



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2016

Mr. Robert J. Moisey, Administrator
Laurels Senior Living Inc.
23 Faith Drive
Hazleton, Pennsylvania 18202

RE: The Laurels
License #: 211170

Dear Mr. Moisey:

As a result of the Department of Human Services' annual licensing inspection on November 17, 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.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director ^{1/34}

Enclosure
License Inspection Summary

Violation Report: 21117 - 11/17/2015 - Harvey, Jason

PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The following errors were noted when reviewing resident #1's glucometer and MAR:

On 11/10/15 at 4:00pm, the MAR indicates a blood sugar level of 224; however there is no reading in the meter.
On 11/13/15 at 11:00am, the MAR indicates a blood sugar level of 197; however there is no reading in the meter.

The following errors were noted when reviewing resident #2's glucometer and MAR:

On 11/10/15 at 4:11 pm, the MAR indicates a blood sugar level of "0"; however the meter indicates a level of 117.
On 11/13/15 at 3:57 pm, the MAR indicates a blood sugar level of "0"; however the meter indicates a level of 115.
On 11/16/15 at 4:06 pm, the MAR indicates a blood sugar level of "0"; however the meter indicates a level of 110.

The following errors were noted when reviewing resident #3's glucometer and MAR:

On 11/13/15 at 4:00 pm, the MAR indicates a blood sugar level of 227 however the meter indicates a level of 229.
On 11/13/15 at 8:00 pm, the MAR indicates a blood sugar level of 241 however the meter indicates a level of 243.

The following errors were noted when reviewing resident #4's glucometer and MAR:

On 11/15/15 at 4:00 pm, the MAR indicates a blood sugar level of 150 however the meter indicates a level of 152.
On 11/10/15 at 4:00 pm, the MAR indicates a blood sugar level of 150 however the meter indicates a level of 154.

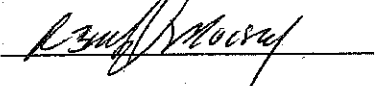
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

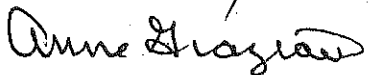
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All licensed staff and medication trained personnel were re-educated on sliding scale insulin, the use of glucometers and proper documentation/following providers directions.

Director of Nursing and LPN supervisors will provide ongoing monitoring to ensure compliance. LPN's will also monitor and audit diabetic MAR's and glucose meters weekly.

Robert J. Moisey, Administrator

 12/11/15

 1-11-16

Violation Report: 21117 - 11/17/2015 - Harvey, Jason
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

See p. 2 of t.


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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

| | |
|---|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert J. Moisey, Administrator | Date 12/11/15 |
|---|------------------|

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

The above plan of correction is approved as of 1-11-16
 (Date)
 1-11-16

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 1-11-16
 (Date)

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

Violation Report: 21117 - 11/17/2015 - Harvey, Jason
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is to have their blood sugar level tested 2 times daily (7:00 am and 11:00am). Review of the resident's glucometer indicates the resident was not tested at 11:00am on 11/10/15 and 11/13/15.
 Resident #4 prescribed sliding-scale insulin to be administered as needed based upon routine blood glucose readings. On the following dates and times, resident #4 did not receive the required units of insulin based upon their blood glucose reading:
 On 11/10/15 at 4pm 2 units of insulin was needed, 0 units were administered
 On 11/15/15 at 4pm 2 units of insulin was needed, 0 units were administered
 Resident #1 has a physician's order for Ben-Gay ultra-cream apply to shoulders 3 times daily This medication was not available in the home for the resident.
 Resident #5 has a PRN order for artificial tears 1.4%, this medication was not available in the home for the resident.

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.

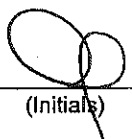
 Medications for both residents were re-ordered and delivered. LPN's shall monitor/audit carts for all ordered medication. Med tech's and LPN's were re-educated on monitoring for all ordered meds and proper administration of ordered meds and insulin coverage.
 Director of Nursing will monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

| | |
|---|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert J. Moisey, Administrator | Date 12/11/15 |
|---|------------------|

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

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| The above plan of correction is approved as of <u>1-11-16</u> (Date) The above plan of correction was approved by  (Initials) | Plan of correction implementation status as of <u>1-11-16</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
|---|--|