

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

December 16, 2022

[REDACTED]
REGAL MANOR LLC
120 WEST MAIN STREET
WAYNESBORO, PA, 17268

RE: THE LELAND OF LAUREL RUN
120 WEST MAIN STREET
WAYNESBORO, PA, 17268
LICENSE/COC#: 32994

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/24/2022 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: *THE LELAND OF LAUREL RUN* License #: 32994 License Expiration: 11/26/2022
 Address: 120 WEST MAIN STREET, WAYNESBORO, PA 17268
 County: FRANKLIN Region: CENTRAL

Administrator

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

Legal Entity

Name: REGAL MANOR LLC
 Address: 120 WEST MAIN STREET, WAYNESBORO, PA, 17268
 Phone: [REDACTED] Email: [REDACTED]

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: 64 Waking Staff: 48

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 10/24/2022

Inspection Dates and Department Representative

10/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72 Residents Served: 42

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 22 Residents Served: 22

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 22 Have Physical Disability: 0

Inspections / Reviews

10/24/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/13/2022

11/10/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/08/2022
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/18/2022

Inspections / Reviews *(continued)*

12/01/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/08/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/08/2022

12/16/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/08/2022
Reviewer: [REDACTED] Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Residents 1 and 2 are both diagnosed with dementia, reside in the Secured Dementia Care Unit and require 24-hour direct supervision, per their respective assessments and support plans. On [REDACTED] at approximately 5:20 pm, Staff Member A observed Residents 1 and 2 in Resident 1's bedroom. The residents were disrobed and engaged in [REDACTED]. Staff Member A immediately separated the two residents.

Plan of Correction**Accept (NN - 11/18/2022)**

1. The facility cannot retroactively correct the situation regarding Resident 1 and Resident 2.
2. Resident 2 was transported to the Waynesboro emergency room for evaluation by an MD and returned to the facility with no new orders, and no reported injuries noted. Resident 2 was sent to the ER on [REDACTED] and returned to the facility on [REDACTED].
3. Resident 1 was placed 1:1 with staff supervision after the incident occurred and remained 1:1 until the time of discharge. New medication orders were received from the Physician and a C&S was ordered for Resident 1 due to increased confusion. Resident 1 was given a 30-day discharge notice on [REDACTED] and was discharged on [REDACTED].
4. Facility signed an agreement with Psychogeriatric services that will provide assessments/medication management and in-service training to the staff. Services started at the facility as of 11/3/2022.
5. A Pharmacy review was completed on all residents to ensure appropriate medication regimes were acceptable, to identify behaviors for other residents that could be at risk, and recommendations received as needed on 9/1/2022.
6. The Dietician reviewed all menus on 9/8/2022 to determine if any food utilized by the facility may increase libido, with no new recommendations received, and menus found to be acceptable.
7. Extensive in-servicing has been completed with all staff by and an outside Consultant, [REDACTED], on 9/15/2022, to include recognizing behaviors, appropriate interventions and identifying inappropriate sexual behaviors.
8. Facility online educational program, [REDACTED] Learning, was utilized to complete education with staff entitled "Dementia Care: understanding communication" on 9/8/2022. Ongoing education will continue going forward.
9. All incident reports are being reviewed by the team Monday through Friday effective 8/1/2022, and the Executive Director reviews all progress notes/incidents on the weekends effective 9/1/2022.
10. A QA meeting was held with the team to determine if the corrective action plan has been followed on 11/1/2022.
11. Additional leadership training for abuse investigation and for monitoring behaviors and follow-up was conducted by an outside consultant, [REDACTED], on 11-9-22.
12. Education on RASP completion was conducted on 11-9-22 by an outside consultant, [REDACTED], with staff assigned to RASP completion to help assure accurate assessment and meaningful plans are documented for each resident.
13. A 100% Review of all resident RASPS will be conducted by leadership staff and outside consultants, [REDACTED], by 11-18-22. Assessments and support plans will be updated to reflect resident's current needs focusing on supervision and behavioral interventions.
14. A procedure for Q. Shift Behavior documentation and review/follow-up on residents who have observed behaviors has been developed and put into place by the home's leadership team with assistance of outside consultants, [REDACTED], on 11-9-22 in order to recognize untoward behaviors prior to escalation and place meaningful interventions proactively. All staff have been educated on the new process as of 11/10/22.
15. On-going education was scheduled to be conducted on November 10th for all staff by an outside Consultant,

42b - Abuse (continued)

██████████ regarding understanding dementia and behaviors.

16. The home's leadership team and outside consultants, ██████████, will review the home's current procedures for staff to locate the RASP's and what current interventions to use with residents to identify, report, manage, and prevent escalation of behaviors by 11-9-22. Changes in procedures will be made to ensure all staff caring for the residents will have access to current, meaningful interventions to use to help to protect residents from harm and to report concerning behaviors timely by 11-14-22.

17. The home's leadership team and outside consultants, ██████████, will review the home's calendar of activities and make changes if need to insure there are meaningful activities scheduled for residents at all cognitive levels residing in the home daily by 11-18-22.

Licensee's Proposed Overall Completion Date: 11/14/2022

Implemented (NN - 12/16/2022)