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

April 19, 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 12/07/2022, 12/08/2022 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* **Licen e #**: *42463* **Licen e Expiration**: *03/02/2024*

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: *I 1* **Date**: *04/13/2011* **I ued By**: *Brookville Borough*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *39* **Waking Staff**: *29*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *12/08/2022*

Inspection Dates and Department Representative

12/07/2022 On Site [redacted]

12/08/2022 On Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* **Residents Served**: *27*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Harmony Circle* **Capacity**: *20* **Residents Served**: *11*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *27*

Diagnosed with Mental Illness: *10* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *12* **Have Physical Disability**: *0*

Inspections / Reviews

12/07/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/08/2023*

02/01/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/18/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/08/2023*

Inspections / Reviews *(continued)*

04/07/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/18/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *04/17/2023*

04/19/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *04/18/2023*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 12/7/22 at approximately 11:10 a.m., narcotic count sheets for resident #1, resident #2, and resident #3, along with a laptop containing medical records and medication administration records (MAR) for all residents were unlocked, unattended and accessible on the personal care medication cart #1.

Plan of Correction ***Directed (- 04/07/2023)***

Narcotic sheets were removed from the med cart desk area on 1/3/23 by the Administrator and relocated to the ocked drawer in the med cart and information on the laptop was closed using privacy shades. Education will be provided to med techs by the Administrator for regulation 2600.17 concerning record confidentiality. An audit will be conducted weekly for 2 months beginning 1/3/23. Documentation will be kept on site.

Directed:

By 4/14/23, education will be provided to med techs by the administrator.

4/7/23

Directed:

Audits will be conducted by the administrator or designee.

4/7/23

Directed Completion Date: *04/14/2023*

Implemented 04/19/2023)

29a SOPb1- Hospice Care: Doctor Certification

2. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

1. A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

Description of Violation

Resident #4 who was not evacuated during the fire drill conducted on /22 at p.m., does not have a written certification from a physician that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

Plan of Correction ***Directed - 04/07/2023)***

Education on 2600.29a.b.1 will be provided to the Administrator/designee by VP/Chief Clinical Quality Officer. All residents will be evacuated during a fire drill or proper steps will take place to meet requirements of regulation 2600.29a.b. Education completed on 1/3/23. Review of the fire drill log to ensure all residents, excluding those meeting the requirements of 2600.29.a.b.1 are evacuated to be completed weekly for two months beginning 1/3/23.

29a SOPb1- Hospice Care: Doctor Certification (continued)

Directed:

Fire drill log reviews will be conducted by the administrator.

[redacted] ***4/7/23***

Directed Completion Date: *04/07/2023*

Implemented [redacted] - 04/19/2023)

29a SOPb2 Hospice Care: Informed Consent

3. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

2. The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident s health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

Description of Violation

There is no statement of informed consent from resident #4 regarding the resident not evacuating during fire drills. The resident was not evacuated during the fire drill conducted on 1[redacted]/22 at [redacted] p.m.

Plan of Correction ***Accept ([redacted] 03/31/2023)***

[redacted] *Education on 2600.29a.b.2 was provided on 1/3/23 to the Administrator/designee by VP/Chief Clinical Quality Officer and to the DCS by the Administrator to ensure that for any resident who receives hospice services and is actively dying that the resident, the resident's power of attorney for healthcare, the resident's legal guardian or the resident's healthcare representative has provided written informed consent that the person is not to evacuate in a fire drill. All residents will be evacuated during a fire drill or proper steps will take place to meet requirements of regulation 2600.29a.b.*

Training dated 2/15/23.

Licensee's Proposed Overall Completion Date: *02/17/2023*

Implemented [redacted] - 04/19/2023)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/7/22 at 11:15 a.m., an approximate 2 foot x 1 foot puddle of dark brown grease was on the floor under the deep fryer in the main kitchen.

