



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 01 2018

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' (Department) annual licensing inspections on October 12, 2017 and November 2, 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](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: 21117 - 10/12/2017 - Dumas, Gerald  
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 10/5/17 at 4pm resident # 1's glucometer was used to perform resident # 2's blood glucose check.

On 10/9/17 at noon resident # 2's glucometer was used to perform resident # 1's blood glucose check.

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.*

New glucometers ordered and delivered to both residents at no cost to the resident.

Resident's POA's notified of incident

Resident physicians notified of incident, lab studies for communicable disease ordered and performed at no cost to the resident

Supporting documentation attached.

All medication trained staff and licensed nurse's in-serviced on 10/18/2017 the revised glucometer policy (attached) and OSHA recommendations for blood borne pathogens

The Asst Director of Nursing and the Director of Wellness will monitor glucometers for compliance on a bi-weekly basis.

All residents will have their own individual meter, meters will never be used for more than one resident. There will be available a new machine to give to a resident in instances of individual machine error, lack of strips, etc.. Once the new machine is used it becomes the property of the resident and a replacement will be ordered and kept in the nursing office.

*The Administrator will oversee these steps in order to attain ongoing compliance and prevent future repeated violations. CP.*


Repeat Violation: Yes	Date(s) of Previous Violation(s)	<u>10/20/2018</u>
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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 12/11/17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 1-3-18  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 1-3-18  
 (Date)

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

Violation Report: 21117 - 10/12/2017 - Dumas, Gerald  
 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**

The home did not implement procedures for the safe use of medical equipment.

On 10/12/17 the following resident's glucometers were not calibrated to the correct date and time: Residents # 1, # 2, # 3, # 4, # 5, # 6, # 7, # 8, # 9, AND # 10.

Resident # 10 receives accuchecks three times weekly (Monday, Wednesday, and Friday). On 10/4/17 at 7am staff documented 116 on the resident's Medication Administration Record (MAR). The resident's glucometer did not contain a blood glucose reading for this date and time.

Resident # 11 receives accuchecks 4 times daily at 7am, 11am, 4pm and 8pm. On 10/8/17 at 7am staff documented 207 on the resident's MAR. The resident's glucometer did not contain a blood glucose reading for this date and time.

**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 glucometers were calibrated to the correct date and time by Northeast Pharmacy Intern and Facility Director of Nursing on 10/16/2017 (supporting documentation attached)

Staff was in-serviced on 10/18/2017 on the use of glucometers, documentation and notifications to appropriate parties (supporting documentation attached)

Meters will be cared for according to manufacturer's guidelines, this includes: changing batteries, coding calibrating and checking the date and time for accuracy.

Staff will check the glucometers prior to use to ensure correct date and time, will double check documentation to ensure correct readings are recorded in the EMAR system

Nursing director, Asst. Nursing Director and Director of Wellness will audit meters and staff for compliance with policy on a bi-weekly basis. Administrator will monitor for compliance


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 12/11/17

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Violation Report: 21117 - 10/12/2017 - Dumas, Gerald  
 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**

Resident # 2 receives accuchecks four times daily at 7am, 11am, 4pm and 8pm. On 10/5/17 at 11am the blood glucose in the resident's glucometer was 161 and documented on the resident's Medication Administration Record (MAR) as 166. On 10/8/17 at 4pm the blood glucose in the resident's glucometer was 192 and documented on the resident's MAR as 195.

Resident # 3 receives accuchecks four times daily at 7am, 11am, 4pm, and 8pm. On 10/6/17 at 7am the blood glucose in the resident's glucometer was 128 and documented on the resident's MAR as 121. On 10/6/17 at 11am the blood glucose in the residents glucometer was 236 and documented on the resident's MAR as 226. On 10/7/17 at 7am the blood glucose in the resident's glucometer was 149 and documented on the resident's MAR as 147. On 10/8/17 at 7am the blood glucose in the resident's glucometer was 108 and documented on the resident's MAR as 106. On 10/8/17 at 11am the blood glucose in the resident's glucometer was 174 and documented on the resident's MAR as 204.

Resident # 9 receives accuchecks twice weekly (Monday and Thursday) at 7am. On 10/9/17 at 7am the blood glucose in the resident's glucometer was 139 and documented on the resident's MAR as 137.

Resident # 12 receives accuchecks three times daily at 7am, 11am, and 4pm. On 10/7/17 at 11am the blood glucose in the resident's glucometer was HI and documented on the resident's MAR as 130. On 10/8/17 at 7am the blood glucose in the resident's glucometer was 164 and documented on the MAR as 169.

Resident # 11 receives accuchecks four times daily at 7am, 11am, 4pm, and 8pm. On 10/5/17 at 8pm the blood glucose in the resident's glucometer was 132 and documented on the resident's MAR as 152.

