



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAY 16 2018**

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' (Department) annual licensing inspection on March 19, 2018 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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE LAURELS		License Number: 20341
Address: 39 CENTRAL AVENUE, WELLSBORO, PA 16901		County: Tioga
Administrator: Deb Wivell		Region: NORTHEAST
Legal Entity Name: THE GREEN HOME		
Legal Entity Address: 37 CENTRAL AVENUE, WELLSBORO, PA 16901		
<b>Certificate(s) of Occupancy</b> C-2 LP 03/15/1999 L&I		
<b>Staffing Hours</b> Resident Support: 0                                      Total Daily Staff: 28                                      Waking Staff: 21		
Type of Inspection: Full		BHA Docket Number:                                      Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/19/2018: Novak, Ryan; Yellenic, Cindy		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                                      Random Indicators:		
<p align="center"><b>Resident Demographic Data as of Inspection Dates</b></p>		
Licensed Capacity: 60  Number of Residents Served: 28  Secured Dementia Care Unit in Home: No  Area:  Secured Dementia Unit Capacity, if Applicable:  Number of Residents Served in Secured Dementia Care Unit, if applicable:  Number of Current Hospice Residents: 0  Number of Hospice Residents in past year: 0		<b>Number of Residents who:</b>  Receive Supplemental Security Income: 0  Are 60 Years of Age or Older: 28  Have Mental Illness: 0  Have an Intellectual Disability: 0  Have a Mobility Need: 0  Have a Physical Disability: 0

Violation Report: 20341 - 03/19/2018 - Novak, Ryan  
 PCH Name: THE LAURELS

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident #1 fell on 9-30-17, hitting his/her head on a nightstand. The resident had a gash on the head and was transported to the Soldier's and Sailor's Hospital. The resident returned with staples on the back of the head. The home failed to report this incident to the Department within 24 hours.

**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 reviewed regulation, Policy and procedure.
- All staff signed off that they understood the reg, P+P and the importance of Reporting incidents that need to be called to Dts.
- Current procedure was reviewed and remains valid, one step was added (P+P attached) **(YES)**
  - \* Every morning, RA on medication duty will check incident Reports that have occurred on last 2 shifts to assure there are none that need to be reported.
- PCHA will be responsible to assure P+P is followed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Debra L. Wivell PCHA

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)


Debra L. Wivell PCHA

Date 4/3/18

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

The above plan of correction is approved as of 4-13-18  
 (Date)

Plan of correction implementation status as of 4-13-18  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 20341 - 03/19/2018 - Novak, Ryan  
 PCH Name: THE LAURELS

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff member A completed 3 of the required 4 medication observations for the initial medication administration training completed on 7/20/17.

**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.*

- 4th Medication observation was completed on 3/19/18
- Medication Observer reviewed medication training Procedure/Regulation.
- All staff that deliver medication, Charts were reviewed. All correct per regulation. All had 4 med obs.
- A check off list was created to be used with new staff medication training, (see Attached) **(YES)**
- PCHA is responsible for final checkoff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Debra L. Wivell PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Debra L. Wivell PCHA*

Date

*4/3/18*

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

The above plan of correction is approved as of

4-13-18  
 (Date)

Plan of correction implementation status as of

4-13-18  
 (Date)

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

The above plan of correction was approved by

*[Signature]*  
 (Initials)

Violation Report: 20341 - 03/19/2018 - Novak, Ryan  
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident #2's, date of admission [redacted] 16, annual RASP, dated 6-20-17, was not signed by the person completing the RASP.

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.

- RASP was signed by person that completed it on 3/19/18
- All RASPs completed in the last year were audited to assure they were signed. All were signed per regulation
- All RASPs will be reviewed to ensure all signatures are present prior to filing in chart.
- PCHA is responsible for signing.
- APCHA is responsible for reviewing all RASPs for signatures prior to filing in Residents' chart.


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

Signature of Legal Entity Representative (Required on EVERY Page)	Debra L. Wivell PCHA
--	----------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Debra L. Wivell PCHA	4/3/18

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

The above plan of correction is approved as of 4-13-18  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 4-13-18  
 (Date)

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