



MAILING DATE: November 14, 2019

Mr. Larry Cottle
Chief Executive Officer
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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on October 2, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *THE LELAND OF LAUREL RUN*

License Number: 32994

Address: *120 WEST MAIN STREET,, WAYNESBORO, PA 17268*

County: *FRANKLIN*

Region: *CENTRAL*

Administrator

Name: *Rene Shumaker*

Phone: *7177490083*

Email: *rshumaker@lelandpersonalcare.com*

Legal Entity

Name: *REGAL MANOR LLC*

Address: *120 WEST MAIN STREET, WAYNESBORO, PA, 17268*

Certificate(s) of Occupancy

Type: *I-2*

Date: *09/25/2012*

Issued By: *Boro of Waynesboro*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *93*

Waking Staff: *70*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

10/02/2019 - On-Site: Douglas Hoover, Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72*

Residents Served: *69*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Memory Care*

Capacity: *22*

Residents Served: *20*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *69*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *24*

Have Physical Disability: *0*

Rec'd
10/24/19
GE

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The temperature measured 20 degrees Fahrenheit in the freezer of the memory care unit at 1:46 pm. There was no thermometer for the chest freezer in the main 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.)

The freezer in Memory Care was repaired by Maintenance Director
A new thermometer was immediately placed in the Memory Care and chest freezer in main kitchen
Administrator will educate dietary staff to ensure facility is meeting the required regulation related to frozen foods and/or thermometers in refrigerator or freezer Training will be conducted with the dietary staff on 11/15/19. - GE, 11/14/19
Administrator and/or Designee will monitor daily to ensure compliance is obtained.

Legal Entity Representative

Rene Shumaker
Signature

Rene Shumaker Executive Director 10/24/19
Printed Name and Title Date

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

The above plan of correction is approved as of 11/14/19 Plan of correction implementation status as of 11/14/19
(Date) (Date)

Implemented

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

Not Implemented

125b - Combustible Restrictions

Regulations

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

A 5-gallon propane tank, a 5-gallon gas container and a 1-gallon gas container were stored inside the rear Southeast emergency exit landing with a snow blower, accessible to residents.

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.)

All items were immediately removed from inside facility with no access to residents.
Administrator will educate maintenance staff to ensure combustible materials are inaccessible to residents based on the regulation Training will be held on 11/15/19.
Documentation of training will be kept by the home. - GE, 11/14/19
Administrator and/or designee will check daily to ensure no combustible materials are placed within the facility and/or accessible to residents

Legal Entity Representative

Bene Shumaker
Signature

Bene Shumaker Executive Director 10/24/19
Printed Name and Title Date

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

The above plan of correction is approved as of 11/14/19 Plan of correction implementation status as of 11/14/19
(Date) (Date)

Implemented

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

Not Implemented

184b - Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

There was a bottle of Claritin, 10 mg. in the 2nd floor medication cart that was not labeled with Resident #1's name.

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.)

Medication was immediately labeled with resident name

Director of Wellness will educate nursing staff to ensure that all medications are identified with resident's name per regulation Training will take place on 11/18/19.

Documentation of training will be kept by the home. - GE, 11/14/19

Director of Wellness and/or Designee will monitor medication carts weekly to ensure all medications are labeled with resident's name.

The results of the weekly medication cart checks will be included in the home's QA meetings. - GE, 11/14/19

Legal Entity Representative

Bene Shumaker
Signature

Bene Shumaker Executive Director
Printed Name and Title

10/24/19
Date

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

The above plan of correction is approved as of 11/14/19
(Date)

Plan of correction implementation status as of 11/14/19
(Date)

Implemented

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

Not Implemented