

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

September 6, 2024

[REDACTED], ADMINISTRATOR
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 07/24/2024 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] or

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE LAURELS* License #: *20341* License Expiration: *06/17/2025*
 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: *28* Waking Staff: *21*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/24/2024*

Inspection Dates and Department Representative

07/24/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *60* Residents Served: *28*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *1*

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

Inspections / Reviews

07/24/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/24/2024*

08/28/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/04/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/05/2024*

Inspections / Reviews *(continued)*

09/03/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/05/2024

09/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

3 partially eaten containers of Hershey's ice cream were found in the refrigerator in the kitchen of the home which were not dated to identify when they were opened.

Plan of Correction

Accept (█ - 09/03/2024)

The cook working on the day of inspection 7/24/24 immediately printed dated labels (7/24/24) for each of the 3 open cartons of ice cream and placed them on the carton in front of the inspector.

The kitchen staff at The Laurels are shared with the hospital and SNF and rotate through often according to needs at the hospital and SNF. The dietary manager was briefed and reminded █ staff of the importance of labeling leftover foods.

A dietary supervisor or team leader comes to The Laurels once a week to inspect the kitchen for outdated foods, etc. Labeling open food is part of their weekly audit and no ongoing issues have been found. Should unlabeled foods be found again, the dietary manager will conduct investigation into staffing patterns and re-educate staff.

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented (█ - 09/06/2024)

124 - Notice to Fire Department

2. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The homes letter to the fire dept notes the home has 19 residents. The home has a current census of 28 residents.

Plan of Correction

Accept (█ - 09/03/2024)

█ Administrator revised the letter to eliminate the census and sent the new, updated letter to the fire department on 7/25/24. (see attachment)

Administrator reviews the Fire plan with UPMC maintenance and sends the letter to the Fire Department with any updates on structure, capacity, or the initial fire plan prior to the annual supervised fire drill which is in September. The attached letter is reviewed and revised if necessary and sent to the Fire Department. The letter no longer contains any census, only maximum capacity. It was sent immediately upon revision after inspection on 7/25/24, and will be sent as the annual document in September 2024.

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented (█ - 09/06/2024)

141a - Medical Evaluation

3. Requirements

2600.

141a - Medical Evaluation (continued)

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. The residents Documentation of Medical Evaluation was completed on [REDACTED] greater than 60 days prior to the resident's date of admission.

Plan of Correction

Accept ([REDACTED] - 09/03/2024)

Resident came from a local closing PCH and The Laurels Administrator accepted the [REDACTED] DME from the closing PCH as the needed annual evaluation. The resident did not have any significant change from [REDACTED]. Resident had an appointment on 8/29/24 and was evaluated and the DME was completed that day. (see attached DME with date of 8/29/24 for verification of evaluation)

Administrator re-read the regulation 2600.141.a as a reminder education for all admissions, no matter where they admit from.

Admission Checklist created on 9/3/24 and included in "admission packet" for Administrator or designated person to follow during an admission. This will be placed in the resident's chart and can be used for chart audits as well. (see attachment for admission checklist that includes dates from the initial DME to be filled out upon admission).

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented ([REDACTED] - 09/06/2024)

141b1 - Annual Medical Evaluation**4. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent Documentation of Medical Evaluation was completed on [REDACTED]. The resident's previous Documentation of Medical Evaluation was completed on [REDACTED] greater than 1 year and 15 days from the most recent evaluation.

Plan of Correction

Accept ([REDACTED] - 09/03/2024)

Resident's pcp was unable to see resident before the date given though office was called more than 30 days before previous DME date.

Chart audit was completed on 9/3/24 by [REDACTED] Administrator. A list of all residents' DME due dates (not including a 15 day grace period) is in the med tech office on the bulletin board.

All residents' dates of DMEs were added to the appointment calendar in med tech office and tasks were put on the calendar 60 days prior to call for an annual physical appointment within the next 60 days and not to exceed the date of the DME. Each med tech's task at the beginning of the shift is to review appointments for the day and prepare paperwork and transportation. That staff member is now also responsible to make an appointment for the DME due in 60 days (task will be on the calendar). Appointment will be in the appointment book and also on the chart on the bulletin board. All staff will be responsible to view the DME date chart.

Administrator has a list of DME dates and will audit the appointment book monthly to ensure there is a corresponding appointment for each DME due within 30 days.

141b1 - Annual Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented () - 09/06/2024

185a - Implement Storage Procedures

5. 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

The glucometer for Resident #3 displayed a blood glucose reading of 87 on 7-20-24 at 7:30am. A blood glucose reading of 81 was documented on the resident's Medication Administration Record.

Plan of Correction

Accept () - 09/03/2024

This mistake was brought to staff's attention on 7/24/24 and staff were reminded to be "mindful" when transcribing blood sugar readings correctly into the resident's chart. Staff signed off on the reminder. (see attachment) Weekly audit is already implemented to check that glucometers are correctly calibrated and is completed by the 2pm-10pm Med Tech every Friday. () will check that all glucometers are correctly calibrated and also now that ALL readings are correctly transcribed into the resident's MAR. If there is any further discrepancies, it will be immediately brought to the Administrator's attention so further education can be completed.

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented () - 09/06/2024