

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

September 12, 2023

[REDACTED], DIRECTOR
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 06/29/2023, 07/06/2023 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: I-1 Date: 04/13/2011 Issued By: Brookville Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 50 Waking Staff: 38

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 06/29/2023

Inspection Dates and Department Representative

06/29/2023 - On-Site: [REDACTED]
 07/06/2023 - 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: Harmony Circle Capacity: 20 Residents Served: 15

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 33
 Diagnosed with Mental Illness: 17 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

06/29/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/17/2023

07/17/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/28/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/24/2023

Inspections / Reviews (*continued*)

07/18/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/28/2023

09/12/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], at approximately [REDACTED] staff person A received an allegations of abuse against staff person B, regarding resident #1. This allegation was verbally reported to Area Agency on Aging; however, an Act 13 form was not completed and submitted to the local Area Agency on Aging within 48 hours.

On, or about [REDACTED], an allegation of abuse involving staff person B and resident #2 was witnessed. On [REDACTED], staff person A was informed of the allegation of abuse against staff person B, regarding resident #2; however, the home did not report an allegation of abuse against Resident #2 to the Area Agency on Aging nor was an Act 13 form completed and submitted to the local Area Agency on Aging until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 07/18/2023)

Regarding the allegation of abuse on [REDACTED], Staff person A completed the Act 13 form on [REDACTED] and faxed this form to the Area Agency on Aging on [REDACTED]. Regarding the allegation of abuse on or about [REDACTED], Staff person A contacted the Areas Agency on Aging on [REDACTED] to verbally report the alleged abuse and completed the Act 13 form on 6/29/23 and faxed this form on [REDACTED] to the Area Agency on Aging.

The PCHA scheduled the Protected Services from Jefferson County Area Agency on Aging (JCAAA) to come to a mandatory staff meeting on 7/20/2023 at 2:00 PM to provide training/education to all direct care staff members on reporting abuse and explain the definition of abuse.

The PCHA will ensure that the staff members who attended this mandatory training provided by JCAAA will sign off on a training sign-up sheet (roster) that will demonstrate what direct care staff members attended this mandatory training on 7/20/23. Those direct care staff members who did not attend the training, will be identified by the PCHA by 7/21/23. The PCHA will contact the JCAAA by 7/27/23 and schedule another time for the JCAAA to come back out to the facility to redo this training on what is abuse and how to report abuse for those direct staff members who could not attend.

The staff meeting where JCAAA provided training to the direct care staff on 7/20/23, will be documented on a supervisory conference by the PCHA. that all attendees of the staff meeting must sign off on that will demonstrate they attended the meeting and received the information on how to report abuse, what is abuse and that all alleged abuse must be reported without exception. The supervisory conference form will be completed, and staff will sign off on conference form by 7/27/23.

The Director of Personal Care Homes will provide documented education/training on a supervisory conference form with Staff Person A about reporting any abuse allegation to Area Agency on Aging verbally first and then through submitting the completed Act-13 Form within first the 48 hours. This education/training will be completed by 7/20/23.

The Director of Personal Care Homes will be meeting with the PCHA monthly for the next three months (August-October 2023) to review the process of reporting abuse, how to suspend an employee who possibly committed abuse and the importance of verbally notifying JCAAA and filling out the Act 13 form.

The PCHA will hold staff meetings for the next three months (August-October 2023) and during the staff meetings, one topic of discussion will be to review what abuse is, how to report abuse and importance of keeping the victim

15a - Resident Abuse Report (continued)

safe. The PCHA will document these staff meetings on a supervisory conference form 1 week after the staff meeting dates.

Licensee's Proposed Overall Completion Date: 07/27/2023

Implemented (█) - 09/12/2023)

15b - Supervisor Plan**2. Requirements**

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On █, at approximately █ staff person A received an allegations of abuse against staff person B, regarding resident #1. The home did not immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident. Additionally, on █, between approximately █ and █ staff person B continued to provide direct care to multiple residents in the secured dementia care unit without an approved plan of supervision.

Plan of Correction

Accept (█) - 07/18/2023)

Staff Person B was suspended on █ alleged abuse.

Staff Person B was terminated from their employment on █ after an investigation completed by DHS concluded this employee violated 42.c. of the 2600 Regulations on dignity and respect.

The PCHA will be completing training with all direct care staff members on how to demonstrate dignity and respect towards residents. This will be completed by 7/27/27. This training will be documented on a supervisory conference form and signed off by all employees. This will be completed by the PCHA by 7/27/23.

