



November 20, 2019

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's Bureau of Human Services Licensing annual inspection on April 9, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

**RECEIVED**

8/6/19

Western Region Field Office  
Bureau of Human Services Licensing**Violation Report****Facility Information**

Name: LAURELBROOKE PERSONAL CARE

License Number: 424630

Address: 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825

County: JEFFERSON

Region: WESTERN

**Administrator**

Name: Patti Baker

Phone: 8148493615

Email: PBAKER@WRC.ORG

**Legal Entity**

Name: WRC PENNSYLVANIA MEMORIAL HOME

Address: 985 ROUTE 28, BROOKVILLE, PA, 15825

**Certificate(s) of Occupancy**

Type: I-1

Date: 04/13/2011

Issued By: Brookville Borough

**Staffing Hours**

Resident Support Staff: 0

Total Daily Staff: 74

Waking Staff: 56

**Inspection**

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

**Inspection Dates and Department Representative**

04/09/2019 - On-Site: Barb Barone, Vicki Pfaff

**Resident Demographic Data as of Inspection Dates****General Information**

License Capacity: 50

Residents Served: 48

**Secured Dementia Care Unit**

In Home: Yes

Area: Harmony Circle

Capacity: 20

Residents Served: 20

**Hospice**

Current Residents: 3

**Number of Residents Who:**

Receive Supplemental Security Income: 1

Are 60 Years of Age or Older: 48

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 26

Have Physical Disability: 2

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

License inspection summaries (LIS) posted in the main hall between the lobby and dining room had resident privacy coding documents attached including:  
 LIS dated 4/6/18 residents #1, #2, #3, #4, #5, #6 and #7.  
 LIS dated 6/27/18 resident #8.

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.)

LIS dated 4/6/18 and 6/27/18 were removed immediately. Regulation 2600.17 was reviewed by Administrator and Resident Care Coordinator (RCC) for understanding of the violation. LIS with resident identifiers will be removed from report upon receipt for protection of privacy.

**Immediately, then at least twice weekly, the administrator or designated staff person shall inspect all areas of the home to ensure resident records and documentation are kept confidential and inaccessible. Documentation of inspections shall be kept.**

 10/24/19

Legal Entity Representative

  
 Signature


Patti Baker PCHA  
 Printed Name and Title

08/06/19  
 Date

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The above plan of correction is approved as of 10/24/19  
 (Date)

Plan of correction implementation status as of 10/24/19  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

25b - Contract Signatures

Regulations

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.

Description of Violation

Resident #9's resident-home contract, dated 6/18/18, was not signed by the resident.  
Resident #10's resident-home contract, dated 7/31/18, was not signed by the resident.

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.)

A guide list for admissions has been developed and includes: POA, Prescreen and Cognitive Screen for admissions in secured unit, DME, Living Will, Admission Contract with appropriate signatures and date, Etc. The guide will be used for training with Administrator and RCC. All new admissions will be reviewed for required documents and signatures until audits show no omissions for three consecutive months. Random audits continue thereafter.

Immediately, the contract for resident #9 and resident #10 shall be signed by the resident.

 10/24/19

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident records to ensure the resident - home contract is signed by the administrator or a designee, the resident and the payer, if different from the resident, and co-signed by the resident's designated person if any, if the resident agrees. Documentation of the audit shall be kept.

 10/24/19

Legal Entity Representative

  
Signature

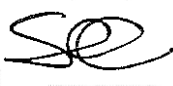
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42c - Treatment of Residents

Regulations

2600.  
42.c. A resident shall be treated with dignity and respect.

Description of Violation

There was a note on a chair underneath the large dinner bell in Harmony Circle dining room, indicating resident #9 had an accident on the chair, is in isolation, and the chair needs cleaned.

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 soiled chair sign was removed and the chair was taken to the proper location to be cleaned. All staff were educated at the team meeting on the proper handling of soiled items and residents rights, dignity and respect. Team meeting attendance paper attached.