Plan of Correction ***Accept [redacted] 04/07/2023)***

The floor next to the fryer was cleaned by the dining DCS on December 7, 2022. The deep fryer was decommissioned on December 8, 2023 and until repaired. Cleaning and closing procedures and education of regulation 2600.85a will be provided to the Dining staff by the Director of Dining Services or kitchen supervisor daily for four weeks then

85a - Sanitary Conditions (continued)

three times/week for an additional four weeks. Education took place on 1/10-1/12/23 and audits began on 1/2/23. Documentation will be kept on site.

Licensee's Proposed Overall Completion Date: *02/24/2023*

Implemented [redacted] - 04/19/2023)

96a - First Aid Kit

5. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 12/7/22 at 3:00 p.m., the home's first aid kit did not include a breathing shield or eye coverings.

Plan of Correction ***Directed ([redacted] 04/07/2023)***

A breathing shield/eye covering was added to the first aide kit on 12/8/22. Education on regulation 2600.96a was provided to the Administrator/Designee by the VP/Chief Clinical Quality Officer on 1/3/23. An audit will be completed weekly for four weeks for all first aide kits at Laurelbrooke personal care beginning 1/2/23. Documentation will be kept on site.

Directed:
Audits are conducted by the administrator or designee.
[redacted] ***4/7/23***

Directed Completion Date: *04/07/2023*

Implemented [redacted] - 04/19/2023)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 12/7/22 at 12:45 p.m., resident #5 did not have access to a source of light that could be turned on/off at bedside.

Repeat Violation: 12/21/2021 et al.

Plan of Correction ***Directed [redacted] 04/07/2023)***

A table lamp was placed in resident #5 room next to [redacted] bed on 12/7/22 by DCS. Education on 2600.101j7 was provided to the Administrator/designee by the VP/Chief Quality Officer on 1/3/23. Audit began on 1/3/23 and will be completed weekly for four weeks of all occupied resident rooms. Documentation will be kept on site.

Directed:
Audits are conducted by the administrator or designee.

101j7 - Lighting/Operable Lamp (continued)

[redacted] 4/7/23

Directed Completion Date: *04/07/2023*

Implemented [redacted] - 04/19/2023)

103d - Storing Food Off Floor

7. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 12/7/22 at 11:30 a.m., a box containing 96 four ounce apple juice cups was on the floor in the main freezer.

Plan of Correction ***Accept [redacted] - 03/31/2023)***

Apple juice was elevated off the floor on 12/7/22 by Dining Staff. Education on regulation 2600.103d, storing food off the floor was provided to staff on 1/10-1/12/23 by the Director of Dining Services. Audit will be conducted by the Director of Dining or kitchen supervisor daily for four weeks then three times a week for an additional four weeks. Audit began 1/2/23. Documentation will be kept on site.

Licensee's Proposed Overall Completion Date: *02/24/2023*

Implemented [redacted] - 04/19/2023)

103e - Left Overs

8. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 12/7/22 at 11:35 a.m., there were 2 opened, unlabeled and undated 5 pound bags of chicken filets on the shelf in the main walk-in freezer.

Plan of Correction ***Accept [redacted] - 03/31/2023)***

Chicken was discarded 12/7/22 by DCS. Education was provided to dining staff on 2600.103e by the Director of Dining Services or kitchen supervisor on 1/10-1/12/23. An audit will be completed by the Director of Dining or Kitchen supervisor every day for four weeks then three times a week for an additional four weeks beginning 1/2/23. Documentation will be kept on site.

Licensee's Proposed Overall Completion Date: *02/24/2023*

Implemented [redacted] 04/19/2023)

141a - Medical Evaluation

9. 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.

141a - Medical Evaluation *(continued)*

Description of Violation

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

Repeat Violation: 5/11/2022

Plan of Correction ***Accept [redacted] - 03/31/2023)***

An audit was completed by the resident care coordinator weekly for two months starting 9/19/22. The completion date was 11/30/22. Moving forward, all medical evaluations are currently up to date. Four admissions were accepted since the August Survey. All DME's were completed in a timely manner. Education was provided on regulation 2600.141a to the Administrator/designee by the VP/Chief Clinical Quality Officer on 12/22/22. Documentation attached.

