

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

April 1, 2024

[REDACTED]
LAURELS SENIOR LIVING INC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/06/2024 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: *01/13/2025*
 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: *04/21/2023* Issued By: *PA LI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *03/06/2024*

Inspection Dates and Department Representative

03/06/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *89*

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: *89*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *5* Have Physical Disability: *1*

Inspections / Reviews

03/06/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/23/2024*

Inspections / Reviews (*continued*)

03/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/01/2024

04/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

Residents and 1 staff member interviewed on [redacted] indicated that over the last 2 fire drills that they do not exit the building or go into an area of refuge for fire drills. They indicate that there is not enough room in the stairwell towers, and that the resident's line up in the hallway near the stairwell towers.

Repeat Violation 12/8/2022

Plan of Correction

Accept [redacted] 03/26/2024)

In response to the Pennsylvania Bureau of Human Service Licensing violation on 03/06/2024, the Maintenance Director took immediate action on 03/07/2024 to speak with all employees regarding fire drill protocols.

Beginning 03/07/2024, the Maintenance Director and Administrator will ensure all residents are evacuated to designated fire safety areas during monthly fire drills to enhance the currently compliant operations.

Effective 03/07/2024, the Maintenance Director and Administrator will perform monthly reviews to ensure ongoing compliance with ensuring residents can evacuate the entire building to a public thoroughfare or a fire-safe area designated in writing by a fire safety expert (who is not a staff member of the home). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement.

Licensee's Proposed Overall Completion Date: 03/23/2024

Implemented [redacted] - 04/01/2024)

185a - Implement Storage Procedures

3. 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 [redacted] had a [redacted] reading of [redacted] on [redacted] at [redacted]. The MAR was documented with a [redacted] reading of [redacted] for the corresponding date and time.

Repeat Violation 12/8/2022.

Plan of Correction

Accept [redacted] - 03/26/2024)

In response to the Pennsylvania Bureau of Human Service Licensing violation on 03/06/2024, the DOW took immediate action on 03/07/2024 to retrain the employee who transcribed the incorrect blood glucose reading.

Beginning 03/07/2024, the DOW will review the MAR and glucometers monthly to ensure correct readings are entered into the MAR to enhance the currently compliant operations.

185a - Implement Storage Procedures (continued)

Effective 03/07/2024, the DOW will perform monthly reviews to maintain ongoing compliance and ensure the home develops and implements procedures for the safe storage, access, security, distribution, and use of medications and medical equipment by trained staff members. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. The administrator will monitor for compliance.

The training document is attached.

Licensee's Proposed Overall Completion Date: 03/23/2024

Implemented [REDACTED] - 04/01/2024)