



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 10 2017

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 October 20, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary


Violation Report: 21117 - 10/20/2016 - O'Haire, Anne PCH Name: THE LAURELS
1. REGULATION 55 Pa.Code §2600 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.
2a. DESCRIPTION OF VIOLATION Direct care staff person "A" DOH [REDACTED] 14, did not complete 12 hours of annual training for the training year 2015.

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.

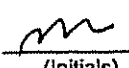
Staff person received 8 hours training. Signature pages included.
 Staff person received 4 additional hours of training on 10/21/16 by Director of Nursing. Signed record included.

POC - Director of Nursing will review training records monthly to ensure required hours and topics are completed by Direct Care and, ancillary Staff.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert J. Moisey, Admin.	Date 12/2/16

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

The above plan of correction is approved as of <u>12/13/16</u> (Date)	Plan of correction implementation status as of <u>12/13/16</u> (Date)
The above plan of correction was approved by <u></u> (Initials)	<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

Violation Report: 21117 - 10/20/2016 - O'Haire, Anne
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person "A" did not receive the following required annual training topic for the training year 2015: Older Adults Protective Services Act, Emergency Preparedness and falls and accident prevention. Did receive training.

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.

This training was completed 8/4/15 and 8/20/15. Signed training records included.

POC-Director of Nursing will review training records monthly to ensure continued compliance with required training topics.

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, Admin.

Date

12/2/16

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12/13/16
 (Date)

Plan of correction Implementation status as of

12/13/16
 (Date)

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

The above plan of correction was approved by


 (Initials)

Violation Report: 21117 - 10/20/2016 - O'Haire, Anne PCH Name: THE LAURELS	
1. REGULATION 55 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.	
2a. DESCRIPTION OF VIOLATION Resident #1's glucometer had dried blood on the machine.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Corrected during inspection. Meter was cleaned by Director of Nursing.</p> <p>Residents' glucometers will be cleaned with appropriate disinfecting agent following each use. Director of Wellness will check meters daily to ensure sanitary conditions are maintained at all times.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Robert J. Moisey</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert J. Moisey, Admin.	Date 12/2/16
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Violation Report: 21117 - 10/20/2016 - O'Haire, Anne
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 A foil wrapper was located in the metal bucket used to extinguish cigarette butts, posing a possible fire hazard.

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.

Corrected 10/20/16.

Housekeeping and maintenance staff will check smoking area frequently and empty metal bucket to avoid risk of fire.

The administrator shall monitor for ongoing compliance.

[Signature]
 12/13/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Robert J. Moisey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert J. Moisey, Admin.	Date 12/2/16
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Violation Report: 21117 - 10/20/2016 - O'Haire, Anne
PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600
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.

2a. DESCRIPTION OF VIOLATION
Resident # 2's RASP dated 7/22/16, indicates the resident is receiving hospice services 5 times a week. Hospice services were discontinued on 7/15/16. The RASP has not been updated to reflect the residents current care needs.

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.

Corrected day of inspection. New RASP developed to reflect change in hospice status.

Director of Nursing and Director of Wellness will review all changes in care and provided services for residents and will update RASP to reflect current status within the allotted time frame.

The administrator shall monitor for ongoing compliance.
[Signature]
12/13/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Robert J. Moisey, Admin. Date 12/2/16

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(Date) Plan of correction implementation status as of 12/13/16
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