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

July 11, 2023

[redacted], ADMINISTRATOR
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 06/13/2023, 06/14/2023 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: *THE LELAND OF LAUREL RUN* **Licen e #**: *32994* **Licen e Expiration**: *11/26/2023*

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* **I ued By**: *Boro of Waynesboro*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *91* **Waking Staff**: *68*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**: *0*

Reason: *Renewal, Complaint* **Exit Conference Date**: *06/14/2023*

Inspection Dates and Department Representative

06/13/2023 On Site [redacted]

06/14/2023 On Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *78* **Residents Served**: *69*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *4 th floor* **Capacity**: *22* **Residents Served**: *22*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *2* **Are 60 Years of Age or Older**: *69*

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

Have Mobility Need: *22* **Have Physical Disability**: *1*

Inspections / Reviews

06/13/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/06/2023*

07/06/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/10/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/11/2023*

Inspections / Reviews *(continued)*

07/10/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/10/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *07/15/2023*

07/11/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *07/10/2023*

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

52 - Hiring Staff

1. Requirements

2600.
52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

Staff member A, hired on [redacted] did not have a criminal history check completed unti [redacted]

Plan of Correction ***Accept [redacted] - 07/10/2023)***

52. Hiring staff

The facility cannot retroactively correct the criminal background check due on 9/6/2022 of new hire staff member A. However, a criminal background check completed on staff member A on [redacted], indicated that employee had no criminal record in the State of Pennsylvania. All current employee files were audited on June 29th, 2023, by the Business Office Manager, to ensure all criminal background checks have been completed. The Administrator educated the HR Director on June 14th, 2023, regarding the procedure to give a list of all new hires to the Business Office Manager, to be completed prior to or day of, the new hire's orientation date, so the Business Office Manager can double check, to ensure all background checks are compliant. An audit will be done by the Business Office Manager/designee, weekly x 8 weeks, then monthly x 3 months, to ensure all criminal background checks are compliant. Completion date: 12/07/2023

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

Implemented [redacted] - 07/11/2023)

65g - Annual Training Content

2. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

Description of Violation

Staff person B did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during training year 2022.

Plan of Correction ***Accept [redacted] - 07/10/2023)***

65.g Annual Training Content

The facility cannot retroactively correct the training for staff member B regarding emergency preparedness procedures and recognition and response to crisis and emergency situations due during the year 2022. Staff member B did complete the training on 1/17/2023. All staff have been in-serviced on the importance of completing the Relias online training within the designated required time frame. A monthly Relias training schedule is available to all staff. The HR Director, or designee, will be responsible to ensure all staff compete the training in a timely manner. A monthly report will be given to the Administrator regarding compliance with the training. Staff will be notified if training is not completed at the end of each month. All staff Relias training will be monitored monthly x 6 months. Staff not completing all Relias training prior to December 31st, 2023 will not be eligible to continue employment at the Leland of Laurel Run. In-service of staff regarding compliance with Relias / state regulations were completed on June 14, 2023.

65g - Annual Training Content *(continued)*

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

Implemented [redacted] - 07/11/2023)

82c - Locking Poisonous Materials

3. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Herbal essence hairspray, with a manufacture's label indicating "can be harmful or fatal if swallowed", was unlocked, unattended, and accessible to residents in the secured dementia unit (SDU). All residents in this unit, have been assessed as being incapable of recognizing and using poisons safely.

Medic choice roll on antiperspirant deodorant, with a manufacture's label indicating "If swallowed get medical help or contact Poison Control center immediately", was unlocked, unattended, and accessible to resident bedroom #408 in the secured dementia unit (SDU). All residents in this unit, have been assessed as being incapable of recognizing and using poisons safely.

Plan of Correction ***Accept [redacted] - 07/10/2023)***

82.c Locking Poisonous Materials

Herbal essence Hairspray and Medic choice anti-perspirant deodorant were immediately removed and placed in a locked area to ensure it was not accessible to residents in the secured dementia unit. All residents' rooms were checked for items labeled "can be harmful if swallowed" or "if swallowed get medical help or contact Poison Control center immediately." All items in resident's rooms were check and placed in an individually labeled container and transferred to a locked area on June 13, 2023. The Secured memory Care unit Manager, or designee, will be responsible to conduct daily rounds on the unit, to ensure that all harmful items are not in resident's rooms or in the common area. An audit will be given to the Administrator weekly x 6 months for review. Education will be provided when appropriate if concerns are identified during the daily rounds. Weekly audits began on July 1, 2023. Completion date January 1, 2024.

