

Violation Report

Facility Information

Name: LAURELBROOKE PERSONAL CARE

License Number: 42463

Address: 133 LAURELBROOKE DRIVE,, BROOKVILLE, PA 15825

County: JEFFERSON

Region: WESTERN

Administrator

Name: Doug Wright

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-2

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 67

Waking Staff: 50

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

09/17/2019 - On-Site: Cindy Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50

Residents Served: 45

Secured Dementia Care Unit

In Home: Yes

Area: Harmony Circle

Capacity: 20

Residents Served: 18

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 45

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 22

Have Physical Disability: 4

85a - Sanitary Conditions

Regulations

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

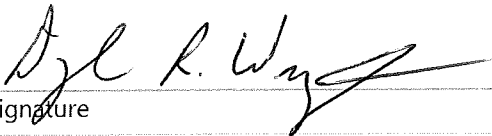
Description of Violation

At 10:16 a.m., seven paper towels, covered with numerous spots of feces, were lying on resident #1's sink.

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.)
Items were removed immediately. Staff received training on Infection control and prevention. All new hires will receive training on Infection Control and prevention during their orientation training. All staff will be required to complete annual training on infection control and prevention. Administration and/or designee will be responsible for training and documentation of completion. In addition, daily rounds by Administrator and/or designee will include all areas are maintained in sanitary conditions.

Legal Entity Representative


Signature

Douglas R. Wright, Interim Administrator 2/7/2020
Printed Name and Title Date

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The above plan of correction is approved as of 4/22/20
(Date)

Plan of correction implementation status as of 4/22/20
(Date)

The above plan of correction was approved by JW
(initials)

Implemented
 Not Implemented

125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 10:10 a.m., six white napkins were sitting on the rear right burner of the stove in the harmony circle kitchen.

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.)

Items were removed immediately. A sign has been placed by stove reminding staff to keep area clear of combustible and flammable materials. The Administrator and/or designee will include this area in the daily rounds to ensure no combustible and flammable materials are on the stove. In addition, staff will be trained on the regulation 2600-125a within 30 days of receipt of Plan of Correction. Documentation will be kept on file of trainings.

Legal Entity Representative


Signature

Douglas R. Wright, Interim Administrator 2/7/2020
Printed Name and Title Date

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(Date) (Date)

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(initials) Not Implemented

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

During the fire drill on 6/24/19 at 5:38 a.m., there were 45 residents in the home; however, only 25 residents were evacuated.

During the fire drill on 7/31/19 at 2:00 p.m., there were 43 residents in the home ; however, no residents were evacuated.

During the fire drill on 8/6/19 at 5:00 a.m., there were 40 residents in the home; however, only 24 residents were evacuated.

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.)

Administrator, RCC and Director of Environmental Services reviewed 2600.132.d and regulatory clarifications of January 2019 on the requirements during a fire drill. All staff will be trained on hire and annually on fire drill and evacuation procedures. Documentation will be kept on file.

Staff training was conducted on 2/6/20.

JW 4/22/20

Legal Entity Representative

Douglas R. Wright
Signature

Douglas R. Wright, Interim Administrator 2/7/2020
Printed Name and Title Date

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