



**MAILING DATE: October 31, 2019**

Ms. Patti Baker  
Administrator  
WRC Pennsylvania Memorial Home  
985 Route 28  
Brookville, Pennsylvania 15825

RE: Laurelbrooke Personal Care  
133 Laurelbrooke Drive  
Brookville, Pennsylvania 15825  
License #: 424630

Dear Ms. Baker:

As a result of the Department's Bureau of Human Services Licensing inspection on August 9, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Jody Garvey".

Jody Garvey  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: LAURELBROOKE PERSONAL CARE  
Address: 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825  
County: JEFFERSON Region: WESTERN

License Number: 42463

### Administrator

Name: Patti Baker Phone: 8148493615 Email: BSEPICH@WRC.ORG

### Legal Entity

Name: WRC PENNSYLVANIA MEMORIAL HOME  
Address: 985 ROUTE 28, BROOKVILLE, PA, 15825

### Certificate(s) of Occupancy

Type: I-1 Date: Issued By:

### Staffing Hours

Resident Support Staff: n/a Total Daily Staff: NaN Waking Staff: NaN

### Inspection

Type: Partial BHA Docket #: Notice: Unannounced  
Reason: Complaint, Incident

### Inspection Dates and Department Representative

08/09/2019 - On-Site: Desmond Grace

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 50 Residents Served: 44

#### Secured Dementia Care Unit

In Home: Yes Area: SDCU Capacity: 20 Residents Served: 19

#### Hospice

Current Residents: 2

#### Number of Residents Who:

Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 44  
Diagnosed with Mental Illness: 26 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 26 Have Physical Disability: 4

20b1 - Financial Records

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home provides financial assistance to resident #1. On 3/22/19, the resident withdrew \$12.00 from her resident account; however, the resident record of financial transactions was not updated to reflect the 3/22/19 transaction and the balance in the account was inaccurate.

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 no longer resides at facility.

Upon discovery the account was audited by Cindy Pierucci and the State Inspector. The balance was updated and corrected. Moving forward, any resident financial transactions turned into administration will be managed utilizing the Resident PI Account System. This account will be reconciled monthly by administrative front office assistant or designee.

Within 30 days of receipt of these plans of correction, then at least quarterly thereafter, the administrator or designated staff person will review all resident records of financial transactions for all residents that receive assistance with financial management from the home and ensure that the records are complete and accurate in accordance with §2600.20(b)(1). *JB* 10/17/19

Within 30 days of receipt of these plans of correction, all staff responsible for providing financial management assistance to residents will be educated on the importance of ensuring correct and complete records of financial transactions. *JB* 10/17/19

Legal Entity Representative

*Patti Baker*  
Signature

Patti Baker PCHA  
Printed Name and Title

10/02/2019  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 10/17/19  
(Date)

Plan of correction implementation status as of 10/23/19  
(Date)

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

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

42m - Resident Leave/Return

Regulations

2600.

42.m. A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

Description of Violation

Resident #1's assessment, dated 8/20/19, indicates that the resident requires no assistance with orientation to time and place, judgement or understanding of instructions and the resident's support plan does not include any restrictions on the resident leaving the home. The home rules do not specify leave and return times to the home and permit unrestricted visits daily. However, on 7/30/19 at approximately 11:00 a.m., staff person A, the home's administrator, told resident #1 that she could not leave to go to dinner with a friend who had come to see her without consent from her designated person and Power of Attorney (POA).

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 no longer resides at facility. Residents will be permitted to move freely in and out of the building. Administrator and Resident Care Coordinator will review resident rights with POA and families via resident handbook, prior to establishing any restrictions related to leaving facility.

Within 30 days of receipt of these plans of correction, all staff members will be educated on §2600.42(a)-(y) and the home's rules related to visiting hours and residents leaving the home. These trainings will emphasize the importance of understanding the resident's right to leave and return to the home at times consistent with the home rules and the resident's support plan. *JB* 10/17/19

Legal Entity Representative

*Patti Baker*  
Signature

Patti Baker PCHA  
Printed Name and Title

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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The built-in wall heating units in multiple resident bathrooms, to include the bathroom in bedroom #410, have broken heating elements and do not provide heat.

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, facility maintenance manager was in the process of determining the proper repair of the heating units and obtaining proper parts for the repair. The units have been repaired by maintenance. A walk through inspection of the heating units in bathrooms will be done weekly for the next three months and after on the monthly routine inspections.

Walk through inspections of heating units will be documented and any necessary repairs will be initiated upon discovery. During the next quality management plan review and evaluation-The home will place an increase emphasis on these plans of correction as well as documentation of maintenance walk throughs and take action to improve the quality of its training related to correcting or reporting furniture and equipment that is in disrepair, unclean or hazardous. *JB* 10/17/19

Legal Entity Representative

*Patti Baker*  
Signature

Patti Baker PCHA  
Printed Name and Title

10/02/2019  
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225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:  
 1. Annually.

Description of Violation

Resident #1's most recent assessment completed on 8/20/2018, does not include the resident's diagnoses of major neurocognitive disorder and bipolar affective disorder and does not indicate that the resident uses a cane or walker to assist with ambulation as indicated on the resident's 9/21/17 medical assessment.

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 the newly hired Resident Care Coordinator on completion of annual medical assessments, how to include residents diagnosis, use of assistive devices to ambulate, when to revise, obtain proper signatures. Will continue to audit until audits show no omissions for three consecutive months. Random audits thereafter.  
 Resident no longer resides at this facility.

Legal Entity Representative

*Patti Baker*  
 Signature

Patti Baker PCHA  
 Printed Name and Title

10/02/2019  
 Date

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