

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

November 6, 2024

[REDACTED]
REGAL MANOR LLC
[REDACTED]

RE: THE LELAND OF LAUREL RUN
120 WEST MAIN STREET
WAYNESBORO, PA, 17268
LICENSE/COC#: 32994

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/03/2024 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: THE LELAND OF LAUREL RUN License #: 32994 License Expiration: 11/26/2024
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 Date: 09/25/2012 Issued By: Boro of Waynesboro

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 10/03/2024

Inspection Dates and Department Representative

10/03/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 80 Residents Served: 75

Secured Dementia Care Unit
 In Home: Yes Area: 4th Floor Capacity: 22 Residents Served: 20

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 20 Have Physical Disability: 1

Inspections / Reviews

10/03/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/25/2024

10/25/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/05/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/06/2024

Inspections / Reviews *(continued)*

11/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/05/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [REDACTED], the following documents were requested by an agent of the department of Staff Member C and submitted as follows:

- Documentation of Q15 Minute checks requested at 9:15am, submitted at 1:30pm.
- 5 Resident Records requested at 9:15am. Partial Records for two of the residents were submitted at approximately 10:00am, remaining record for the two residents were submitted at 12:36pm. Remaining 3 resident records submitted at approximately 1:15pm.

On [REDACTED], the following documents were requested were requested by an agent of the department of Staff Member C at 11:40am and submitted at 12:36pm as follows:

- 2 Staff Records
- Narcotic Count Sheets
- Schedule for dates 08/29/24 through 08/30/24

Plan of Correction

Accept [REDACTED] - 10/25/2024)

5a-1- DHS Access

The facility cannot retroactively correct the timing of the documents that were provided to the Department as requested on October 3rd, 2024. In-servicing of LPNs/Med Techs was implemented on October 17th, 2024, by the Administrator. Education included the importance of providing immediate access to the home, residents and records to the Agents of the Department, upon their request. Education emphasized that these measures must be followed to prevent reoccurrence. In-servicing of LPNs/ Med Techs will be completed by the Administrator by November 4th, 2024. On future visits from the Department, the facility will keep a log of items requested by the Department and document the time requested, and the time that these items are delivered to the Department, to ensure that staff are mindful of the time lapsed. A review of this log will be done by the Administrator/Designee at the time of the visit from the Department.

Steps in process.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] 11/06/2024)

185a - Implement Storage Procedures

2. 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 [REDACTED] is prescribed [REDACTED], Give 1 Tablet by mouth 3 times a day for pain. The Omnicare Controlled Medication Utilization Record for Tramadol was reviewed for Resident [REDACTED] and shows the following:

185a - Implement Storage Procedures (continued)

- On 07/18/24 at 1300 (1:00pm), 1 Dose was given, amount remaining 19.
- On 07/18/24 at 2003 (8:03pm), 1 Dose was given, amount Remaining 18, but also indicates 1 was wasted during this same timeline.
- On 07/18/24., the amount of [REDACTED] was not changed to reflect the actual amount remaining which was 17 but continued to list amount remaining 18.

Plan of Correction

Accepted [REDACTED] - 10/25/2024)

185a- Implement Storage Procedures

The facility cannot retroactively correct the inaccurate count of the Tramadol on the Omnicare Controlled Medication Utilization Record for Resident [REDACTED]. In-servicing of LPNs/Med Techs was implemented on October 17th, 2024, by the Administrator, to include the importance of ensuring the Omnicare Controlled Medication Utilization Record sheet reflects the accurate count of the medications. The Medication Accountability policy was revised by the Administrator on October 16th, 2024, to reflect that the narcotic medication record and the medication count must be accurate, and to ensure that the medication used is deducted accurately from the count sheet. The revised policy was also reviewed at the in-service meeting for the LPNs/Med Techs held on October 17th, 2024, by the Administrator. In-servicing with the LPNs/Med Techs will be completed by the Administrator by November 4th, 2024. All residents' Controlled Medication Utilization Records were audited by the Administrator on October 21st, 2024, to ensure the documentation was accurate and correct. There were no errors found at this time. Ongoing compliance will be determined by audits which will be completed by the Administrator/Designee to ensure that all narcotic sheets are documented accurately. The audits were started on October 21st, 2024, and will be done by the Administrator/ Designee 3 times a week for 2 weeks, then 2 times a week for 2 weeks, then weekly times 4 weeks, to ensure the Controlled Medication Record is correct. The audits will be completed by the Administrator/Designee on December 16th, 2024. The Administrator/Designee will review these audits at that time to determine if it is necessary to have a continuation of the audits.

