

Department of Human Services  
Bureau of Human Service Licensing

December 11, 2020

JENN MOISEY, ADMINISTRATOR  
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 11/18/2020 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: *marketing@laurels-seniorliving.com*

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *80* Waking Staff: *60*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *11/18/2020*

**Inspection Dates and Department Representative**

*11/18/2020 - On-Site: Amy Deluca*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *76*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *4* Have Physical Disability: *1*

## Inspections / Reviews

## 11/18/2020 - Partial

Lead Inspector: *Amy Deluca*Follow-Up Type: *POC Submission*Follow-Up Date: *12/05/2020*

## 12/9/2020 - POC Submission

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

## 12/11/2020 - Document Submission

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

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

On 11/5/20 resident #1 used his call bell to request assistance with toileting from staff at approximately 6:30pm. According to a complaint received, his call bell was not answered until 8:30pm. Resident #1 reported having to help himself to the bathroom and also having to clean up an incontinence accident the resident had as a result of not receiving assistance from staff.

Plan of Correction

Accept

2nd shift staff involved with the violation received re-training on answering call bells in a timely manner and following the resident RASP for care needs. Training record attached.

Completion Date: 11/23/2020

Update - 12/09/2020

Please send/attach proof of staff training.

Document Submission

Implemented

2nd shift staff involved with the violation received re-training on answering call bells in a timely manner and following the resident RASP for care needs. The staff training record is attached.