**Immediately, then at least weekly for one month, and monthly thereafter: The administrator shall privately interview at least 4 residents, to ensure they are treated with dignity and respect. Documentation of the interviews shall be kept.**

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Signature

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(Initials)  Fully Implemented  Partially Implemented - Inadequate Progress  Not Implemented

85a - Sanitary Conditions

Regulations

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

The freezer section of the refrigerator/freezer in the Jasmine Lane kitchen contained a layer of ice approximately 2" thick, with various items frozen into it, including 2 ice cream cups, 2 ice trays and a napkin.

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.)

Immediately upon discovery that the freezer section of the refrigerator/freezer in Jasmine Lane Kitchen contained a layer of ice, the maintenance, housekeeping and the main kitchen departments disposed of any items frozen in the ice. The area was defrosted and cleaned. The ice trays were washed and replaced. The refrigerator/freezer was replaced with a new model on this date 05/17/19. The refrigerator/freezer will be inspected by Administrator or designee weekly x 6 weeks and then monthly for an additional 3 months to assure cleanliness.

Documentation of inspections shall be kept.

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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit door from the lounge in Periwinkle Lane to the courtyard was blocked on the outside by a wooden chair. The door is used as an emergency exit.

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 outside doorway in Periwinkle Lane was immediately unblocked, by removing the wooden chair. All maintenance staff were trained on keeping all egress routes from rooms & from the building unobstructed on 04/14/19. Training attendance sheet attached.

Immediately, then at least daily, the administrator or designated staff person shall inspect all stairways, hallways, doorways, passageways and egress routes from rooms and from the building to ensure they are unlocked and unobstructed. Documentation of inspections shall be kept.

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132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The homes' maximum designated evacuation time, determined by a fire safety expert on 4/24/18, is 15 minutes 0 seconds. However, this time was exceeded on the fire drill conducted on 11/21/18 at 5:07 am in which the evacuation time was 15 minutes 42 seconds.

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, RCC, Maintenance. Staff was trained on 05/03/19 with Mr. Hicks fire expert. If the fire drill exceeds the time, additional fire drills will be conducted.

If the home exceeds the safe evacuation time specified in writing by a fire safety expert within the past year, for two consecutive fire drills, the home shall add additional staff to the regular schedule and maintain the increased staffing level at all times.

Relocate resident who require special assistance with evacuation closer to exits or designated fire safe areas.

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141b1 - Annual Medical Evaluation

Regulations

2600.  
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #7's most recent medical evaluation was completed on 2/22/19. The resident's previous medical evaluation was completed on 11/16/17.

Resident #11's most recent medical evaluation was completed on 2/22/19. The resident's previous medical evaluation was completed on 11/29/17.

Resident #11's most recent medical evaluation, completed 2/22/19, did not include the resident's weight, pulse rate, blood pressure, or temperature.

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.)

*SE* **Immediately, resident #11's DME shall be updated to include the resident's weight, pulse rate, blood pressure, and temperature.**  
10/24/19 Tracking system developed to assure completion within required time frame. RCC will review all new DME for completion and accuracy moving forward.

*SE* **Within 30 days of receipt of the plan of correction: All staff persons involved with the medical evaluation process shall be trained on the tracking system and educated on the required time frames of medical evaluations in accordance with regulation 2600.141(b)(1). Documentation of education shall be kept.**  
10/24/19

*SE* **Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident records to ensure an in-person medical evaluation has been completed for all residents within the past 10/24/19 year, in accordance with 2600.141b1. Documentation of the audit shall be kept.**

Legal Entity Representative

*Patti Baker*  
Signature

Patti Baker PCHA  
Printed Name and Title

08/06/19  
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183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #12's prescription for Ibuprofen 200 mg, was discontinued on 1/3/19; however, on 4/9/19 the medication was still in the home.

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.)

Upon discovery medications were left in the medication cart, the RCC removed these medications from the cart and returned them to the pharmacy for disposal. A medication cart audit on all residents was done with the help of pharmacy and will continue to be done on a monthly basis moving forward. Staff training was held on 5/28/19 to educate on the safe storage, access, security, distribution, use of medication and medical equipment, proper cart audit methods and discontinue medications from the medication carts.

Documentation of audits shall be kept.

