



Sent via e-mail to: wivelldl@upmc.edu
MAILING DATE: March 26, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 5, 2020 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: 20341

Address: 39 CENTRAL AVENUE,, WELLSBORO, PA 16901

County: TIOGA

Region: NORTHEAST

Administrator

Name: Debra Wivell

Phone: 5707236860

Email: WIVELDL@UPMC.EDU

Legal Entity

Name: THE GREEN HOME

Address: 37 CENTRAL AVENUE, WELLSBORO, PA, 16901

Certificate(s) of Occupancy

Type: C-2 LP

Date: 03/15/1999

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 24

Waking Staff: 18

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

03/05/2020 - On-Site: Pamela Harris, Ann O'Haire, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60

Residents Served: 24

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: ~~30~~ 24

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1, prescribed 1000 units D3 daily. Date of expiration was 12/2019.

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.)

The medication Resident Associate completed an audit of all medications to assure there were no more expired medications. She will go thru the medication cart at the beginning of each month. All medication that will expire the following month will be reordered and disposed of when the new medication arrives. The PCHA will receive audit paperwork to assure that this is being done per policy + procedure.

Legal Entity Representative

3/12/20

Debra L. Wivell RN, PCHA
Signature

Debra L. Wivell RN, PCHA
Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3-24-2020
(Date)

Plan of correction implementation status as of 3-24-2020
(Date)

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

Implemented
 Not Implemented

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:

Description of Violation

Resident #2 is prescribed Ferrex 150 mg. However, resident's medication administration record does not indicate milligrams.

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.)

The medication Resident Associate completed an audit on all MARs to assure that all medication orders are complete. At the end of each month after she has gotten all MARs ready for the following month the APCHA will go over all of them to assure all orders are correct. The PCHA will receive audit paperwork to assure that this is being done per policy + procedure.

Legal Entity Representative

Debra L. Wivell RN, PCHA Signature Printed Name and Title Date 3/12/20

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3-24-2020 (Date) Plan of correction implementation status as of 3-24-2020 (Date)

The above plan of correction was approved by MM (Initials) [X] Implemented [] Not Implemented