Steps in process.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented [REDACTED] 11/06/2024)

187d - Follow Prescriber's Orders**3. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] 50mg, give 1 Tablet by mouth 3 times a day for pain, per the resident's MAR. Staff Member C provided a document from the home's Point Click Care system which states, "special instructions: meds in applesauce" but does not specifically list the [REDACTED] medication, or the name of a physician. The physician's orders provided also does not state the use of applesauce but indicates by mouth, 3 times a day. However, Staff Member D, stated sometimes the tramadol medication is crushed in applesauce and sometimes the medication is given whole in apple sauce, and administered to Resident [REDACTED] stating, this depends on the Med Tech and what they feel comfortable doing.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept [REDACTED] - 10/25/2024)

187-d-Follow Prescriber's Orders

The facility cannot retroactively correct that staff member D gave [REDACTED] whole in applesauce. Staff member D could not be educated on this since [REDACTED] no longer works at our facility. The facility recognizes that all residents could be affected, therefore, an audit of all residents' orders/MAR was completed by the Director of Wellness on 10/22/2024, to ensure that special instructions include if medication is to be given whole or crushed in applesauce, and to provide staff with accurate information regarding how the residents' medications are to be given. The MAR of Resident [REDACTED] was checked, and the Prescriber is listed on the MAR. In-servicing of LPNs/Med Techs was implemented on October 17th, 2024, by the Administrator, to include how medications are to be given according to the Prescriber. In-servicing of LPNs/ Med Techs will be completed by the Administrator by November 4th, 2024. Ongoing compliance will be determined by audits which will be completed by the Administrator/Designee on all new admissions/re-admission/or residents with a change in their diet, to ensure the MAR reflects how the medications are to be given. Starting on October 22nd, 2024, this audit will be done by the Administrator/Designee daily times 2 weeks, then 2 times a week times 2 weeks, then weekly times 4 weeks. The audits will be completed by the Administrator/Designee on December 16th, 2024.

Steps in process.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented [REDACTED] - 11/06/2024)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] annual medical evaluation dated [REDACTED] states, Special Diet: "Pureed Foods, Drinkable, GLGD Pureed Drinkable; Special Health Needs: Drinkable Puree." However, Resident [REDACTED] assessment dated [REDACTED] states, "Dietary Needs: GLGD Regular Texture, Thin Liquids."

Plan of Correction

Accept [REDACTED] - 10/25/2024)

227d- Support Plan Medical/Dental

The support plan for Resident [REDACTED] was immediately corrected by the Director of Wellness to reflect that the resident's diet is a drinkable puree diet, not a regular texture. In-servicing was implemented on October 17th, 2024, by the Administrator to ensure staff are aware of the need for accuracy of the annual medical evaluation/assessment. Audits of resident's medical evaluation/assessments were started by the Administrator/Designee on October 21st, 2024, to include checking residents' annual evaluation/resident assessments to ensure all diet orders are completed accurately. Ongoing compliance will be determined by audits monitored by Administrator/Designee by completing audits 3 random audits of resident's medical evaluation/assessments weekly times 2 weeks then 2 times a week times 2 weeks, then weekly times 4 weeks to ensure accuracy is maintained on the support plan. The audits will be

227d - Support Plan Medical/Dental (continued)

completed by the Administrator/Designee on December 16th, 2024.

Steps in process.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented  11/06/2024)