

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

February 18, 2023

[REDACTED]  
WRC PENNSYLVANIA MEMORIAL HOME  
[REDACTED]

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 08/18/2022, 08/19/2022 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,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: 1 2 Date: 04/13/2011 Issued By: Brookville

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 37 Waking Staff: 28

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 08/19/2022

**Inspection Dates and Department Representative**

08/18/2022 On Site [REDACTED]  
 08/19/2022 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 50 Residents Served: 31

**Secured Dementia Care Unit**  
 In Home: Yes Area: Harmony Circle Capacity: 20 Residents Served: 11

**Hospice**  
 Current Residents: 4

**Number of Residents Who:**  
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 31  
 Diagnosed with Mental Illness: 18 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 6 Have Physical Disability: 0

**Inspections / Reviews**

08/18/2022 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/19/2022

12/09/2022 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/14/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/16/2022

Inspections / Reviews (*continued*)

## 02/04/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/11/2023

## 02/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 23a - Activities of Daily Living Assistance

## 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

## Description of Violation

Resident #1's assessment and support plan, dated [REDACTED] 22, indicates [REDACTED] requires some physical assistance in transferring in/out of bed/chair, requires prompting/cuing with ambulating, requires supervision moving from 1 place to another and requires supervision in the facility due to frequent falls, wandering and forgetfulness. To meet these needs, staff will assist resident #1 with transfers as needed, will supervise him while he is moving from 1 place to another and will provide supervision to keep him from falling and wandering. However, the home documented 6 falls between [REDACTED] 22 and [REDACTED] /22, to include the following:

- \* [REDACTED] /22- resident found on the floor with upper right arm skin tear
- \* [REDACTED] /22- resident found scooting on [REDACTED] bottom down the hallway
- \* [REDACTED] /22- resident found [REDACTED] scooting on [REDACTED] bottom down the hallway

## Plan of Correction

Accept ([REDACTED] - 02/04/2023)

Regulation 2600 23a was violated due to ADL assistance not being provided according to support plan. Support plan will be updated for staff to assist when resident is found wandering and transferring on his own. Administration will review current resident support plans to ensure assistance with ADL's are being provided appropriately. Administrator was educated by VP/Chief Clinical Quality Officer on 2600 23a regulation on 11/13/22. Documentation will be kept on site. Resident Support plan was updated 9/21/22. Audit of all resident support plans started on 9/21/22 and was completed on 11/30/22. Audits were completed weekly for 2 months.

Licensee's Proposed Overall Completion Date: 12/20/2022

Implemented ([REDACTED] - 02/18/2023)

## 54a - Direct Care Staff

## 2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

## Description of Violation

Direct care staff person A, hired [REDACTED] /22, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

## Plan of Correction

Accept ([REDACTED] - 02/04/2023)

Regulation 2600 54a was violated due to staff person A does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. A waiver from the State will be completed for Staff person A to comply with working requirements of a direct care worker until a high school diploma is obtained in or near January 2023. An audit will be completed for current employees. Penn Highlands corporate office will complete the new hire process for all new employees to ensure all individuals will be compliant with regulation 2600 54a.

Discussion held with [REDACTED] from Department of Human Services. At that time, it was indicated that the waiver would not be granted. Employee was put on a supervision plan effective [REDACTED] /22 until [REDACTED] resignation and last day on [REDACTED] /22. An audit was completed by RCC Ashley Buzard in October 2022. Penn Highlands corporate office has

**54a - Direct Care Staff (continued)**

been completing new hire orientation as of the beginning of October. On the job training and first day state training s conducted at the facility.

Licensee's Proposed Overall Completion Date: 12/20/2022

Implemented [REDACTED] - 02/18/2023)

**54b Staff Under 18 Years****3. Requirements**

2600.

54.b. An individual who is 16 or 17 years of age may be a staff person at a home, but may not perform tasks related to medication administration. A staff person who is 16 or 17 years of age may not perform tasks related to incontinence care, bathing or dressing of residents without supervision.

