



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 13 2015

Ms. Janie M. Hilfiger, President
The Green Home
37 Central Avenue
Wellsboro, Pennsylvania 16901

RE: The Laurels
39 Central Avenue
Wellsboro, Pennsylvania 16901
License #: 203410


Dear Ms. Hilfiger:

As a result of the Department of Human Services' licensing inspection on April 2, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 17, 2015 to June 17, 2016 was issued on March 31, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director ³⁴

Enclosure
License Inspection Summary

Violation Report: 20341 - 04/02/2015 - Hummel, Jesse
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Advair Diskus 250/50 - 1 puff twice daily. The medication was not dated when it was removed from the foil pouch. The medication manufacturer's instructions indicate to discard any unused medication 30 days after removing the medication from the foil package. Because the medication was not dated it can not be determined if the medication is expired and should have been discarded.

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.

(See Attachment)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Debra L. Wivell*


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Debra L. Wivell PCHA</i>	Date <i>4/20/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/21/15
 (Date)

Plan of correction implementation status as of 4/21/15
 (Date)

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

The above plan of correction was approved by 
 (Initials)