

Department of Human Services
Bureau of Human Service Licensing

November 19, 2022

[REDACTED]
WRC PENNSYLVANIA MEMORIAL HOME

RE: LAURELBROOKE PERSONAL CARE
133 LAURELBROOKE DRIVE
BROOKVILLE, PA, 15825
LICENSE/COC#: 42463

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
Suzy Quinn

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: LAURELBROOKE PERSONAL CARE License #: 42463 License Expiration: 03/02/2023
Address: 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825
County: JEFFERSON Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: WRC PENNSYLVANIA MEMORIAL HOME
Address: 985 ROUTE 28, BROOKVILLE, PA, 15825
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 51 Waking Staff: 38

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 03/29/2022

Inspection Dates and Department Representative

03/29/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 Residents Served: 33

Secured Dementia Care Unit

In Home: Yes Area: ALZ Unit Capacity: 20 Residents Served: 11

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 33
Diagnosed with Mental Illness: 15 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 18 Have Physical Disability: 1

Inspections / Reviews

03/29/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/29/2022

Inspections / Reviews (*continued*)

05/02/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/19/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/09/2022

05/05/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/19/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/30/2022

07/12/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/19/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/14/2022

11/19/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/19/2022
Reviewer: [REDACTED] Follow-Up Type: Not Required

132g - Fire Drills Days/Times

1. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds their monthly fire drills at the end of the month. The home held fire drills on 12/28/21 at 1:27 p.m., utilized the fire alert from a water leak on 1/31/22 as a fire drill, and conducted a drill on 2/28/22 at 11:00 a.m. Multiple staff interviews indicate staff are notified ahead of time that there will be a fire drill prior to the drill occurring.

POC Submission

Accept

The homes Environmental Director, Administrator, Assistant Administrator, and Resident Care Coordinator completed the education of regulation 2600.132.g. on 4/29/21. An audit of monthly fire drills will be completed beginning May 2022 until October 2022 to ensure compliance of regulation 2600.132.g. Documentation shall be kept on site.

Licensee's Proposed Overall Completion Date: 05/31/2022

Document Submission

Implemented

See attached

Licensee's Proposed Overall Completion Date: 05/31/2022

141b1 - Annual Medical Evaluation

2. Requirements

2600.

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

Description of Violation

Resident #1's annual medical evaluation was completed on [REDACTED]. However, the resident's previous medical evaluation was completed on [REDACTED].

Resident #2's annual medical evaluation was completed on [REDACTED]. However, the resident's previous medical evaluation was completed on [REDACTED].

POC Submission

Accept

Administrator, Assistant Administrator, and Resident Care Coordinator completed education on regulation 2600.141.b. on 4/29/22. Resident medical evaluations were audited for annual needs on 5/02/2022. All resident medical evaluations will be updated to current annual compliance needs by 5/31/2022.

Licensee's Proposed Overall Completion Date: 05/31/2022

Document Submission

Implemented (SQ - 11/19/2022)

See attached training for 141b. Resident care coordinator updated all resident medical evaluations.

141b1 - Annual Medical Evaluation *(continued)*

Licensee's Proposed Overall Completion Date: 09/19/2022

225c - Additional Assessment

3. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's most recent annual assessment was completed on [REDACTED] however, the resident's previous assessment was completed on [REDACTED]

Staff interviews indicate resident #2's most recent annual assessment was completed within the past month. However, the assessment is incorrectly dated [REDACTED].

POC Submission**Accept**

Resident #1 was discharged from the facility on [REDACTED]. Resident #2 annual assessment was corrected on [REDACTED]. All staff person responsible for completing resident assessments shall be educated on regulation 2600.225.c. Documentation shall be kept.

Designated staff person has completed an audit resident's records to ensure each resident's record has an assessment that is completed annually and accurately on 4/25/2022. A monthly audit will be conducted by the Administrator or a designee of resident records to ensure an assessment is completed annually.

On 4/29/2022 Administrator, Assistant Administrator, and Resident Care Coordinator were educated regulation 2600.225.c. Beginning May 2022 Administration will complete a monthly audit of assessment needs according to regulation 2600.225.c. Documentation to be kept on site.

Licensee's Proposed Overall Completion Date: 05/31/2022

Document Submission**Implemented (SQ - 11/19/2022)**

See attached.

Licensee's Proposed Overall Completion Date: 09/19/2022

4. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #2's most recent annual assessment, dated [REDACTED] indicates [REDACTED] requires minimal assistance transferring in/out of chair with prompting/cueing; however, on [REDACTED] resident #2 was observed requiring a one person assist

225c - Additional Assessment (continued)

to transfer from [REDACTED] wheelchair during continence care.

POC Submission**Accept**

Resident #2 assessment was updated on [REDACTED].

Designated staff person has completed an audit of resident's records to ensure each resident's record has an assessment that is completed annually and accurately on 4/25/2022. A monthly audit will be conducted by the Administrator or a designee of resident records to ensure an assessment is completed annually.

Beginning May 2022 Administration will complete a monthly audit of assessment needs according to regulation 2600.225.c. Documentation to be kept on site.

Licensee's Proposed Overall Completion Date: 05/31/2022

Document Submission**Implemented (SQ - 11/19/2022)**

See attached.

Licensee's Proposed Overall Completion Date: 09/19/2022