 10/24/19

Legal Entity Representative

  
Signature


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08/06/19  
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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #9 is prescribed Humalog 100Units/ML; Accu-checks before meals and at bedtime sub-q as follows: 150-200=2U; 201-250=4U; 251-300=6U, 301-350= 8US; 351-400= 10US, >401=12US; however, the dosage for blood glucose >401 was not listed on the pharmacy label.

Resident #12 is prescribed Lisinopril 10mg, take 1 tablet by mouth once a day; however, the pharmacy label stated - Lisinopril 10mg, take1 tablet by mouth twice a day, at 9am and 8pm.

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.)

RCC immediately notified pharmacy, medications were properly labeled. Medication cart audits on all residents preformed monthly with the assistance of pharmacy. Staff training on 05/28/19 to educate on proper medication labeling.

Documentation of audits shall be kept.

 10/24/19

Legal Entity Representative

  
Signature


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Printed Name and Title

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #12's April 2019 medication administration record lists Ondansetron 4g, take 1 tablet by mouth every 6 hours as needed; however, on 4/9/19, the medication was not available in the home.

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 Administrator or RCC will review Pharmacy Report for unused PRN medications on a monthly basis to request discontinued orders. If unable to discontinue medications, the medications will be reordered.

Immediately, the administrator shall develop and implement policy and procedures to ensure all medications prescribed for residents are available in the home at all times for administration, including PRN medications.

SE 10/24/19

Within 10 days of receipt of the plan of correction: All staff persons qualified to administer medication shall be educated on these procedures. Documentation of education shall be kept.

SE 10/24/19

Immediately, then at least monthly, the administrator or designated staff person qualified to administer medications shall conduct an audit of physician orders, medications in the home and resident MARs to ensure all prescribed medications are available in the home for administration, to include PRN medications. Documentation of audits shall be kept.

SE 10/24/19

Legal Entity Representative

*Patti Baker*  
Signature

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08/06/19  
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- Partially Implemented - Adequate Progress
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- Not Implemented

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident # 9 was admitted on 6/18/18; however, a pre-admission screening was not completed.

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.)

A guide list for admissions has been developed and includes: POA, Prescreen and Cognitive Screen for admissions in secured unit, DME, Living Will, Admission Contract with appropriate signatures and date, Etc.  
 The guide will be used for training with administrator and RCC. All new admissions will be reviewed for required documents and signatures until audits show no omissions for three consecutive months. Random audits continue thereafter.

**Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident records to ensure all residents have a preadmission screening form completed and present in each resident file. Documentation of the audit shall be kept.**

 10/24/19

Legal Entity Representative

  
 Signature


Patti Baker PCHA  
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08/06/19  
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227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #10's most recent support plan, dated 7/31/18, was not updated to indicate he began receiving hospice services on 12/8/18.

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.)

Instructions were reviewed with newly hired RCC on completion of R.A.S.P. including when to revise. Leadership team meets every AM to discuss residents with change in condition, admission, discharge, etc. The support plan will be revised/updated to indicate the needs of the resident.

**Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident support plans to ensure they are complete, accurate and indicate the care and services the home will provide to the resident. Documentation of the audit shall be kept.**

 10/24/19

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Signature


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227g -Support Plan Signatures

Regulations

2600.  
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation


Resident #7's support plan, dated 3/7/19, was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

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.)

Upon discovery, RCC immediately found the original residents support plan with signature and provided paperwork to DHS representative. All Resident Assessment and Support Plans were reviewed and found to have participates signatures unless indicated otherwise.  
Please see attached page.

Legal Entity Representative

|   |                        |          |
|---|------------------------|----------|
|  | Patti Baker PCHA       | 08/06/19 |
| Signature   | Printed Name and Title | Date     |

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|  | (Initials)  |  |   |          |

231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #9 was admitted to the secured dementia care unit on 6/18/18; however, a cognitive screening was not completed.

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.)

A guide list for admissions has been developed and includes: POA, Prescreen and Cognitive Screen for admissions in secured unit, DME, Living Will, Admission Contract with appropriate signatures and date, Etc. The guide will be used for training with administrator and RCC. All new admissions will be reviewed for required documents and signatures until audits show no omissions for three consecutive months. Random audits continue thereafter.

Documentation of audits shall be kept.

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