

Department of Human Services
Bureau of Human Service Licensing

December 9, 2020

ROBERT MOISEY, OWNER
LAURELS SENIOR LIVING INC
23 FAITH DRIVE
HAZLETON, PA 18202

RE: THE LAURELS
23 FAITH DRIVE
HAZLETON, PA, 18202
LICENSE/COC#: 21117

Dear Ms. Moisey,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/05/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *THE LAURELS* License #: *21117* License Expiration Date: *01/13/2021*
 Address: *23 FAITH DRIVE, HAZLETON, PA 18202*
 County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: *Jenn Moisey* Phone: *5704557757* Email:
administrator@laurels-seniorliving.com /
JENN.MOISEY@GMAIL.COM , lindscott@pa.gov,
mmoskalczy@pa.gov

Legal Entity

Name: *LAURELS SENIOR LIVING INC*
 Address: *23 FAITH DRIVE, HAZLETON, PA, 18202*
 Phone: *5704557757* Email: *JENN.MOISEY@GMAIL.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/21/2003* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/05/2020*

Inspection Dates and Department Representative

11/05/2020 - On-Site: Ann O'Haire, Corey Pica

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *80*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0-*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

11/05/2020 - Full

Lead Inspector: *Ann O'Haire*Follow-Up Type: *POC Submission*Follow-Up Date: *12/04/2020*

12/4/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *12/16/2020*

12/9/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The privacy code page was posted with the License Inspection Summary dated 12/4/2019.

Plan of Correction

Accept

Any document listing the residents by name will be kept in a secured area accessible only by facility staff. The administrator will monitor for compliance. The receptionist will secure the resident list. Staff was re-trained, and training record for all violations and staff involved attached.

Completion Date: 12/01/2020

Update - 12/04/2020

Please send/ attach proof of staff training.

Document Submission

Implemented

Staff was re-trained, and training record for all violations and staff involved attached. Attachment labeled "Laurels POC". The privacy code page has been removed from the License Inspection Summary.

121a - Unobstructed Egress

1. Requirements

2600.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The door leading from the dining room to the visitation room was blocked by 2 chairs and a table. The door was marked and lit with an exit sign.

Plan of Correction

Accept

Egress routes must be unlocked and unobstructed. The secondary lobby has been reserved for visitation due to the pandemic. The exit sign from the activity room has been covered as it is not an emergency exit at this time. The maintenance supervisor and administrator will monitor for compliance.

Completion Date: 12/01/2020

Update - 12/04/2020

Please send/ attach proof. picture of this area in question.

Document Submission

Implemented

The exit sign from the activity room has been covered as it is not an emergency exit at this time. The picture showing correction has been attached.

171b5 - First Aid Kit

1. Requirements

2600.

171b5 - First Aid Kit (continued)

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The 1st aide kit on the home's transportation bus did not contain scissors which are required.

Plan of Correction**Accept**

The vehicle first aid kit lacked a pair of scissors. Scissors were put into the first aid kit and maintenance staff provided with a list of supplies needed. The maintenance supervisor will monitor first aid kit in the facility vehicles every other month for supplies. The administrator will monitor for compliance.

Completion Date: 12/01/2020

Update - 12/04/2020

Document Submission**Implemented**

Scissors were put into the first aid kit and maintenance staff provided with a list of supplies needed. A picture depicting correction is attached.

183e - Storing Medications**1. Requirements**

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

The home's refrigerator located in the medication room used to store residents back up insulin, glycerin suppositories and other medications that require refrigeration for storage did not contain a thermometer. It was not possible to determine if the medications were being stored under proper temperatures.

Plan of Correction**Accept**

No thermometer present in the medication room refrigerator. A thermometer was placed in the refrigerator. Director of Wellness, Lynette Suda, will monitor for compliance daily.

Completion Date: 12/01/2020

Update - 12/04/2020

Please send/ attach proof (picture) of the area in question.

Document Submission**Implemented**

A thermometer was placed in the med room refrigerator. A picture has been attached to show the correction.

187a - Medication Record**1. Requirements**

2600.

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

187a - Medication Record (continued)

Description of Repeat Violation

Resident #1 's glucometer had a blood sugar reading of 229 on 11/2/2020 at 8:20am. The MAR was documented to show a blood sugar reading of 226.

Resident # 2 was administered lorazepam 0.5 mg tab to be taken by mouth as needed was administered on 11/3/20 but the home failed to deduct this dose of medication from the narcotics count. The home documented that the home had 26 Lorazepam tablets on hand, but the home was found to have 25 lorazepam tablets on hand for Resident # 2.

Plan of Correction**Accept**

Medication records were missing a signature for a controlled substance, resulting in an inaccurate count. Staff involved received re-training on the proper procedure for removing and counting controlled substances. The staff person who made the transcription error with the glucometer was in-serviced on the incident. Glucometers will be monitored weekly by the Director of Wellness or LPN charge nurse. The administrator will monitor for compliance.

Completion Date: 12/01/2020

Update - 12/04/2020

Please send/ attach proof of staff retraining.

Document Submission**Implemented**

The staff person who made the transcription error with the glucometer was in-serviced on the incident. Proof of in-service attached as "Laurels POC".

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The Resident Assessment and Support Plan for Resident #3 dated 6/29/2020, was not signed by the staff member who completed the RASP.

Plan of Correction**Accept**

Signature of staff member missing from support plan. Staff was in-serviced on the regulation and the plan was signed. The administrator and Director of Wellness will monitor for compliance. Copy of signature page attached .

Completion Date: 12/01/2020

Update - 12/04/2020

Please send/ attach updated RASP for resident #3.

Document Submission**Implemented**

Staff was in-serviced on the regulation and the plan was signed. In-service documentation is attached as "Laurels POC". Also, the updated RASP signature page attached.