff, Vicki		
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: 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: 19 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 11		Number of Residents who: Receive Supplemental Security Income: 2 Are 80 Years of Age or Older: 47 Have Mental Illness: 13 Have an Intellectual Disability: 1 Have a Mobility Need: 23 Have a Physical Disability: 1

Violation Report: 42483 - 08/27/2018 - Hoover, Josh
FCH Name: LAURELBROOKE PERSONAL CARE

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
Between the dates of 5/2/2018 and 5/17/2018, staff person A removed resident #1's keys from his/her bedside table and used them on multiple occasions to enter a locked drawer in the resident's room, stealing at least \$65. On 5/24/2018, charges of theft by unlawful taking and receiving stolen property were filed against staff person A by the local magistrate's office.

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 May 22, 2018 Chief [redacted] of the Brookville police department held a training for ALL STAFF on Theft Zero Tolerance. See attached information.
Per our company handbook Theft is not tolerated and staff will be terminated.
Restitution was made to the resident.

A staff training on residents rights was conducted on 6/11/18. p.u. 7/13/18

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sherrri Reno</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sherrri Reno Administrator</i>	Date <i>7/16/2018</i>

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

The above plan of correction is approved as of 7/13/18 (Date)
:
The above plan of correction was approved by p.u. (Initials)

Plan of correction implementation status as of 7/13/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *p.u.*
- Partially Implemented - Inadequate Progress
- Not Implemented