

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

September 18, 2023

[REDACTED]  
THE GREEN HOME  
[REDACTED]

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 08/10/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE LAURELS* License #: *20341* License Expiration: *06/17/2024*  
 Address: *39 CENTRAL AVENUE, WELLSBORO, PA 16901*  
 County: *TIOGA* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *THE GREEN HOME*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [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: *18* Waking Staff: *14*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint* Exit Conference Date: *08/10/2023*

**Inspection Dates and Department Representative**

*08/10/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *60* Residents Served: *18*  
 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: *18*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**08/10/2023 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/15/2023*

**09/12/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *09/14/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/15/2023*

Inspections / Reviews *(continued)*

09/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/15/2023

09/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2023

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 glucometer was not calibrated to the correct date and time.*

**Plan of Correction****Accept (████ - 09/13/2023)**

*Administrator purchased a new glucometer on August 12, 2023 for resident #1. The glucometer was immediately calibrated to the correct date and time as evidenced in the attached images and put into use for resident #1.*

*All staff received training to check the date and time before each use of the glucometer. If the date and time are not correct before use, the med tech will alert the administrator immediately and a new glucometer will be put into use. On 9/12/23 the administrator implemented a weekly glucometer audit that the med tech will do weekly on Fridays. The med tech will review and compare the glucometer readings to the documented readings in the resident's MAR. If the glucometer readings do not match the documented readings, the med tech will notify the administrator immediately and a new glucometer will be put into use.*

**Licensee's Proposed Overall Completion Date: 09/12/2023**

**Implemented (████ - 09/18/2023)**