**Description of Violation**

Direct care staff person A, who is under the age of 18, worked unsupervised providing incontinence care, bathing, and dressing residents on [REDACTED]/22 from [REDACTED] a.m. - [REDACTED] p.m., [REDACTED]/22 from [REDACTED] p.m. - [REDACTED] a.m., [REDACTED] 22 from [REDACTED] p.m. - [REDACTED] a.m., [REDACTED]/22 from [REDACTED] p.m. - [REDACTED] a.m., [REDACTED]/22 from [REDACTED] p.m. - [REDACTED] a.m., [REDACTED]/22 from [REDACTED] a.m. - [REDACTED] p.m., and [REDACTED]/22 from [REDACTED] a.m. - [REDACTED] p.m.

**Plan of Correction**

Accept [REDACTED] - 02/04/2023)

Regulation 2600 54a was violated due to staff person A under the age 18 who was performing tasks related to ncontinence care, bathing and dressing without supervision. Staff person A was put on a supervision plan until Staff person turns 18 in [REDACTED] 2023. An audit will be completed for current employees. Penn Highlands corporate office will complete the new hire process for all new employees to ensure all individuals will be compliant with regulation 2600 54a.

Employee was put on a supervision plan effective [REDACTED] 22 until his resignation and last day on [REDACTED] 22. An audit was completed by RCC [REDACTED] in [REDACTED] 2022. Penn Highlands corporate office has been completing new hire orientation as of the beginning of October. On the job training and first day state training is conducted at the facility.

Licensee's Proposed Overall Completion Date: 12/20/2022

Implemented [REDACTED] 02/18/2023)

**60a Staff/Support Plan****4. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident s assessment and support plan.

**Description of Violation**

On [REDACTED]/22 from [REDACTED] a.m. - [REDACTED] a.m., the home served 31 residents, 20 of whom required the assistance of either 1 or 2 staff to evacuate in the event of an emergency, including 11 residents residing in the SDCU, requiring 24-hour supervision. However, only 2 staff were present, which is inadequate to meet the needs of the residents and safely evacuate in the event of an emergency.

**60a - Staff/Support Plan (continued)**

From [REDACTED] p.m. on [REDACTED]/22 to [REDACTED] a.m. on [REDACTED]/22, the home served 31 residents, 20 of whom required the assistance of either 1 or 2 staff to evacuate in the event of an emergency, including 11 residents residing in the SDCU, requiring 24-hour supervision. However, only 2 staff were present, which is inadequate to meet the needs of the residents and safely evacuate in the event of an emergency.

**Plan of Correction****Accept ( [REDACTED] - 02/04/2023)**

iolation occurred to regulation 2600 60a due to having 11 residents in the SDCU, 20 residents requiring assistance to evacuate in the event of an emergency and only having 2 staff present which inadequately met the needs of the residents and safely evacuate in the event of an emergency. Four, 2-assist residents have been discharged to the Skilled Nursing Facility which decreased the assistance needed to evacuate in the event of an emergency. Residents can now be provided with adequate supervision in the case of an emergency. A minimum of three DCS staff will be present at all times. Education was provided to all staff on reporting call-offs and call off procedure, chain of command, and facility staffing requirements on 8/26/22

The home started the practice to have a minimum of 3 staff members present at all times effective 8/20/22. Training was provided by the Administrator on 8/26/22.

Administrator to monitor the schedule weekly for 2 months to ensure 3 DCS are present at all times beginning 12/20/22.

Licensee's Proposed Overall Completion Date: 02/14/2023

**Implemented [REDACTED] - 02/18/2023)****90b - Staff Communication****5. Requirements**

2600.

90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

**Description of Violation**

On [REDACTED]/22 at approximately [REDACTED] a.m., resident #1 fell [REDACTED] in the SDCU living room. Staff person B was the only staff on duty in the SDCU and left resident #1 alone and unsupervised while contacting another staff to help assist the resident from the floor, because the home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency.

**Plan of Correction****Accept ( [REDACTED] - 02/04/2023)**

iolation to 2600 90b occurred due to not having a system that allows staff in different parts of the home to communicate with each other in an emergency. DCS will be provided walkie-talkies and education to be provided on HIPPA regulations. Company cell phones are provided for each unit for outside family and physician communication with DCS.