Personal Care Home Administrator (PCHA) will receive documented education/training on a supervisory conference form from the Director of Personal Care Homes on how to implement a plan of supervision for a staff person involved in an abuse allegation. How to suspend an employee will be reviewed in detail as part of this training. This training/education will be completed and documented by 7/20/23.

The Personal Care Home Administrator will be conducting interviews with 1 resident a week for the next 2 months to see if the residents feel respected by staff and feel like they are being treated with dignity and respect. This will be tracked on an audit tool that was created by the PCHA. Audit will begin the week of 7/24/23 and will continue until 9/24/23. Information received from the audit tool will be reviewed with Director of Personal Care Homes weekly to review information that residents are providing. The Director of Personal Care will action plan, if necessary, on that information provided by the residents.

15b Supervisor Plan (continued)

Licensee's Proposed Overall Completion Date: 07/27/2023

Implemented [REDACTED] - 09/12/2023)

16c - Written Incident Report

3. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On, or about [REDACTED], an allegation of abuse involving staff person B and resident #2 was witnessed. On [REDACTED], staff person A was informed of the allegation of abuse against staff person B, regarding resident #2; however, the home did not report an allegation of abuse against Resident #2 to the Department until [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/18/2023)

The Director of Personal Care Homes will provide documented education/training on a supervisory conference form with Staff Person A about reporting any abuse allegation to Department's personal care home regional office or the personal care home complaint hotline within 24 hours. This education/training will be completed by 7/20/23.

The PCHA will provide education/training with all direct care staff on how to report abuse allegations to Department's personal care home regional office within 24 hours or to the personal care home hotline within 24 hours. This education/training will be completed and documented by 7/20/23.

The PCHA for the next two months (August and September 2023) will interview one staff member weekly to see if the staff members understand how to report alleged abuse. This will be documented on an audit tool that the PCHA will develop by 7/27/23. This audit tool will be shared with the Director of Personal Care Homes weekly to review to see if any further action planning is needed based on staff responses.

Licensee's Proposed Overall Completion Date: 07/27/2023

Implemented [REDACTED] - 09/12/2023)

42c - Treatment of Residents

4. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On, or about, [REDACTED], at approximately [REDACTED], resident #2 was observed in the hallway with both hands on the railing. Direct care staff person B was observed physically grabbing and "ripping" resident #2's hand forcefully away from the railing before assisting resident #2 back into a seated position in [REDACTED] wheelchair.

42c Treatment of Residents (continued)

Plan of Correction

Accept (████ - 07/17/2023)

Staff Person A and Resident Care Coordinator (RCC) have terminated Staff Person B on ██████. Education/training will be given to all Direct Care Staff on treating residents with dignity and respect during our staff meeting on 7/20/2023 from the PCHA and RCC. This will be documented on a supervisory conference that all attendees of the staff meeting must sign off on that will demonstrate they attended the meeting and received the information that all residents will be treated with dignity and respect. A roster of attendees and supervisory conference will be done on 7/20/23.

The Personal Care Home Administrator will be conducting interviews with 1 resident a week for the next 2 months to see if the residents feel respected by staff and feel like they are being treated with dignity and respect. This will be tracked on an audit tool that was created by the PCHA. Audit will begin the week of 7/24/23 and will continue until 9/24/23. Information received from the audit tool will be reviewed with Director of Personal Care Homes weekly to review information that residents are providing. The Director of Personal Care will action plan, if necessary, on that information provided by the residents.

Licensee's Proposed Overall Completion Date: 07/20/2023

Implemented (████ - 09/12/2023)

234a - Admission Support Plan

5. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

On 7/6/23, the support plan for resident #2, admitted ██████, was not completed until ██████.

Plan of Correction

Accept (████ - 07/18/2023)

Staff Person A fixed the issues on ██████ that were noted on resident #2 support plan that were in violation of 2600 234a.

The Director of Personal Care Homes completed training with Staff Person A on 7/14/23 on the importance of tracking when support plans are due. The Director of Personal Care Homes reintegrated the importance of being in compliance with 2600 regulations 234.a. during this training.

Staff Person A and the Resident Care Coordinator (RCC) created an audit tool to track when support plans are due which includes when the resident is admitted to the personal care home and the date of when the support plan is due annually. This audit tool will be checked daily by the PCHA to ensure that no support plans are missed that need to be updated. The audit tool will begin on 7/27/23. The PCHA will review audit tool with the Director of Personal Care Homes weekly to ensure no support plans are missed that would be due annually or if there is a change with a resident's mobility/ADLs.

Licensee's Proposed Overall Completion Date: 07/27/2023

Implemented (████ - 09/12/2023)