



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via email to: administrator@laurels-seniorliving.com;
marketing@laurels-seniorliving.com
MAILING DATE: February 3, 2020**

Ms. Jennifer Moisey
Administrator
Laurels Senior Living Inc.
23 Faith Drive
Hazleton, Pennsylvania 18202

RE: The Laurels
License #: 211170

Dear Ms. Moisey:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 4, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *THE LAURELS*

License Number: *21117*

Address: *23 FAITH DRIVE,, HAZLETON, PA 18202*

County: *LUZERNE*

Region: *NORTHEAST*

Administrator

Name: *Jenn Moisey*

Phone: *5704557757*

Email: *administrator@laurels-seniorliving.com*

Legal Entity

Name: *LAURELS SENIOR LIVING INC*

Address: *23 FAITH DRIVE, HAZLETON, PA, 18202*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *4-21-03*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *87*

Waking Staff: *65*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

12/04/2019 - On-Site: Amy Deluca, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100*

Residents Served: *82*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *82*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *5*

Have Physical Disability: *1*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The License inspection summary dated 10/2/2018 was not posted in the home.

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.)

Administrator will post annual inspection results in a public area for viewing following receipt of violations

Immediately and Ongoing:

The administrator will ensure that the current license and a copy of all violation reports where full compliance has not been verified are posted in a conspicuous and public place within the home. Copies of the violation reports and plans of correction will also be available for review upon request of the residents or their designated persons.

1-31-2020 -- MM

Legal Entity Representative

Jenn Moisey
Signature

Jenn Moisey, Administrator
Printed Name and Title

1-2-2020
Date

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The above plan of correction is approved as of 1-31-2020
(Date)

Plan of correction implementation status as of 1-31-2020
(Date)

Implemented

Not Implemented

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

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A who was hired 9/20/2019 did not have the trainings required under this regulation on or before the first day of work. Staff person A received the required trainings on 9/26/2019.

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 new staff will receive training on the required topics prior to or on their first day of work prior to the start of the assigned shift. Topics listed under 65a of this violation will be the responsibility of the operations manager. Administrator will monitor personnel files for compliance.

Within 5 days of receipt of the plan of correction:
 The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation on or before the first work day.

1-31-2020 - MM

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

The Tresiba Flextouch insulin pen for resident #1 was stored in the medication cart with no pharmacy label.

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.)

Mail order flexpen arrives at the facility with only one label attached to the outer bag for the entire supply, therefore label will be photocopied and kept with pens in use in the cart at all times. Administrator and Assistant Director of Nursing will monitor for compliance. Licensed nurses inserviced 12/30/2019. See attached label and in-service record.

Immediately and Ongoing:

The home will ensure that all prescription and sample medication containers are labeled with the required information.

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

The PRN order for Albuterol Solution for resident #2 was on hand in the medication cart.
The PRN order for Naproxen for resident #3 was not on hand in the medication cart

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.)

Pharmacy notified of need for replacement PRN medications. Replacements delivered by the pharmacy. Medication carts will be audited weekly by the assistant director of nursing for compliance. Carts will be assigned to the LPN's for routine audits following medication administration duties. Licensed staff in-serviced 12/30/2019 on this requirement. See attached training record and copies for pharmacy labels for replacement medication.

Immediately and Ongoing:
Medications AUDITS shall be completed weekly X's 4 months to ensure ongoing compliance. 1-31-2020 - MM

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Signature

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.
- 5. Dosage form.
- 8. Frequency of administration.

Description of Violation

Resident #4 has an order for Furosemide, 1 tablet to be taken Monday, Wednesday, and Friday. The pharmacy label on the medication indicated the dosage instructions were for 1 tablet to be taken daily.

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 of dose stickers were ordered and delivered from Northeast pharmacy and attached to resident #4 blister pack. LPN's and Assistant Director will monitor for compliance when orders change. In-service record attached

Immediately and Ongoing:
 Medications AUDITS shall be completed monthly
 X's 4 months to ensure ongoing compliance.
 1-31-2020 - MM

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 has an order for Lisinopril 20 mg to be held when the Systolic blood pressure (SBP) is less than 130. On 12/3/2019 the SBP was 123; the Medication Administration Record indicates the medication was not held as per the order.

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.)

LPN's in-serviced 12/30/2019 on administering medications with parameters, double checking documentation for transcription errors and incident reporting. See attached training record and incident report.

Immediately and Ongoing:

The administrator or designee shall AUDIT medications monthly X's 4 months for compliance with this regulation. The administrator shall ensure the directions of the prescriber is followed by the home.

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