

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

September 11, 2023

[REDACTED], ADMINISTRATOR
LAURELS SENIOR LIVING INC
23 FAITH DRIVE
HAZLETON, PA, 18202

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 08/17/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE LAURELS License #: 21117 License Expiration: 01/13/2024
 Address: 23 FAITH DRIVE, HAZLETON, PA 18202
 County: LUZERNE Region: NORTHEAST

Administrator

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

Legal Entity

Name: LAURELS SENIOR LIVING INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [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: 91 Waking Staff: 68

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 08/17/2023

Inspection Dates and Department Representative

08/17/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Resident Served: 86
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Resident Served:
 Hospice
 Current Resident : 7
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 86
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

08/17/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/28/2023

Inspections / Reviews (*continued*)

08/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/06/2023

09/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/08/2023

09/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted]/23 family of resident #1 visited and questioned staff regarding bruising on the resident's arms. Staff person A also reported concerns over bruising on resident #1's arms and an incident in which resident #1 was combative with staff person B during showering. Staff person B was terminated as a result of the internal investigation. The incident was not reported to the Area Agency on Aging as required.

Plan of Correction

Accept [redacted] - 08/31/2023)

The facility reported the bruising/suspected abuse to [redacted] at the Luzerne County Area Agency on Aging on 8/18/23. Facility will report all suspected resident abuse to AAA immediately upon notice of bruising or resident/family member complaint. Nursing supervisor and administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented [redacted] - 09/11/2023)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] family of resident #1 visited and questioned staff regarding bruising on the resident's arms. Staff person A also reported concerns over bruising on resident #1's arms and an incident in which resident #1 was combative with staff person B during showering. Staff person B was terminated as a result of the internal investigation. The incident was not reported to the Department's regional office as required.

Plan of Correction

Accept [redacted] - 08/31/2023)

The nursing supervisor faxed an incident report to the DHS regional office (Scranton) on [redacted]. The charge nurse and (or) supervisor will notify the regional office within 24 hours of any possible abuse incidents. The nursing supervisor and administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented [redacted] - 09/11/2023)

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #1 is known to be combative and resistive to care including showering. Around [redacted] resident #1 was showered by staff person B. Resident #1 was heard screaming loudly during the shower. Resident #1 also had bruising

42c - Treatment of Residents (continued)

on their arms as a result of the showering incident. Staff person B caused resident #1 undue stress as a result of the shower.

Plan of Correction**Accept** [REDACTED] - 08/31/2023)

The nursing supervisor completed a mandatory in-service on 8/21/23 regarding all Resident Rights, especially focusing on treating residents with dignity and respect. Resident rights are explained to all new hires and reviewed yearly during employee annual reviews. The nursing supervisor and administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented [REDACTED] - 09/11/2023)**65d - Initial Direct Care Training****4. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff person B's record did not include documentation that staff person B completed the Department's direct care competency test.

Plan of Correction**Accept** [REDACTED] - 08/31/2023)

Since staff person B was terminated, direct care training cannot be completed at this time. The administrator will ensure all newly hired direct care workers complete the department-approved direct care training course during the facility's required 2-day orientation and before providing unsupervised ADL services. The nursing supervisor and administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented [REDACTED] - 09/11/2023)**101j7 - Lighting/Operable Lamp****5. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 sleeps on a lounge instead of in their bed. There was no operable lamp or other source of lighting at bedside.

Plan of Correction**Accept** [REDACTED] - 08/31/2023)

An operable lamp has been placed near the lounge where resident #1 sleeps. The housekeeping supervisor completed a room-to-room facility check on 8/22/23 to ensure all occupied rooms have an operable lamp at the bedside. With each new admission, the housekeeping supervisor will ensure the bedside lamp is in working condition. The housekeeping supervisor and administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented [REDACTED] - 09/05/2023)

101j7 - Lighting/Operable Lamp (continued)

227d - Support Plan Medical/Dental

6. 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 #1's support plan dated [REDACTED] was not updated regarding the resident's needs with regard to the following: ambulation (resident uses a wheelchair), personal hygiene, bladder and bowel management, and behavioral needs. Resident #1 requires assistance with toileting and showering. Resident #1 has difficult behaviors when staff attempt to provide care. These needs are not addressed on the support plan dated 8/8/22.

Plan of Correction

Accepted [REDACTED] - 08/31/2023)

Resident #1's support plan was updated on [REDACTED], describing a change in care needs. The nursing supervisor will review all resident RASP documents monthly to ensure all care needs have been updated. The nursing supervisor and administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented [REDACTED] - 09/05/2023)