

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

May 25, 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 03/07/2023, 03/15/2023 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: 03/02/2024
 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: 1 1 Date: 04/13/2011 Issued By: Brookville Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/15/2023

Inspection Dates and Department Representative

03/07/2023 Off Site [REDACTED]
 03/15/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 24

Secured Dementia Care Unit
 In Home: Yes Area: Harmony Capacity: 20 Residents Served: 10

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 24
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 10 Have Physical Disability: 1

Inspections / Reviews

03/07/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/26/2023

04/20/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/19/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/24/2023

Inspections / Reviews (*continued*)

05/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/19/2023

05/25/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Agency staff person A, whose first day of work was [redacted]/23, did not receive any of the required first day orientation.

Plan of Correction

Accept ([redacted] - 05/05/2023)

Agency staff person A is no longer with the company. Staff person A last day with our company was on 3/3/23. The PCHA or designee will be responsible for the plan of correction. PCHA or designee will ensure that all Agency staff are getting the personal care home "New Hire Checklist". PCHA will work with the personal care home Maintenance Department who will be providing the Agency staff with General Fire Safety and Emergency Preparedness training as well as location and use of the fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services, smoking policy, staff duties during fire drills as well as a tour of our facility. When the Maintenance department is done with the training, they will mark the section General Fire safety and Emergency Preparedness as completed and then give the New Hire Checklist to the PCHA, who will verify that the trainings are completed for each Agency Staff. When PCHA verified that the employee has been trained in the areas identified, PCHA will file the New Hire Checklist in the employee's personnel file. Beginning 3/21/23, The PCHA or designee will audit x 3 months to ensure compliance with the 2600 65a.

Licensee's Proposed Overall Completion Date: 06/21/2023

Implemented ([redacted] - 05/25/2023)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Agency staff person A, who has completed his/her 40th scheduled work hour. However, this staff person did not complete any of the requires training within the 40 scheduled working hours.

Plan of Correction

Accept ([redacted] - 05/05/2023)

[redacted]. Staff person A last day with our company was on [redacted]/23. The PCHA or designee will be responsible for the plan of correction. The PCHA or designee will ensure that all Agency staff are getting the personal care home "New Hire Checklist." PCHA or designee will be providing the Agency staff with training in the following areas: 1. Resident Rights 2. Emergency medical plan 3. Mandatory reporting of abuse and neglect under the Older Audit Protective Services Act 4. Reporting of reportable incidents and conditions. When the PCHA or designee has completed the training of a new hire, PCHA or designee will file the document in the employee's personal file. Audits will begin on 3/21/23 for three months to ensure all Agency staff are meeting compliance with 2600 65b.

Licensee's Proposed Overall Completion Date: 06/21/2023

Implemented ([redacted] - 05/25/2023)

225a - Assessment 15 Days

3. 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 s assessment, dated [redacted]/22, does not include the resident's level of need for assistance in turning and positioning, this area was blank, and the services home health care provides.

Resident #2's assessment, dated [redacted] 22, is not fully completed, the assessment is missing pages 5 10.

Resident #3's assessment, dated [redacted]/22, does not include the resident's increased need for supervision due to [redacted]

Repeat violation on 12/7/22

Plan of Correction

Accept ([redacted] - 05/05/2023)

The Residential Care Coordinator will be responsible for this plan of correction. The RCC did get with each resident identified and fix the issues noted that were in violation of 2600 225a. Resident #1 assessment dated [redacted]/22 has been corrected as of [redacted]/23. Resident #2 assessment dated [redacted]/22 has been corrected as of [redacted]/23. Resident #3 assessment dated [redacted] 22 has been corrected as of [redacted]/23. Moving forward the RCC will have a document that list each resident's name and a column on the document for the initial assessment. This checklist/audit tool will be given to PCHA weekly to also help monitor that all residents have an initial assessment completed on time. Education will take place with all persons responsible for completion of the assessment by 4/30/23.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented ([redacted] 05/25/2023)

227a - Support Plan 30 Days

4. 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 #2 was admitted on [redacted]/22; however, the resident s initial support plan, dated [redacted]/22, is not fully completed, the support plan is missing pages 5 10.

Repeat violation on 12/7/22

Plan of Correction

Accept ([redacted] - 05/05/2023)

The Residential Care Coordinator will be responsible for this plan of correction. RCC did get with resident #2 and fix the issues noted that were in violation of 2600 227a. Moving forward the RCC will have a document that list each resident's name and a column on the document for the support plan. This checklist/audit tool will be given to PCHA weekly to also help monitor that all residents have a support plan completed on time. Education will take place

227a - Support Plan 30 Days (continued)

with all persons responsible for completion of the support plan by 4/30/23.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented ([REDACTED] - 05/25/2023)