

Department of Human Services
Bureau of Human Service Licensing

August 23, 2021

[REDACTED], SENIOR VICE PRESIDENT

RE: THE LAURELS
39 CENTRAL AVENUE
WELLSBORO, PA, 16901
LICENSE/COC#: 20341

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2021, 05/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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 #: *20341* License Expiration Date: *06/17/2021*
Address: *39 CENTRAL AVENUE, WELLSBORO, PA 16901*
County: *TIOGA* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

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: *19* Waking Staff: *14*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/19/2021*

Inspection Dates and Department Representative

05/18/2021 - On-Site: [REDACTED]
05/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *19*

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: *19*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/18/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/02/2021*

8/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/25/2021*

8/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

1. Requirements

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

Resident #1 and #2 glucometer was not calibrated to the correct time.

Resident #3 has a PRN order for [REDACTED], tablet by mouth every 4 hours as needed for nausea. This medication was not available.

Plan of Correction

Accept

Resident #1 and #2 glucometer was not calibrated to the correct time.

Staff corrected this during the inspection.

To make sure that the glucometers remain on the right time, it was assigned to the medication N/A to check times daily. It was also added to the QM process to make sure that this is being done and the PCHA will follow up on this.

All staff that pass medication were reeducated on the importance of keeping the glucometer at the correct time. All staff will have a responsibility in this action. This was completed on 5/18/21.

Resident #3 has a PRN order for [REDACTED], tablet by mouth every 4 hours as needed for nausea. This medication was not available.

Attachment added. This order was written with both the regular and PRN order on the same order. The PCP would not separate the two orders. The attachment shows that the insurance company would not pay for the medication to be split in two. The staff had the orders written out both in the regular and the PRN MAR's so as not to confuse the two. They were using the same medication card for both. This was explained to the inspector after the inspection. Going forward we will not be accepting an order that has both the regular and the PRN on the same order. The Medication NA will be responsible for this going forward. The PCHA will monitor new orders and inspection of the medication cart. The medication cart and all Drs orders were reviewed and no other orders were written this way. This was also added to the QM report. This was completed on 6/4/21.

Completion Date: 06/22/2021

Update - 08/19/2021

Please send/Attach proof of staff training. 8-19-2021 - MM

Document Submission

Implemented

attached proof of staff training. I verbally trained them the day/week of inspection. Then written information with signature came later.