Walkie talkies were provided by the Administrator on 12/6/22. Safe communication method was reviewed with staff on 12/6/22. Cell phones have been provided for each unit by the Company for many years. A test for walkie talkie working order will be conducted weekly for 1 month beginning 12/20/22 by the Administrator.

Licensee's Proposed Overall Completion Date: 01/17/2023

**Implemented [REDACTED] 02/18/2023)**

## 141a - Medical Evaluation

## 6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

## Description of Violation

Resident #1 was admitted into the home on [REDACTED]/22; however, the resident's initial medical evaluation was not completed until [REDACTED]/22.

Resident #2 was admitted in the home on [REDACTED]/22; however, the resident medical evaluation was not completed until [REDACTED]/22.

Repeat Violation: 12/21/22

## Plan of Correction

Accept [REDACTED] - 02/04/2023)

iolation to 2600 141a occurred due to DME not completed within 60 days prior to admission or within 30 days after admission for resident #1. An audit will be completed on all new resident admissions weekly for two months to ensure that DME's have been completed in a timely manner. Education will be provided to Administrator and Resident Care Coordinator by Margaret Clark, Vice President-Chief Clinical and Quality Officer.

Education was provided 12/20/22 to the Administrator.

An audit on all Care plans was completed weekly for 2 months was completed on 11/30/22 by the Administrator and RCC.

Licensee's Proposed Overall Completion Date: 12/20/2022

Implemented [REDACTED] - 02/18/2023)

## 141b1 - Annual Medical Evaluation

## 7. Requirements

2600.

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

## Description of Violation

Resident #3's current medical evaluation was completed on [REDACTED]22, however the resident's previous medical evaluation was completed on [REDACTED]/21.

Repeat Violation: 12/21/21

## Plan of Correction

Accept [REDACTED] - 02/04/2023)

iolation to regulation 2600 141b1, resident #3 did not have a timely annual medical evaluation completed. An audit will be completed on all current resident medical evaluations weekly for two months to ensure that annual DME's have been completed in a timely manner. Education will be provided to Administrator and Resident Care Coordinator by Margaret Clark, Vice President-Chief Clinical and Quality Officer.

Education was provided to the Administrator and RCC on 11/16/22.

**141b1 - Annual Medical Evaluation (continued)**

An audit on all Care plans was completed weekly for 2 months was completed on 11/30/22 by the Administrator and RCC.

Licensee's Proposed Overall Completion Date: 12/20/2022

Implemented [REDACTED] - 02/18/2023)

**225a - Assessment 15 Days****8. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident #1 was admitted on [REDACTED]/22; however, the resident's initial assessment was not completed until [REDACTED]/22.

Resident #4 was admitted on [REDACTED]/22; however, the home has not completed an initial assessment.

Repeat Violation: 12/21/21

**Plan of Correction**

Accept [REDACTED] - 02/04/2023)

iolation to regulation 2600 225a, residents #1 and #4 did not have initial assessments completed within 15 days of admission. Resident #4 has been discharged. An audit will be completed weekly for two months to ensure initial assessments are being completed in a timely manner. Education will be provided to Administrator and Resident Care Coordinator by Margaret Clark, Vice President-Chief Clinical and Quality Officer.

Education was provided to the Administrator on 11/16/22.

An audit on all Care plans was completed weekly for 2 months was completed on 11/30/22 by the Administrator and RCC.

Licensee's Proposed Overall Completion Date: 12/20/2022

Implemented [REDACTED] 02/18/2023)

**225c - Additional Assessment****9. 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.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

Resident #3's current assessment was completed on [REDACTED]/22; however, the resident's previous assessment was completed on [REDACTED] 19.

Repeat Violation: 12/21/21

225c - Additional Assessment (continued)

**Plan of Correction**

**Accept (SQ - 02/04/2023)**

iolation to regulation 2600 225c due to not having an updated assessment for a significant change. An audit will be completed for all current records for significant change and annual assessment weekly for two months. Education will be provided to Administrator and Resident Care Coordinator by Margaret Clark, Vice President-Chief Clinical and Quality Officer.

