



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [dwright@wrc.org](mailto:dwright@wrc.org)  
[pbaker@wrc.org](mailto:pbaker@wrc.org)  
[bsepich@wrc.org](mailto:bsepich@wrc.org)

MAILING DATE: April 24, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 4, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

RECEIVED

FEB 03 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

### 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
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#### Legal Entity

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

#### Certificate(s) of Occupancy

Type: Other	Date: 04/13/2011	Issued By: BROOKVILLE BOROUGH
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#### Staffing Hours

Resident Support Staff: 0	Total Daily Staff: 66	Waking Staff: 50
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#### Inspection

Type: Full	BHA Docket #:	Notice: Unannounced
Reason: Renewal		

#### Inspection Dates and Department Representative

12/04/2019 - On-Site: Cindy Mulick, Lori Gillette, Deborah McConnell

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: 50	Residents Served: 42
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##### Secured Dementia Care Unit

In Home: Yes	Area: Harmony Circle	Capacity: 20	Residents Served: 17
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##### Hospice

Current Residents: 0

##### Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 42
Diagnosed with Mental Illness: 29	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 24	Have Physical Disability: 2

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 #1's contract, dated 3/27/19, was not signed by the resident.

Resident #2's contract, dated 3/1/19, was not signed by the resident.

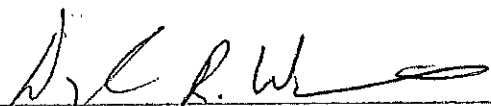
Repeat Violation: 4/9/19.

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 #1 and #2 contracts have been signed by the residents. Administrator and RCC reviewed the requirements of 200.25.b. An audit of current residents' contracts for compliance of 2600.25.6 within 30 days of receipt of plan of correction. Administrator and/or designee will review all new admission for three months of receipt of plan of correction to assure compliance. Documentation of audits will be maintained.

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

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 # 1 and #2 signed acknowledgment of receipt of a copy of the resident rights and complaint procedures. An audit will be conducted within 30 days of receipt of plan of correction of resident files for compliance of regulation 2600.41.e. Audit of new resident's files will be conducted by the Administrator and/or designee for three months from receipt of the approved plan of correction. Documentation of the audits will be maintained.

Legal Entity Representative

  
Signature

Douglas R. Wright, Interim Administrator 2/7/2020

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42q - Compensation

Regulations

2600.

42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Description of Violation

Resident #3, is not being compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

At 12:05 p.m., Resident #3 was observed pouring coffee for several residents at the lunch table. Staff Person A, stated that Resident #3, is a volunteer at the home and assists staff members during meals by setting the table, cleaning off the tables, and serving beverages to the other residents of 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.)

Resident #3 will not provide services during meal times to all the residents. Task provided by residents will be done at her table and during other specific events for small groups, if she so desires.

Within 30 days of receipt of the plan of correction: All staff persons will be educated on regulation 2600.42q and the home's policy on meeting the needs of residents who wish to perform labor on behalf of the home.

*JW* 4/22/20

Legal Entity Representative

*D. R. W.*  
Signature

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

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100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At 10:25 a.m., an extension cord was laying across the walkway outside of the exit door of the multipurpose room posing a tripping hazard.

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.)

Extension cord was removed immediately from the walkway. Administrator and/or designee will conduct monthly rounds with Director of Environmental Services of the exterior of the building and the building grounds or yard to assure they are in good repair and free of hazards. Documentation of rounds will be maintained.

Legal Entity Representative

*Douglas R. Wright*

Signature

Douglas R. Wright, Interim Administrator 2/7/2020

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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

During the fire drill on 11/22/19 at 5:10 a.m., 39 residents were present 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 2/6/19.

*JW* 4/22/20

Legal Entity Representative

*Douglas R. Wright*  
Signature

Douglas R. Wright, Interim Administrator 2/7/2020

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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted 3/27/19, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

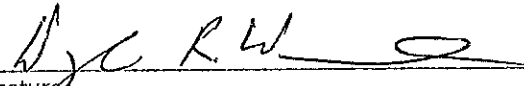
Resident #2, admitted 3/1/19, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 #1 and Resident #2 have been educated on regulation 2600.191. Documentation is attached. Administrator and/or designee will audit all current resident files for documentation of the 2600.191 regulation. In addition, all new admission files will be audited by the Administrator and/or designee for three months after receipt of the approved plan of correction. Documentation of audits will be maintained.

Legal Entity Representative

  
Signature

Douglas R. Wright, Interim Administrator 2/7/2020

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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 #2 was admitted to the Secure Dementia Care Unit (SDCU) on 3/1/19, however, the resident's cognitive preadmission screening was not completed.

Repeat Violation: 4/9/19.

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 #2 preadmission screening will be completed. An audit of resident files will be completed by the Administrator and/or designee for completion of the preadmission screening within 30 days of receipt of the approved plan of correction. RCC and Administrator will review the requirement of 2600.231.c. Documentation of audit will be maintained.

Legal Entity Representative

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Signature

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231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 3/27/19. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 3/1/19. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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 #1 and Resident #2 have signed documentation of not objecting to the resident's admission or transfer to the secured dementia care unit. The Administrator and/or designee will audit all current resident's files in the SDCU for the documentation of regulation 2600.231.e within 30 days of receipt of the approved plan of correction. Documentation of audit will be maintained.

Legal Entity Representative

*Douglas R. Wright*  
Signature

Douglas R. Wright, Interim Administrator 2/7/2020

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