Resident # 4 receives accuchecks four times daily at 7am, 11am, 4pm and 8pm. On 10/5/17 at 7am the blood glucose in the resident's glucometer was 167 and documented on the resident's MAR as 141. On 10/8/17 at 7am the blood glucose in the resident's glucometer was 216 and documented on the resident's MAR as 239. On 10/9/17 the blood glucose in the resident's glucometer was 376 and documented on the resident's MAR as 367. On 10/10/17 at 4pm the blood glucose in the resident's glucometer was 368 and the MAR was blank.

**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.*

*please see next page -*

Violation Report: 21117 - 10/12/2017 - Dumas, Gerald  
 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: *Continued*

- (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.

All physician's and designated parties were notified via phone of the transcription errors documented in nurses notes date of notification.

Staff in-serviced on 10/18/2017. Any and all refusals shall be reported to the physician and notes will be made in the appropriate areas on the EMAR system and in the residents chart

Staff will document all readings correctly including additional readings for emergencies or machine errors such as inadequate blood supply

Weekly audits of the EMAR system with regards to blood glucose testing results will be completed by the Department supervisor's. Administrator will monitor for compliance.

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 12/11/17
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*please see next page -*

Violation Report: 21117 - 10/12/2017 - Dumas, Gerald  
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600 *continued*

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.

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 (Date)  
*1-3-18*

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 (Initials)  
*[Signature]*

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)  
*1-3-18*

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

Violation Report: 21117 - 10/12/2017 - Dumas, Gerald  
 PCH Name: THE LAURELS

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 On 10/2/17 at 8am, resident # 8 refused to have their blood glucose checked. The home did not report the refusal to the resident's doctor as required.  
  
 On 10/2/17 and 10/6/17 at 7am, resident # 10 refused their blood glucose check and the home did not report the refusal to the resident's doctor until 10/13/17.

**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.*


Residents physician's were notified on 10/13/2017, documentation placed in resident's charts  
 Any and all refusals shall be reported to the residents physician within 24 hours of refusal and a note will be placed in the appropriate area on the EMAR system and in the resident's chart.  
 Medication trained staff and licensed nurses were in-serviced on the proper procedure for reporting refusals.  
 Department supervisors and Administrator will monitor for compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative  
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Violation Report: 21117 - 10/12/2017 - Dumas, Gerald  
 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 # 3 receives accuchecks four times daily at 7am, 11am, 4pm, and 8pm. On 10/8/17 at 11am the blood glucose in the resident's glucometer was 174 and documented on the resident's MAR as 204. The resident was administered 4 units of insulin based on the 204 documentation and should have received only 2 units of insulin based on the glucometer reading of 174.  
 Resident # 13 is prescribed accuchecks twice daily at 7am and 4pm. On 10/9/17 at 4pm the resident did not have their accucheck completed as ordered.  
 Resident # 14 is prescribed accuchecks four times daily at 7:30am, 12pm, 4pm and 8pm. The resident often misses the noon accucheck on Mondays, Wednesdays, and Fridays due to being out of the facility at an appointment. The home did not obtain a physician's recommendation or change in orders to handle this situation and by not completing the blood glucose checks as ordered the home is not following the physician's orders.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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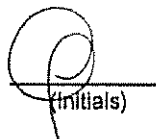
Reportable incidents were completed and sent to the DHS, physicians and the residents designated person's notified of incidents.  
 Physician for resident # 14 was notified of time conflict on Monday, Wednesday and Friday for standing appointments, orders received for changes which rectify the situation (supporting documentation attached)  
 Staff was in-serviced on 10/18/2017 with regards to diabetic patients, glucometers, refusals and physician notifications of scheduling conflicts of medications  
 Department supervisors and Administrator will monitor for compliance

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Violation Report: 21117 - 10/12/2017 - Dumas, Gerald  
 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**

It was determined through multiple staff interviews that resident # 15 was an elopement risk and that the resident had wandered out the door of the home and into the parking lot on multiple occasions. The interviews also indicated the resident would become combative at times and would be difficult to redirect back into the home. The residents support plan, dated 5/16/17, was not updated with regards to these behaviors. The support plan indicated that the resident required no supervision and had no issues with behaviors such as irritability, judgement, agitation or aggression

**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 nursing staff will continually monitor residents for changes in physical and cognitive health, any changes shall be immediately reported to the department directors, resident physician and designated person. DME and RASP will be updated accordingly, designated person/persons will be called and a meeting will be scheduled to discuss the need for changes in care or placement in a more appropriate facility  
 Appropriate changes made to residents RASP  
 Administrator, Department supervisors will monitor for compliance

*The Adm will also oversee an auditing all current residents' RASPs to ensure the described needs as assessed, and subsequent support plans developed correctly reflect*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/20/2016
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