

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE GREEN HOME

LEGAL ENTITY

To operate THE LAURELS

NAME OF FACILITY OR AGENCY

Located at 39 CENTRAL AVENUE, WELLSBORO, PA 16901

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 60
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 17, 2013 until June 17, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 203410

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



JUN 17 2013

Ms. Jan E. Fisher, President/CEO
The Green Home
37 Central Avenue
Wellsboro, Pennsylvania 16901

RE: The Laurels
39 Central Avenue
Wellsboro, Pennsylvania 16901

Dear Ms. Fisher:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 21, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

PCH Name: THE LAURELS		License Number: 203410
Address: 39 CENTRAL AVENUE, WELLSBORO, PA 16901		County: Tioga
Administrator: Deborah Wivell		Region: NORTHEAST
Legal Entity Name: THE GREEN HOME		
Legal Entity Address: 37 CENTRAL AVENUE, WELLSBORO, PA 16901		
Certificate(s) of Occupancy C-2 LP 03/15/1999 L&I		
Staffing Hours Resident Support: NA Total Daily Staff: 25 Working Staff: 19		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/21/2013: Patton, Leslie; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60	Number of Residents who:	
Number of Residents Served: 25	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: NO	Are 60 Years of Age or Older: 25	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

Violation Report: 20341 - 02/21/2013 - Patton, Leslie
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
 The contract in the record of resident #1 (dated 12/18/12) did not indicate the rate for room and board.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Contract for Resident #1 was updated with rate for Room + board prior to inspectors leaving facility. Audit (enclosed) for admissions paperwork created.

PCHA responsible to assure Audit is completed w/I 30 days of admission.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Debra L. Wivell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra L. Wivell PCHA* Date *3-4-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/18/13
 (Date)

Plan of correction implementation status as of 4/18/13
 (Date)

The above plan of correction was approved by *M*
 (Initials)

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

Violation Report: 20341 - 02/21/2013 - Patton, Leslie
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's monthly fire drill records indicate the home is not alternating exits during drills and used the "front stairs" exit during the drills conducted on 1/18/13, 12/28/12, and 11/24/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In order for Residents to be aware that there are 2 exits on every floor they will be alternated with each fire Drill.

- PCHA will be responsible to assure that they will be alternated each month.

This will be accomplished by renewing the fire Drill record prior to fire Drill to assure that the exits are being alternated.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Debra L. Wivell

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Debra L. Wivell PCHA

Date 3-4-13

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4/18/13
 (Date)

Plan of correction implementation status as of

4/18/13
 (Date)

The above plan of correction was approved by


 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented