

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

April 2, 2025

[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 02/19/2025 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: 11/26/2025
 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: I-2 Date: 09/25/2012 Issued By: Boro of Waynesboro

Staffing Hours

Resident Support Staff: 00 Total Daily Staff: 89 Waking Staff: 67

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 02/19/2025

Inspection Dates and Department Representative

02/19/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 80 Residents Served: 69

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: 0
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 20 Have Physical Disability: 2

Inspections / Reviews

02/19/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/17/2025

03/21/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/28/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/28/2025

Inspections / Reviews *(continued)*

04/02/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On [redacted] the home was found to have bed bugs confirmed by investigation performed by Orkin pest control on [redacted].

Plan of Correction

Accept [redacted] - 03/21/2025)

The facility has a contract with Orkin Pest Control for ongoing monthly extermination services and inspection of areas throughout the building. Orkin Pest Control identified a room with bed bugs on 3/3/2025. Immediately the resident's personal belongings were laundered and the room cleaned and sprayed. All new residents moving into the facility will have their belongings thoroughly checked by nursing staff, including personal items, prior to moving in. Any evidence of bed bugs will immediately be reported to the Supervisor. Orkin Pest Control rechecked the rooms on 3/13/2025 that were previously noted to have bed bugs, and the rooms were cleared and found to have no bed bugs. Staff will be in-serviced by the Administrator on bed bugs/insects and the importance of reporting to the Supervisors if any bed bugs/insects are found in the facility. In-servicing by the Administrator will be completed by March 31st, 2025.

Random audits will be completed by the Administrator (starting on 3/10/2025) on any rooms that have been identified with bed bugs/insects and will be addressed immediately. Audits by the Administrator will continue through May 31st, 2025.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [redacted] - 04/02/2025)

202 - Prohibitions

2. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).

Description of Violation

On [redacted] residents [redacted], and [redacted] who reside in room [redacted] were currently placed on "isolation" by the home. The residents reported that on [redacted] an Orkin inspector came to their room and confirmed that room had an active bed bug infestation. The home placed residents [redacted] and [redacted] living in room [redacted] on "isolation" until the Orkin inspector returns in seven days to inspect the room again. The home's administrator confirmed that residents are placed on "isolation", meaning they cannot leave the room for seven days and meals are brought to them to eat in their room. After seven days, the Orkin inspector will return and inspect the room to clear it from bedbugs. After the room has been cleared the home removes the "isolation" period and residents are allowed to freely leave their rooms.

Plan of Correction

Accept [redacted] - 03/21/2025)

The facility cannot retroactively correct the residents [redacted] and [redacted] who were placed in isolation due to bed bugs found in their room. The bed bug policy has been revised by the Administrator on 3/10/2025 to include that residents will not be put on isolation if bed bugs are found in a resident's room. The facility contract with Orkin Pest Control will continue to be utilized for ongoing monthly inspections. Orkin will report to Management immediately

202 Prohibitions (continued)

if any bed bugs are found.

Staff will be in serviced by the Administrator on the new policy by March 31st, 2025. Weekly audits were started on 3/10/2025 by the Administrator, and will be completed by the Administrator through May 31st, 2025, to ensure residents are not placed in isolation if bed bugs are found in a resident's room.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [redacted] - 04/02/2025)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] most recent assessment and support plan (RASP) dated [redacted] lacks any identified needs in the area of mental health. Resident [redacted] was sent out to emergency room for behavioral disturbances on [redacted] and [redacted]. No additional assessment was completed or updated to identify these significant behavioral changes as of [redacted].

Resident [redacted]'s most recent RASP dated [redacted] lacks any needs identified in the area of mental health. Behavioral concerns had occurred and were documented on [redacted] and [redacted]. No additional assessment was completed or updated to identify these significant behavioral changes as of [redacted].

Plan of Correction

Accept [redacted] - 03/21/2025)

The facility recognizes the need to have additional assessments if the resident's condition significantly changes prior to the annual assessment, or if the resident has mental health needs. Resident [redacted] assessment/support plan (RASP), has been updated on 3/13/2025, by the Director of Wellness, to include areas of mental health concerns and behavioral disturbances. Resident [redacted] initial assessment/support plan (RASP) has also been updated on 3/13/2025 by the Director of Wellness to include significant behavioral changes. Residents who have significant changes in condition, or behavioral/mental health concerns will be identified by the Administrator, Director of Wellness and Memory Care Manager, through the facilities' daily stand up meeting, to prevent further deficient practice, and to ensure all residents are identified that have needs that need to be added to the initial assessment/support plan/RASP. This check in the daily standup meeting began on 3/10/2025 and will continue through May 31st, 2025.

In servicing with the Director of Wellness and Memory Care Manger was done by the Administrator on 3/10/2025, to ensure there was an understanding of when further documentation of the initial assessment/ support plan (RASP) is needed. Weekly audits were started on 3/10/2025 by the Director of Wellness and Manager of the Memory Care unit to ensure that residents with a significant change are added to the initial assessment/support plan (RASP). Weekly audits will continue through May 31st, 2025, by the Director of Wellness and the Manager of the Memory Care unit.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented [redacted] - 04/02/2025)

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

The resident assessment and support plan (RASP) for resident [redacted], dated [redacted], does not indicate the resident has mental health needs. However, the medical evaluation dated [redacted] identifies the following mental health diagnosis: [redacted].

The RASP for resident [redacted], dated [redacted], does not indicate the resident has mental health needs. However, the medical evaluation dated [redacted] identifies the following mental health diagnosis: [redacted].

Plan of Correction

Accept ([redacted] - 03/21/2025)

The resident assessment/support plan (RASP) for resident [redacted] has been updated by the Director of Wellness on 3/13/2025 to include the following diagnosis: [redacted]

[redacted] The RASP/support plan for resident [redacted] has been updated by the Director of Wellness on 3/14/2025 to include mental health needs. Residents who have a significant change in condition, behavioral/mental health needs, or a mental health diagnosis, will be identified by the Administrator, Director of Wellness and the Memory Care Manager in the facility’s daily stand-up meeting.

In-servicing was completed by the Administrator on 3/10/2025 with the Director of Wellness and the Memory Care Manager, to ensure the resident’s assessment and support plan (RASP) identifies mental health needs. Weekly audits were started on 3/10/2025 by the Director of Wellness and the Memory Care Manager, to ensure mental health needs are addressed on the resident’s assessment/support plans (RASP) and will continue to be done by the Director of Wellness and the Manger of Memory Care through May 31st, 2025.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented ([redacted] - 04/02/2025)