Licensee's Proposed Overall Completion Date: *02/16/2023*

Implemented [redacted] - 04/19/2023)

184a - Resident's Meds Labeled

10. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is prescribed [redacted] - Take 1 tablet by mouth once daily; however, the pharmacy label indicates - Take 1 tablet daily as needed.

Resident #6 is prescribed [redacted] cream - Apply topically under bilateral breast 4 times daily as needed; however, the pharmacy label indicates - Apply topically under bilateral breast 4 times daily for 7 days.

Plan of Correction ***Accept [redacted] - 03/31/2023)***

/A Change of order was issued by the Pharmacy for Resident #1 on 1/2/23. The Pharmacy had the incorrect order listed on the MAR. The label now matches the MAR. Documentation attached.
[redacted]
Education was provided to/ the Med Techs by the Administrator on regulation 2600.184a on 1/3/23.
Audit will be completed on the med carts by a med tech bi-weekly for two months. Audit for med carts began on 1/2/23. Documentation will be kept on site.

Licensee's Proposed Overall Completion Date: *03/06/2023*

Implemented [redacted] - 04/19/2023)

187b - Date/Time of Medication Admin.

11. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed [redacted] - Take 1 capsule by mouth every 8 hours for 7 days. Resident #5's December 2022 MAR does not include the initials of the staff person who administered this medication on [redacted]/22, [redacted]/22, [redacted]22 and [redacted]/22 at [redacted] a.m.

Resident #5 is prescribed [redacted] - Take 1 tablet by mouth every 6 hours. Resident #5's December 2022 MAR does not include the initials of the staff person who administered this medication on [redacted]/22, [redacted]/22, [redacted]/22 and [redacted]/22 at [redacted] a.m.

Resident #5 is prescribed [redacted] - Apply topically to affected area 3 times daily. Resident #5's December 2022 MAR does not include the initials of the staff person who administered this medication on [redacted]/22, [redacted]/22, [redacted]22 and [redacted]/22 between [redacted] a.m. to [redacted] a.m.

Plan of Correction ***Directed [redacted] - 04/07/2023)***

Resident #5 order was corrected in the MAR on [redacted]23 by the Pharmacy removing the 2:00am administration time of the medication. The order for timeframe for the [redacted] between 12am and 6am was adjusted on [redacted]/23 by the pharmacy. Education provided to the med techs on 2600.187b by the Administrator. Audit will be completed on the med carts by a med tech bi-weekly for two months beginning 1/2/23. Documentation will be kept on site.

Directed:

By 4/13/23, education will be provided to the med techs on 2600.187b by the administrator.

[redacted]4/7/23

Directed Completion Date: *03/06/2023*

Implemented [redacted] - 04/19/2023)

225a - Assessment 15 Days

12. 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 assessment was not completed until [redacted]/22.

Plan of Correction ***Accept ([redacted] 03/31/2023)***

An audit was completed by the resident care coordinator weekly for two months starting 9/19/22. The completion date was 11/30/22. Moving forward, all assessments are currently up to date. Four admissions were accepted since the August Survey. All Assessment's were completed in a timely manner. Education was provided on regulation

225a - Assessment 15 Days (continued)

2600.225a to the Administrator/designee by the VP/Chief Clinical Quality Officer on 12/22/22. Documentation attached.

Licensee's Proposed Overall Completion Date: *02/16/2023*

Implemented [redacted] - 04/19/2023)

227a Support Plan 30 Days

13. 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 (SQ - 03/31/2023)***

An audit was completed by the resident care coordinator weekly for two months starting 9/19/22. The completion date was 11/30/22. Moving forward, all medical evaluations are currently up to date. Four admissions were accepted since the August Survey. All support plans were completed in a timely manner. Education was provided on regulation 2600.227a to the Administrator/designee by the VP/Chief Clinical Quality Officer on 12/22/22. Documentation attached.

Licensee's Proposed Overall Completion Date: *02/16/2023*

Implemented [redacted] - 04/19/2023)