



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 17 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's Bureau of Human Services Licensing annual inspection on October 2, 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.

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 - 10/02/2018 - OHaire, 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 04-17-12, received only 5 hours out of the required 12 hours of annual direct care staff training for the training year 2017.

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 members, including those on extended leave of absence will receive all required training hours during the first 2 days back to work to ensure compliance with the regulation. Administrator and RN in charge of training will monitor for compliance monthly.
 The staff member referred to in this violation received all missed required training hours on 10/15/2018 for 2017. Signed documentation attached.

The administrator shall monitor and be responsible for on-going compliance. 12-10-18
 MM

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jemoisey*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Moisey, Administrator* Date *12/4/18*

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| The above plan of correction is approved as of <u>12-10-18</u> (Date) | Plan of correction implementation status as of <u>12-10-18</u> (Date) |
| The above plan of correction was approved by <u>MM</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 - 10/02/2018 - O'Haire, Anne
 PCH Name: THE LAURELS

- 1. REGULATION 55 Pa.Code §2600**
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person "A" did not receive annual training in 2017 on the following topics: Self-medication administration training; Instruction on meeting the residents' needs utilizing preadmission screening tool; assessment tool; medical evaluation and support plans; Infection control and meeting the needs of residents with mental illness.

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.

Direct care staff person A received additional training on the required topics on 10/15/2018.
 Direct care staff will receive all required training hours upon their return to work following any leave of absence during their first 2 days back to work.
 Administrator and RN in charge of training will monitor monthly for compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Moisey, Administrator* Date *12/4/18*

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| Violation Report: 21117 - 10/02/2018 - OHaire, Anne PCH Name: THE LAURELS | |
| 1. REGULATION 55 Pa.Code §2600 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions. | |
| 2a. DESCRIPTION OF VIOLATION The dryer ducts to the right of the main entrance had lint accumulation inside and along the wall near the vent's opening. Lint was observed blowing on the ground directly under the vent. | |
| 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>Dryer ducts will be cleaned and lint removed after each use. Ducts will be checked daily by housekeeping and maintenance. Administrator will monitor for compliance.</p> <p>Violation corrected day of inspection ducts cleaned by maintenance personnel</p> | |
| Repeat Violation: No | Date(s) of Previous Violation(s): |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>JG Moisey</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Moisey, Administrator</i> | Date <i>12/4/18</i> |
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Violation Report: 21117 - 10/02/2018 - O'Haire, Anne
 PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Resident #1's DOA 08-07-18, their DME dated 08-11-18, section #7 was left blank and did not address the resident's ability or inability to self-manage his/her 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.

All medical evaluations received from the physician will be reviewed by the licensed nurse on duty to ensure all sections are checked appropriately, physician will be notified if additional information needs to be added and the form will be updated and initialed by the physician. Administrator and Assistant Director of Nursing will monitor for compliance when DME is received.

Violation corrected day of inspection, DME faxed to physician and appropriate box checked.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Moisey*

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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Moisey, Administrator</i> | Date <i>12/4/18</i> |
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| Violation Report: 21117 - 10/02/2018 - OHaire, Anne | |
| 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 #2 's Spring Valley Calcium 600 mg -Vit D3 800 IU caps had an expiration date of 02-18-18. Resident # 3's Kopectate take as needed had an expiration date of 08-18-18 Resident # 4's Breo-Ellipta 100/25 Vilontical 25mcg. Inhaler was not dated when opened. The manufacturer's direction states to discard 6 weeks after opening. | |
| 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>Medication carts will be audited by pharmacy provider on a regular schedule and daily by the staff administering medications. Families providing OTC medication will be notified in advance of expire dates to bring in a current supply of medication, if medication is not supplied by family it will be ordered within (prior) 14 days of expire date.</p> <p>All open inhalers will be dated by the staff opening the drug on the day it's opened. Administrator and Assistant Director of Nursing will monitor carts weekly for compliance. On the date of the violation family was notified to bring in OTC and PRN medication. Medication received same day and new Inhaler delivered by pharmacy same night and opened and dated by staff.</p> | |
| Repeat Violation: No | Date(s) of Previous Violation(s): |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>JEMoisy</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Moisey, Administrator</i> | Date <i>12/4/18</i> |
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Violation Report: 21117 - 10/02/2018 - O'Haire, Anne

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 # 5's APAP arthritis 350 mg tabs. Take 2 tabs for pain as needed was no on hand.

Resident # 6 's Analgesic Balm to be applied topically for arthritis pain as needed and Ambusol Max strength gel to be applied to tooth or gums as needed for discomfort were not on hand.

The following PRN medications listed on the MAR for Resident # 7 were not available at time of inspection: Diclofenac Sodium gel, Nitroglycerin .4mg tab, and Ventolin HFA 90 mcg inhaler.

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 PRN medication not in medication cart ordered and delivered on the day of inspection.

Med carts will be audited by pharmacy provider on a regular schedule and daily by staff administering medications. Families supplying any medication will be notified to bring in needed medication when there is a 14 day supply remaining to ensure medications are available when needed.

Administrator and Licensed nursing staff will ensure compliance weekly

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| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 10/12/2017 | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | | Date |
| Jennifer Moisey, Administrator | | | 12/4/18 |
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Violation Report: 21117 - 10/02/2018 - OHaire, Anne
 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 # 7 is prescribed Artificial tear drops, to be administered 1 drop into both eyes 4 times daily. However, the label on the medication states that the medication is to be administered 5 times daily.
 Resident # 7 is prescribed Warfarin, 1 tab (5 mg) to be administered orally at bedtime per the resident's MAR. However, the label on the medication states that the medication is to be administered 1.5 tabs (7.5 mg) on Tuesdays and Fridays, and 1 tab (5 mg) all other days.
 Resident # 8 's glucometer had a blood glucose reading on 09-26-18 at 7:47 pm of 316 and resident's MAR had 319 recorded as a blood glucose reading for that 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.

Change dose stickers were applied to all above referenced medication on the day of inspection. Transcription error was edited on the day of inspection did not effect dose. Staff was re-educated on double checking numbers prior to adding to MAR.
 Changes in drug dose or any aspect of administration will be made in the MAR by the pharmacy and a change dose sticker will be applied to the bottle or blister pack until a new label is obtained to indicate change and direct staff to administer according to MAR. Administrator and Assistant Director of Nursing will monitor for compliance daily.
 Glucometers will be audited by the RN or LPN daily to ensure there are no transcription errors.

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| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 10/12/2017 | |
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 (Required on EVERY Page) *Jennifer Moisey*

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| Violation Report: 21117 - 10/02/2018 - O'Haire, Anne | |
| PCH Name: THE LAURELS | |
| 1. REGULATION 55 Pa.Code §2600 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented. | |
| 2a. DESCRIPTION OF VIOLATION Resident # 7 DOA 06-06-18, the RASP was not signed by the resident. The resident's RASP did not have a notation indicating if the resident had refused or was incapable in participate in developing his /her resident's RASP. | |
| 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>RASP initialed by resident on the day of inspection, unable to provide a full signature. Copy of signature page attached.</p> <p>If the resident is able to sign or refuses to sign RASP, the form will be checked accordingly by the nurse completing the form.</p> <p>Administrator and Director of Nursing will monitor each RASP new or updated for compliance on an ongoing basis.</p> | |
| Repeat Violation: No | Date(s) of Previous Violation(s): |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>J. Moisey</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Moisey, Administrator</i> | Date <i>12/4/18</i> |
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