

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

February 23, 2024

[REDACTED]  
WRC PENNSYLVANIA MEMORIAL HOME  
[REDACTED]

RE: LAURELBROOKE PERSONAL CARE  
133 LAURELBROOKE DRIVE  
BROOKVILLE, PA, 15825  
LICENSE/COC#: 42463

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/13/2023, 12/19/2023, 12/27/2023 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: 61 Waking Staff: 46

## Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 12/27/2023

## Inspection Dates and Department Representative

12/13/2023 - On-Site: [REDACTED]  
 12/19/2023 - Off-Site: [REDACTED]  
 12/27/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 50 Residents Served: 43

## Secured Dementia Care Unit

In Home: Yes Area: Harmony Circle Capacity: 20 Residents Served: 18

## Hospice

Current Residents: 5

## Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 43  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 18 Have Physical Disability: 0

## Inspections / Reviews

## 12/13/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/21/2024

Inspections / Reviews (*continued*)

## 01/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/21/2024

## 02/23/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 105f - Labeling/Return of Clothes

## 1. Requirements

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

## Description of Violation

*The home does not have a system they follow to safeguard resident laundry from being lost or misplaced.*

## Plan of Correction

Accept [REDACTED] 01/24/2024)

*The Personal Care Administrator (PCHA) is responsible for the plan of correction for the violation of labeling /return of clothing to residents in a timely manner. PCHA did correct this violation with an implementation of a system that requires representatives of the resident's family to label clothing upon admission and if family cannot label clothing staff will label clothing in a 24 hour to time period. The plan of correction will also direct employees of our facility that clothing should be returned within 24 hours of being laundered. An Audit Tool was implemented on 12-14-23 requiring employees on all shifts to inspect clothing being laundered for the resident's name and to make sure it is returned within a 24-hr. period to remain in compliance. This Audit Tool will remain in effect until 2-13-24. RCC will reviewed the audit tool daily to ensure that resident's laundry in being laundered and returned in a 24-hour period and that the resident laundry is being initialed.*

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented [REDACTED] - 02/23/2024)

## 142a - Secure Medical Care

## 2. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

## Description of Violation

*Resident [REDACTED] is diagnosed with [REDACTED] and currently resides in the home's Secure Dementia Care Unit (SDCU). On [REDACTED], resident [REDACTED] suffered an unwitnessed fall in [REDACTED] bedroom. When resident [REDACTED] was found by staff at approximately [REDACTED] [REDACTED] was laying in [REDACTED] bed on [REDACTED] left side with [REDACTED] forehead bleeding and dry blood on [REDACTED] face, hair and clothes. Staff observed an approximate 4" cut to resident [REDACTED] forehead as well as a bloody area on the floor next to the resident's bed, measuring approximately 12" by 10". The home contacted the resident's designated person asking if resident [REDACTED] should be sent to the hospital, which [REDACTED] declined. The home failed to take appropriate action for resident [REDACTED] to access immediate medical treatment for a potential serious medical condition, an unwitnessed fall with a head injury.*

## Plan of Correction

Accept [REDACTED] - 01/24/2024)

*The Personal Care Home Administrator (PCHA) will be responsible for this plan of correction. The PCHA conducted a Supervisory Conferences with all staff members on [REDACTED] and reeducated the staff members on the importance of securing appropriate medical care for all residents residing at Laurelbrooke Personal Care Home. The Personal Care Home Administrator (PCHA) and the RCC have informed staff members on 12/14/23 that it is crucial that 30-minute wellness checks on residents need to be performed per company policy. The RCC created an Audit tool that has*

**142a - Secure Medical Care (continued)**

been put in place on 12-14-23 regarding continued 30-minute wellness checks with employees now being required to initial the document provided to keep track of safety checks. This audit tool will be reviewed daily by the RCC to ensure that wellness checks are occurring. Staff have also been educated on 12-14-23 going forward, any resident that falls with a head injury (goose egg, cut, abrasion, black and blue mark) etc... will automatically be sent to ER in an effort to secure the appropriate medical care. The POA and resident's primary physician will then be called and notified of the fall and what measures have been taken by Laurelbrooke Personal Care Home to secure the appropriate Medical Care. The Audit Tool will remain in effect until 2-14-24.

Licensee's Proposed Overall Completion Date: 02/14/2024

Implemented [REDACTED] 02/23/2024)

**187c - Refusal of Medication****3. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

On the following dates and times, resident [REDACTED] refused to take a scheduled dose of [REDACTED] at [REDACTED] [REDACTED] at [REDACTED], [REDACTED] at [REDACTED] and [REDACTED] at [REDACTED]. The home did not report the refusals to the prescriber.

