

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

September 12, 2024

[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 05/08/2024 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: 03/02/2025
 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]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 62 Waking Staff: 47

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 05/08/2024

Inspection Dates and Department Representative

05/08/2024 - 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: 19
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 42
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 19 Have Physical Disability: 0

Inspections / Reviews

05/08/2024 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/25/2024

05/28/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/22/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/04/2024

Inspections / Reviews (*continued*)

06/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/22/2024

09/12/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff A, hired [REDACTED], received 3 hours of training during the January 2023 through December 2023 training year.

Plan of Correction

Accept [REDACTED] - 05/28/2024)

The PCHA Personal Care Home Administrator will be responsible for this plan of correction. The Personal Care Home Administrator will use a record of training form 55 Pa. Code-2600.65i to record all training for Direct Care Staff and will start implementation of this form on 5/9/24. Direct Care Staff A will receive 12 Hour Mandatory Annual Training and will also be documented on the State Form. An Audit tool was created by the PCHA on 5/9/24 to keep track of Annual Training topics needed Annually. Audit tool to start on 5/9/24 to 6/9/24 to identify where all employees are currently at with the mandatory yearly trainings.

Licensee's Proposed Overall Completion Date: 06/09/2024

Implemented [REDACTED] - 09/12/2024)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff A, hired [REDACTED] did not receive training in the following training topics: Medication self-administration, Instruction on meeting the needs of residents(DME & RASP) Care for residents w/dementia & cognitive impairment, Infection control/cleanliness/immobility concerns, Personal care service needs of the resident and Safe management techniques during the January 2023 through December 2023 training year.

Plan of Correction

Accept [REDACTED] - 06/10/2024)

Personal Care Home Administrator (PCHA) will be responsible for this plan of correction. PCHA will be providing training topics to staff member A on mandatory annual trainings that he did not receive in Calander year 2023; medications self-administration on 5/9/24, instruction on meeting the needs of residents (DME & RASPS), on 5/11/24, care for residents with dementia cognitive impairment on 5/13/24, infection control/cleanliness/immobility concerns on 5/15/24, personal care, service needs of the resident and self-management techniques on 5/18/24.

The PCHA will document the mandatory annual trainings that staff member A did not receive in Calander year in 2023 (medications self-administration on 5/9/24, instruction on meeting the needs of residents (DME & RASPS), on 5/11/24, care for residents with dementia cognitive impairment on 5/13/24, infection control/cleanliness/immobility concerns on 5/15/24, personal care, service needs of the resident and self-management techniques on 5/18/24) on the state training form 55 Pa Code-2600.65i. The PCHA did training with the (RCC) Resident Care Coordinator on 5/9/24 to discuss annual training content and the importance of staff members receiving their training content. This training was documented on a supervisory conference form by the PCHA on 5/9/24.

The PCHA created an audit tool on 5/9/24 and will utilize this audit tool 5/9/24-6/9/24 to help identify that all employees are current with mandatory annual training content. Any employee that is identified from using this audit tool that is not current with their annual trainings, those employees identified will receive those trainings

65f Training Topics (continued)

from the PCHA within a 30 day time frame.

Licensee's Proposed Overall Completion Date: 06/09/2024

Implemented [REDACTED] - 09/12/2024)

65g - Annual Training Content**3. 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:

Description of Violation

Direct care staff A, hired [REDACTED], did not receive training in the following training topics: Older Adult Protective Services Act, resident's rights, emergency preparedness during the January 2023 through December 2023 training year.

Plan of Correction

Accept [REDACTED] - 06/10/2024)

The (PCHA) Personal Care Home Administrator will be responsible for this plan of correction. The PCHA will be providing mandatory annual training content to staff member A, that staff member A did not receive in calendar year 2023; older adult protective services act on 5/16/24, resident rights on 5/23/24, and emergency preparedness on 5/25/24.

The PCHA will document the mandatory annual trainings that staff member A did not receive in Calander year in 2023; (older adult protective services act on 5/16/24, resident rights on 5/23/24, and emergency preparedness on 5/25/24) on the state training form 55 Pa Code 2600.65i. The PCHA did training with the (RCC) Resident Care Coordinator on 5/9/24 to discuss mandatory annual training content and importance of staff members receiving their training content. This training was documented on a supervisory conference form by the PCHA on 5/9/24.

The PCHA created an audit tool on 5/9/24 and will utilize this audit tool 5/9/24 6/9/24 to help identify that all employees are current with mandatory annual training content. Any employee that is identified from using this audit tool that is not current with their mandatory annual trainings, those employees identified will receive those trainings from the PCHA within a 30 day time frame.

Licensee's Proposed Overall Completion Date: 06/09/2024

Implemented [REDACTED] - 09/12/2024)

184a - Resident's Meds Labeled**4. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 is prescribed [REDACTED] take one cap by mouth every 8 hours (Do not exceed [REDACTED] per day [REDACTED] from all sources). However, the resident's medication label indicates [REDACTED] take one tab by mouth 4 times daily.

The medication label for resident #1's [REDACTED] insulin was not attached or inside the plastic bag containing the resident's insulin pen.

184a Resident's Meds Labeled (continued)

Repeat Violation: 12/7/22

Plan of Correction

Accept () - 05/28/2024

The Resident Care Coordinator (RCC) is responsible for this plan of correction. Immediately following this follow up survey on 5/8/24, a Supervisory Conference was conducted between Personal Care Home Administrator (PCHA) and Resident Care Coordinator on importance of Medications being labeled correctly. Resident Care Coordinator (RCC) immediately fixed labels with stickers, called Pharmacy of Resident #1 on 5/9/24 to instruct that the original container for prescription medications shall be labeled with a pharmacy label before sending to Laurelbrooke Personal Care Home. An audit tool was created by Resident Care Coordinator (RCC) on 5/9/25. This audit tool will be used from 5/9/24 6/9/24 to ensure that the Med Cart is current with prescribed instructions for each resident. The RCC completed training on 5/13/24 with the staff responsible for medication administration on the importance of Medications being labeled correctly. The training was documented in a supervisory conference and on the State Training form on 5/13/24.

Licensee's Proposed Overall Completion Date: 06/09/2024

Implemented () - 09/12/2024

185a - Implement Storage Procedures

5. 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

Resident #1's black () Glucometer was not calibrated to the correct date and time.

Plan of Correction

Accept () - 05/28/2024

The Resident Care Coordinator (RCC) is responsible for this plan of correction. Immediately following this follow up survey on 5/8/24, a Supervisory Conference was conducted between Personal Care Home Administrator (PCHA) and Resident Care Coordinator on importance of Implement Storage Procedures. Resident #1's Glucometer has been calibrated on 5.8.24 following this follow up Audit by the RCC. All staff will be trained by the RCC on how to Calibrate Glucometers by 6.1.24 This training will be documented on the State Training form. Resident Care Coordinator (RCC) created an Audit Tool to track all residents using the glucometer that the glucometer is in safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons on the importance of Implementing Storage Procedures on 5/9/24 and will remain in effect from 5/9/24 8/9/24.

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented () - 09/12/2024