



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 05 2017

Ms. Anne Holladay,
Executive Director LTC
The Green Home
37 Central Avenue
Wellsboro, Pennsylvania 16901

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

Dear Ms. Holladay:

As a result of the Department of Human Services' annual licensing inspection on April 4, 2017 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20341 - 04/04/2017 - Yellenic, Cindy
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The hot water temperature reading at the bathroom sink in resident bedroom 2K had a reading of 123.9 Degrees Fahrenheit. The hot water temperature reading at the bathroom sink in bedroom 3B had a reading of 123.0 Degrees Fahrenheit. Both temperatures readings were in excess of the maximum hot water temperatures required by this regulation.

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.

On 4/5/17 the domestic hot water temperature setting was lowered to reduce the domestic hot water set point, per Maintenance. See Policy and Procedure.
 Housekeeping is responsible for taking temperatures in every room every week. They report any out of range water temps to maintenance and place it out of service until it can be brought back to the appropriate temperature. House keeping is responsible for monitoring and alerting maintenance if the water temperature exceeds 122 degrees.
 They log this on the water temperature log. (included) This log is kept and becomes part of the Quality Management review.

The administrator shall monitor and be responsible for ongoing compliance.

m
 5/9/17

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>5/4/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/9/17</u> (Date)	Plan of correction implementation status as of <u>5/9/17</u> (Date)
The above plan of correction was approved by <u>m</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: 20341 - 04/04/2017 - Yellenic, Cindy
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
 The home's inoperable smoke detector policy does not state how the residents will be notified in the event of an emergency or evacuation.

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 Policy and Procedure attached.
 All staff and residents have been educated on new procedure. Staff have been educated on entire Policy and Procedure. PCHA will Check "signal horn" monthly to ensure placement and horn is in good working order. If smoke alarm system is not functioning MRA will Check horn for placement and function immediately. Extra horns will be stored in the administrators office.
 This was corrected and policy written the day of inspection.

The administrator shall monitor and assure ongoing compliance.
m
5/9/17

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 *5/4/17*

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Violation Report: 20341 - 04/04/2017 - Yellenic, Cindy 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 had a physician's order for Refresh Eye drops. The eye drops expired 10/2005. Resident #2 had a tube of Aspercreme, an Icy Hot Patch XL, and two Fleet Enemas in the medication cart. The resident does not have any physician's orders for these medications.	
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.	
MRA (Medication Resident Associate) will go thru the medication cart at the end of every month with the current and the next months MAR. During this process they will look for medication that is going to expire the following month. Those medications will be ordered and replaced prior to expiration. All medications in cart will be matched to an order. IF a medication is found in the cart without an order it will be destroyed per policy and procedure. → PCHA will inspect medication cart monthly to ensure ongoing compliance.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Debra L. Wivell</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Debra L. Wivell PCHA</i>	Date <i>5/4/17</i>
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Violation Report: 20341 - 04/04/2017 - Yellenic, Cindy
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a physician's order for Bisac-Evac 10mg suppositories and Milk of Magnesia. Both are PRN medications and were not available.

Resident #3 has a physician's order for a blood glucose (BG) test to be administered daily. On 3/24 at 7:00am the resident's BG #183 was recorded in the MAR as #186.

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.

Same POC that was created for 183d.
 MRA will go thru medication cart at the end of every month with the current and next months MAR- PRN medications will be matched up with a Dr's order. If theres is a PRN medication missing one will be ordered and placed in cart. PCHA will inspect cart monthly to ensure ongoing compliance.
 Night shift staff will take all (BG) testers and look thru the History of that current day. They will assure that what is on the history is what was recorded on the MAR. If it was not recorded accurately a note will be left for the RA that was responsible. That RA will make the correction per policy and procedure.
 → Day shift MRA will check (BG) testers with MARS monthly to ensure ongoing compliance.

The home will develop the required procedures. The procedures will include, at a minimum:

1. Use of medication delivery log that documents the receipt of controlled substances and prescription medications.
 2. Process for investigating and accounting for missing medications and medication errors, including who is responsible for completing and investigating and how findings will be reported to the Department.
 3. Policy and procedure for locking medications and who has access.
 4. use of Medication Administration Record (MAR) as required by 187a-d.
- all staff who administer medications shall be trained on the procedures.

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*

Documentation of training will be kept and available at the home. *M 5/9/17*
 Date *5/4/17*

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 (Date)

Plan of correction implementation status as of *5/9/17*
 (Date)

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