Education was provided to the Administrator and RCC on 11/16/22.

An audit on all Care plans was completed weekly for 2 months was completed on 11/30/22 by the Administrator and RCC.

Licensee's Proposed Overall Completion Date: 12/20/2022

**Implemented [REDACTED] 02/18/2023)**

227a - Support Plan 30 Days

**10. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

Resident #1 was admitted on [REDACTED]/22; however, the resident's initial support plan was not completed until [REDACTED] 22.

**Plan of Correction**

**Accept ([REDACTED] - 02/04/2023)**

iolation to regulation 2600 227a due to resident initial support plan not completed within 30 days of admission to the home. Resident #1's support plan was completed [REDACTED]/22. An audit of all current support plans will take place weekly for two months. Education will be provided to Administrator and Resident Care Coordinator by Margaret Clark, Vice President-Chief Clinical and Quality Officer.

Education was provided to the Administrator on 12/20/22.

An audit on all Care plans was completed weekly for 2 months was completed on 11/30/22 by the Administrator and RCC.

Licensee's Proposed Overall Completion Date: 12/20/2022

**Implemented [REDACTED] 02/18/2023)**

227g -Support Plan Signatures

**11. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

## 227g -Support Plan Signatures (continued)

**Description of Violation**

Resident #3's annual support plan was completed on [REDACTED]/22; however, the signatures of the staff person completing the support plan and the resident were not dated.

**Plan of Correction**

Accept [REDACTED] - 02/04/2023)

iolation to regulation 2600 227q due to Resident #3 support plan unsigned by the staff person completing the support plan and not dated. [REDACTED]. An audit for signatures and dates will be completed weekly for two months. Education will be provided to Administrator and Resident Care Coordinator by Margaret Clark, Vice President-Chief Clinical and Quality Officer.

Education was provided to the Administrator on 12/20/22.

An audit on all Care plans was completed weekly for 2 months was completed on 11/30/22 by the Administrator and RCC.

Licensee's Proposed Overall Completion Date: 12/20/2022

Implemented [REDACTED] - 02/18/2023)

## 231b Medical Evaluation

**12. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident s diagnosis of Alzheimer s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

Resident #2 was admitted into the SDCU on [REDACTED]/22; however, the resident's medical evaluation was completed on [REDACTED]/22.

**Plan of Correction**

Accept [REDACTED] 02/04/2023)

iolation to 2600 231b due to Resident #2 medical evaluation not completed by physician within 60 days prior to admission. Resident's DME was completed on [REDACTED]/22. An audit will be completed weekly for two months to ensure all resident medical evaluations are completed in a timely manner. Education will be provided to Administrator and Resident Care Coordinator by Margaret Clark, Vice President-Chief Clinical and Quality Officer.

Education was provided to the Administrator on 12/20/22.

An audit on all Care plans was completed weekly for 2 months was completed on 11/30/22 by the Administrator and RCC.

Licensee's Proposed Overall Completion Date: 12/20/2022

Implemented [REDACTED] - 02/18/2023)

## 231c - Preadmission Screening

**13. Requirements**

231c - Preadmission Screening (continued)

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 #1 was admitted into the SDCU on [REDACTED]/22; however, no written cognitive preadmission screening was completed.

**Plan of Correction**

Accept [REDACTED] - 02/04/2023)

iolation to 2600 231c due to Resident #1 not having a cognitive preadmission screening completed. An audit will be completed weekly for two months to ensure all resident preadmission screenings are completed in a timely manner. Education will be provided to Administrator and Resident Care Coordinator by Margaret Clark, Vice President-Chief Clinical and Quality Officer.

Education was provided to the Administrator on 12/20/22.

An audit on all Care plans was completed weekly for 2 months was completed on 11/30/22 by the Administrator and RCC.

Licensee's Proposed Overall Completion Date: 12/20/2022

Implemented ([REDACTED] - 02/18/2023)