On [REDACTED] at [REDACTED], resident [REDACTED] refused to take a scheduled dose of [REDACTED]. The home did not report the refusal to the prescriber.

**Plan of Correction**

Accept [REDACTED] - 01/24/2024)

The Resident Care Coordinator (RCC) is responsible for this plan of correction. The Personal Care Home Administrator (PCHA) did a Supervisory Conference with the RCC on 12-14-23 to determine why the violation occurred. An Audit tool was created on 12/14/23 by the RCC to monitor any resident who is refusing prescribed medications, and that the resident's prescriber is notified. PCHA told RCC during the supervisory conference that med techs need to call the prescriber and asked to advise how to proceed. PCHA also informed RCC on 12-14-23 that med tech needs to be reeducated concerning this issue with medication refusals and contacting the prescriber after each refusal. On 12-16-23 med techs were given a Supervisory Conference by RCC in an effort to reeducate Med Techs on the importance of notifying a prescriber if the resident is refusing a medication. The RCC will look at the MAR on a daily basis to ensure that said Resident [REDACTED], when refusing medications is following prescriber's orders. The Med Techs have been instructed to contact the prescriber if Resident [REDACTED] refuses medication. The Audit Tool will remain in effect until 2-13-24.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented [REDACTED] 02/23/2024)

**187d - Follow Prescriber's Orders****4. Requirements**

2600.

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

Resident [redacted] is prescribed [redacted], [redacted] twice daily, rotate sites. However, resident [redacted] was not administered this medication on the following dates and times: [redacted] at [redacted] at [redacted] at [redacted] at [redacted] at [redacted] and [redacted] at [redacted]. Staff indicate insulin was withheld because the resident did not eat, and staff believed the resident's [redacted] levels were low.

Resident [redacted] is prescribed [redacted], [redacted] twice daily (morning and with dinner), rotate sites. However, resident [redacted] was not administered this medication on the following dates and times: [redacted] at [redacted] and [redacted] at [redacted]. Staff indicate [redacted] was withheld because the resident did not eat, and staff believed the resident's [redacted] levels were low.

Plan of Correction

Accept [redacted] - 01/24/2024)

The Resident Care Coordinator (RCC) is responsible for this plan of action. On 12-14-23 the RCC contacted the resident's physician, the physician prescribed a sliding scale for [redacted] [redacted] for a more accurate reading. Following this survey on 12-13-23, a supervisory conference was conducted between PCHA and RCC to determine why the violation of Following Prescribers orders had incurred for resident [redacted]. Based upon a Supervisory Conference that was conducted by PCHA and RCC, we determined that our immediate response was to re-educate med tech's on 12-14-23 about following the correct dosage given in the prescriber's orders. Through education and training that also was documented on a supervisor conference provided by the PCHA to the RCC, has been instructed to make sure that all med techs are following state mandated regulations concerning the administration of medication pertaining to prescriber's orders. An audit tool has been created by the RCC on 12-14-23 to ensure that the MAR is correct, and that med techs are following the provider's orders. RCC will monitor the audit too daily to ensure prescribers orders are being followed by the Personal Care Home. Moving forward the RCC will be monitoring the [redacted] and [redacted] [redacted]. Should the MAR reflect readings that are not in compliance with the providers orders, the RCC will contact Resident [redacted] provider and any resident that is diabetic, to determine what course of action should be taken in an effort to follow prescribers' orders. This tool will remain in effect from 12-13-23 to 2-13-24.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented [redacted] 02/23/2024)

237a - Activities

5. Requirements

2600.

237.a. The following types of activities shall be offered at least weekly:

Description of Violation

In Mid-October 2023, the home's Activities Director resigned. Since that time, the home has only offered one activity once a week to the residents in the SDCU.

Plan of Correction

Accept [redacted] - 01/24/2024)

The Personal Care Home Administrator (PCHA) will be responsible for this plan of correction. The PCHA was in contact with the director of personal care regarding the vacant coordinator position and stressed the importance of needing this position filled immediately. The PCHA is actively seeking to hire an Activity Coordinator for our residents and interviews have been scheduled. Our immediate plan of action has been to have a staff member who is already employed provide 1 hour of activities per day to these residents in secured dementia unit. The PCHA will

**237a - Activities (continued)**

monitor these activities daily by filling out the audit tool that was created on [REDACTED] by the PCHA that will list each day's activities and the staff who provided the activities to these residents. This audit tool will be used from 12/14/23 to 2/14/24.

Licensee's Proposed Overall Completion Date: 02/14/2024

Implemented [REDACTED] 02/23/2024)