

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

August 25, 2025

[REDACTED] SCHECKLER, 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 07/30/2025 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 #: *20341* License Expiration: *06/17/2026*
 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: *03/15/2025* Issued By: *PA Dept. L&I*

Staffing Hours

Resident Support Staff: *1* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/30/2025*

Inspection Dates and Department Representative

07/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *60* Residents Served: *29*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *2*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

07/30/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/23/2025*

08/25/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/25/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

08/25/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/25/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/30/25 at 1:14 p.m., dried blood was noted on Resident #2's glucometer.

Plan of Correction

Accept (█ - 08/25/2025)

Administrator checked all other glucometers - all were wiped and clean. Staff will check every glucometer during every glucose check and when the med tech documents the glucose reading, they are documenting that the glucometer was checked and clean. (see attachment)

Administrator will audit all glucometers during med cart audit in September (see attached audit)

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 08/25/2025)

121a - Unobstructed Egress

2. 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

On 7/30/25 at 11:47 a.m., a small wicker table holding with a stereo on top was blocking the egress leading from the home's dining room to the common living room area.

Plan of Correction

Accept (█ - 08/25/2025)

No other obstructions were seen during inspection. Education about Unobstructed Egress and evacuation safety will be done with ALL staff at the staff meeting on 8/26 (see attached education handout). Administrator will conduct weekly walkthroughs for 1 month (see attached audit).

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 08/25/2025)

183d - Prescription Current

3. 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

On 7/30/25, a bottle of Omega 3 Fish Oil 1,200 mg capsules prescribed for Resident #1, was in the home's medication cart; however, the medication was discontinued on 7/9/25.

Plan of Correction

Accept (█ - 08/25/2025)

Administrator did full med cart audit on 8/18 - 8/20.

Med techs/staff to receive education at staff meeting on 8/26 (see attached education handout).

Administrator will conduct full med cart audit again in September (see attached audit).

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 08/25/2025)

183d - Prescription Current (*continued*)

184b - Labeling OTC/CAM

4. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 7/30/25 at 1:30 p.m., 2 bottles of Omega 3 Plus belonging to resident #3 were in the medication cart and were not labeled with the resident's name.

On 7/30/25 at 1:30 p.m., a bottle of Probiotic Acidophilus 500 ml belonging to resident #2 was in the medication cart and was not labeled with the resident's name.

Plan of Correction

Accept (█ - 08/25/2025)

Administrator did full med cart audit on 8/18 - 8/20.

Med techs/staff to receive education at staff meeting on 8/26 (see attached education handout).

Specific Med Tech has been assigned to do a weekly audit of all OTC/CAM medications in the med cart for one month (see audit).

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 08/25/2025)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed pioglitazone 15mg. However, resident #1's medication administration record does not indicate a diagnosis.

Resident #1 is prescribed ipratropium bromide 21mcg, spray 2 sprays in each nostril once daily. However, the label on the medication gives the instructions to spray 1 spray in each nostril once daily.

Plan of Correction

Accept (█ - 08/25/2025)

Administrator did full med cart audit on 8/18 - 8/20.

Med techs/staff to receive education at staff meeting on 8/26 (see attached education handout).

Administrator will conduct full med cart audit again in September (see attached audit)

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 08/25/2025)