

Department of Human Services  
Bureau of Human Service Licensing

April 11, 2022

ADMINISTRATOR

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/28/2021, 12/29/2021 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 #: *21117* License Expiration: *01/13/2023*  
Address: *23 FAITH DRIVE, HAZLETON, PA 18202*  
County: *LUZERNE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

[REDACTED]

**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: *84* Waking Staff: *63*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Incident* Exit Conference Date: *12/29/2021*

**Inspection Dates and Department Representative**

12/28/2021 - On-Site: [REDACTED]  
12/29/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *81*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *3* Have Physical Disability: *0*

## Inspections / Reviews

12/28/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/10/2022*

03/01/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/08/2022*

03/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/30/2022*

04/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 105g - Lint Removal and Duct Cleaning

## 1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

## Description of Violation

*A thick layer of lint was found in the lint trap of the 5th floor dryer.*

## Plan of Correction

**Accept**

*The 5th-floor laundry room is proprietary to the dietary staff. This was brought to the attention of the Dietary Director, who in-serviced their team on removing lint from the traps after each use. Signs are attached to the drying explaining procedures. The maintenance Director will perform random checks to ensure compliance is adhered to. Maintenance maintains a schedule for cleaning the ductwork of all dryers in the building.*

**Completion Date:** 02/04/2022

**Update:** 03/01/2022

*Please send/Attach proof of staff training. 3-1-2022 MM*

## Document Submission

**Implemented**

*Dietary supervisor re-trained staff on the importance of lint removal.*

## 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 activity room to the visitation room was blocked by a large easel and on the other side of the door by a rocking chair. This door is marked as an exit at the door and on the evacuation diagram as it leads to an exit from the visitation room.*

*This is a repeat violation from 11/5/20.*

## Plan of Correction

**Accept**

*The easel and chair were removed immediately during the inspection. After examining the activity room, it was found to have adequate exits. Therefore, the need to have this doorway used as an exit was unnecessary. The exit light has been covered and disabled. Evacuation diagrams have been updated to indicate this doorway is no longer an exit.*

**Completion Date:** 02/04/2022

**Update:** 03/01/2022

*Please send/Attach proof (pictures) of compliance. 3-1-2022 MM*

## Document Submission

**Implemented**

*Facilities manager updated the exit plan and removed obstacles from exit.*

## 144c1 - Smoking Area Guidelines

## 1. Requirements

2600.

**144c1 - Smoking Area Guidelines (continued)**

- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

*The outdoor smoking area had two chairs in it that both had blankets on them that were not of a non-flammable material.*

**Plan of Correction****Accept**

*The blankets were removed immediately during the inspection. Staff and residents who use this have been in-serviced regarding keeping the area free of all combustible materials. New signage was posted at door. The maintenance Director will inspect the smoking area daily to ensure compliance is followed.*

**Completion Date:** 02/04/2022

**Update:** 03/01/2022

*Please send/Attach proof of staff training. 3-1-2022 MM*

**Document Submission****Implemented**

*Staff who utilize the smoking area were in-serviced regarding smoking area rules. Rules are posted by the smoking area.*

**182b - Prescription Medication****1. Requirements**

2600.

- 182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff person A, who passes medications, had only 1 medication administration review and 1 medication administration observation documented for the annual practicum that was due September 9, 2021.*

**Plan of Correction****Do Not Accept**

*Staff person A had an additional observation pass and MAR review post-inspection. Accurate documentation of MAR reviews and observation passes will be completed throughout the year following original certificate dates.*

**Completion Date:** 02/08/2022

**Update:** 03/01/2022

*Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 03-01-2022 MM*

**Plan of Correction****Accept**

*The medication trainer provided an additional observation pass and MAR review inspection on 2/8/22 with staff person A. The medication trainer will monitor documentation of MAR review. In addition, the med trainer will maintain a monthly observation pass schedule of med techs. The nursing supervisor and Administration will monitor for compliance.*

**Completion Date:** 03/07/2022

182b - Prescription Medication (continued)

Update: 03/23/2022

Please send/Attach proof of staff training. 3-23-2022 MM

Document Submission

Implemented

Staff person A's med review and observation pass was corrected.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The [redacted] belonging to resident #1 was opened 11/15/21 and was to be discarded after 28 days. As of 12/29/21 the [redacted] pen was still in use.