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

Implemented [redacted] - 07/11/2023)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 06/14/23

105g - Lint Removal and Duct Cleaning (continued)

, there was an approximate 1–2-inch accumulation of lint in the lint trap in both dryers of the home. There were no clothes in the dryers at the time.

Plan of Correction ***Accept [redacted] - 07/10/2023)***

105.g Lint Removal and Duct Cleaning

The lint traps were immediately cleaned in all dryers on June 13, 2023. Laundry staff have been in serviced on June 14, 2023, that lint must be cleaned from the lint trap after each dryer load is complete. Laundry staff will do a daily log to note that all lint traps were cleaned after each load. The Maintenance Director, or designee, will check the lint traps Monday- Friday, 2x/day x 3 months, then daily x 2 months, then weekly x 1 month as part of preventative maintenance rounds. Completion date January 31st, 2024

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

Implemented ([redacted] - 07/11/2023)

107d - Procedure Emergency Management Agency Submission

5. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed and submitted to the local area emergency management agency within the past year.

Plan of Correction ***Accept ([redacted] - 07/06/2023)***

107.d

The emergency procedures were submitted to the local fire department, police department, and the Borough management office. The plan will be submitted annually for review by the Business Office Manager or designee. The Business Office Manager will submit the procedure for annual review within 4 -8 weeks of the previous year's submittal date. A report will be given to the Administrator at that time for review.

Licensee's Proposed Overall Completion Date: *07/05/2023*

Implemented [redacted] - 07/11/2023)

185a - Implement Storage Procedures

6. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [redacted]/23, Resident 1's glucometer was not calibrated with the correct date. The glucometer was behind one day. Resident 1's glucometer displayed a blood sugar read of [redacted] on [redacted]/23, which was incorrectly entered in the resident's medication administration record (MAR) as [redacted].

Resident 2's glucometer displayed a blood sugar read of [redacted] on [redacted]/23 @ [redacted]pm, which was incorrectly entered in

185a - Implement Storage Procedures (continued)

the resident's medication administration record (MAR) as [redacted].

Plan of Correction ***Accept [redacted] - 07/10/2023)***

185.a

Resident #1's glucometer date was immediately corrected. A new glucometer has been ordered for Resident #1. Corrections have been made to the documentation on resident 1 and resident 2 glucometer checks. A random check was completed on July 1, 2023 to ensure accuracy of documentation. Licensed staff and Med techs have been in-serviced on June 14, 2023 regarding the need for accurate documentation with glucometer checks. A weekly audit was completed by the Director of Wellness on July 1, 2023. A weekly audit will be completed by the Director of Wellness or designee on 5 residents each week x 4 months, then bi- monthly x 2 months. Completion date January 1, 2024.

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

Implemented ([redacted] - 07/11/2023)

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 3 is prescribed blood sugar checks twice a day. However, this was not completed for resident 3 on [redacted]/23 @ [redacted] pm because glucometer strips were not available in the home.

Resident 4 is prescribed [redacted] once daily at bedtime. However, this medication was not administered to resident 4 on [redacted] and [redacted] because the medication was not available in the home.

Repeated violation from 06/08/22 et al.

Plan of Correction ***Accept [redacted] - 07/06/2023)***

187.d

Resident #3 glucometer strips were replaced, and an audit was immediately done to ensure all residents had an adequate supply of glucometer strips. All glucometer machines are being replaced in the building so there is a uniform brand/strips for all residents. Test strips will be kept in the Director of Wellness office for staff to utilize in an emergency. A weekly audit will be completed by the Director of Wellness, or designee on 5 residents each week x 4 months, then bi- monthly x 2 months to ensure residents have an adequate supply of glucometer strips, and a backup supply for the staff to utilize.

Resident #4's [redacted] supply was immediately checked to ensure availability. Resident #4 is the only resident in the facility that is on [redacted] A count sheet will be kept on the med carts, and the LPNs/Med Techs will be required to count the medication at the beginning and end of each shift. The next PT/INR will be listed on the sheet, so the staff are aware of the next lab day, and possible change in medication at that time. They will be required to document on the sheet when the medication is reordered, to ensure an adequate supply. The Director of Wellness, or Designee will monitor the sheets each week x 4 months, then bi- monthly x 2 months to ensure residents have an adequate supply of Warfarin per the Physician's orders.

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: *07/05/2023*

Implemented [redacted] - 07/11/2023)