



July 12, 2019

Ms. Anne Holladay
Vice-President Senior Communities
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's Bureau of Human Services Licensing annual inspection on March 19, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 20341 - 03/19/2019 - Dumas, Gerald

PCH Name: THE LAURELS

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's most current letter to the fire department dated 2/28/2019 did not include the total capacity of the home. The letter also indicated the home currently had 29 residents residing in the home. The home's actual current census was 27

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 letter to the local Fire Department was fixed, Inspector Approved and delivered to the Fire Chief the day of Inspection. The letter specified how many rooms we have and how many residents that we are licensed for.

The statement was added that we currently do not accept residents with mobility issues. If in the future we do admit someone with mobility issues, I will update this letter and deliver to Fire Chief.

The PCHA is responsible for this annual letter and any updates.

See Attached

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

Date 5/6/19

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

The above plan of correction is approved as of 6-12-18
(Date)

The above plan of correction was approved by AG
(Initials)

Plan of correction implementation status as of 6-12-18
(Date)

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

Violation Report: 20341 - 03/19/2019 - 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

The medication administration record (M.A.R.), for resident #1 was not initialed as administered for Larazepam tab on 3/19/19 at 10:00 a.m. Take 1/2 tab by mouth 3 x daily.

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 was fixed the day of inspection. RA confirmed that she gave this medication and she signed the MAR. This error occurred the morning of the inspection. The staff member completed the documentation section of the medication workbook. she tested out and completed it correctly. (Attached) All staff went over this section and completed a worksheet to make sure all are doing their red pass correctly. It is already in place that they go thru MARs at the end of their shifts to make sure they admin all meds and signed off. Administration will monitor.

Repeat Violation: No

Date(s) of Previous Violation(s):

will monitor.

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

Date

5/6/19

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