Plan of Correction

Do Not Accept

The outdated Insulin pen was discarded. A new insulin pen was received on 12/29/21. Staff was retrained on proper usage and the time frame of 28-day expiration. In addition, staff was retrained on insulin open and discard dates, including when to re-order new insulin pens.

Completion Date: 12/29/2021

Update: 03/01/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 03-01-2022 MM

Plan of Correction

Accept

The nursing supervisor discarded the outdated insulin pen and immediately ordered a new insulin pen which was received 12/29/21. Staff was retrained by the nursing supervisor on 2/10/22 concerning proper opening, usage, and 28-day expiration timeframe of insulins, including when to reorder new insulin pens. The nursing supervisor began monitoring insulin open and discard dates one weekly on 3/1/22. The administrator will monitor for compliance.

Completion Date: 03/07/2022

Update: 03/23/2022

Please send/Attach proof of staff training. 3-23-2022 MM

Document Submission

Implemented

Insulin training regarding open dates, usage, and discard dates.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 has an order for [redacted] to be administered on a sliding scale 4 times daily. On 12/22/21 the noon blood glucose reading was 254 requiring 6 units of insulin. The Medication administration record (MAR) indicates that 8 units of insulin were administered.

Plan of Correction

Do Not Accept

Retrained staff on reading the MAR and sliding scales, including how to record the proper Accucheck reading and proper insulin dosage. The nursing supervisor will continue to encourage med techs to double-check Accucheck

**187d - Follow Prescriber's Orders (continued)**

readings and required units to ensure proper dosage and accuracy of dosage.

**Completion Date:** 01/03/2022

**Update:** 03/01/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 03-01-2022 MM

**Plan of Correction****Accept**

The nursing supervisor retained staff regarding reading the MAR and sliding scales, including how to record the proper Accucheck reading and proper insulin dosage. Staff was informed that if the incorrect Accucheck reading was accidentally entered in the MAR system to immediately notify the nursing supervisor so she can create a note in the system to ensure the resident received the correct insulin dosage, and the correct amount was submitted. The nursing supervisor and Administrator will monitor for compliance.

**Completion Date:** 03/07/2022

**Update:** 03/23/2022

Please send/Attach proof of staff training. 3-23-2022 MM

**Document Submission****Implemented**

The nursing supervisor re-trained med techs regarding sliding scales, Accucheck readings, dosages, and recording dosage.

**227d - Support Plan Medical/Dental****1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident #2 has numerous aggressive behaviors documented in care notes from [REDACTED] through [REDACTED] and the home issued a 30 day notice to the family on [REDACTED] due to the resident's behaviors in the home and towards staff. The resident's support plan dated [REDACTED] was not updated to indicate the behaviors and a plan to address and minimize them.

Resident #3 requires a chopped foods diet due to not having teeth and not being able to chew foods. The support plan dated [REDACTED] indicates the resident has a regular diet and does not indicate the need for food to be chopped or pureed.

**Plan of Correction****Do Not Accept**

Nursing supervisor and Administrator will ensure all resident support plans are updated with any behavioral, dental, vision, hearing, and medical changes.

**Completion Date:** 01/03/2022

**Update:** 03/01/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 03-01-2022 MM

**Plan of Correction****Accept**

The nursing supervisor will review all resident support plans monthly to ensure each plan is updated with any behavioral, dental, vision, hearing, and medical changes. The administrator will monitor for compliance.

**Completion Date:** 03/07/2022

227d - Support Plan Medical/Dental (*continued*)

**Document Submission**

***Implemented***

*Resident #2 and Resident #3 RASPs were updated.*