

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

March 27, 2026

[REDACTED]  
LAURELS SENIOR LIVING INC  
[REDACTED]  
[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 03/05/2026 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 #: 21117 License Expiration: 01/13/2027  
 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: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 03/05/2026

**Inspection Dates and Department Representative**

03/05/2026 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 100 Residents Served: 87  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 4  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 87  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 4 Have Physical Disability: 0

**Inspections / Reviews**

03/05/2026 - Full  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 03/29/2026

Inspections / Reviews *(continued)*

03/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

03/27/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At 9:35 a.m. the home did not have a copy of the Chapter 2600 regulation book posted in a public and conspicuous place.

Plan of Correction

Accept (█ - 03/27/2026)

In response to the violation on █ by the Pennsylvania Bureau of Human Service Licensing, the Administrator immediately placed a copy of the Chapter 2600 regulation book in the foyer with the most recent inspection.

To enhance currently compliant operations, beginning on 03/05/2026, the Administrator will ensure that the 2600 regulation book is always in the folder containing the most recent inspection summary.

Effective 03/06/2026, the Administrator and Assistant Administrator will perform weekly checks to maintain ongoing compliance with posting the current license, a copy of the current license inspection summary issued by the Department, and a copy of the 2600 chapter regulations in a conspicuous and public place in the personal care home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The Administrator and Assistant Administrator will monitor for compliance.

A photo of the 2600 Regulations book located in the foyer is attached.

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented (█ - 03/27/2026)

125a - Combustible Storage

2. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:45 A.M., the dryer in the third floor laundry room had an 8x11 piece of paper touching the vent hose and the dryer.

Plan of Correction

Accept (█ - 03/27/2026)

In response to the violation on █ by the Pennsylvania Bureau of Human Service Licensing, the Housekeeping Supervisor immediately removed the paper that had fallen off the wall.

To enhance currently compliant operations, effective 03/06/2026, the Housekeeping Supervisor and housekeeping staff will ensure that no flammable materials are stored near washers or dryers in all laundry rooms.

125a Combustible Storage (continued)

Effective 03/06/2026, the Housekeeping Supervisor will perform daily inspections of all laundry rooms to maintain ongoing compliance by ensuring combustible and flammable materials are located away from heat sources and hot water heaters. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The Administrator and Assistant Administrator will monitor for compliance.

A photo of the third floor dryer area is attached.  
The current daily inspection log is attached.

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented [REDACTED] - 03/27/2026)

141b1 - Annual Medical Evaluation

3. Requirements

2600.  
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] 03/27/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, the Director of Wellness took immediate action on 03/06/2026 to create a verification system to ensure all DMEs are completed in accordance with DHS regulations.

To enhance currently compliant operations, the Director of Wellness will, beginning on 03/06/2026, follow the monthly checklist to ensure all DMEs are completed in accordance with DHS regulations.

Effective 03/06/2026, the Director of Wellness will perform monthly audits to ensure ongoing compliance with the requirement that each resident have a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The Administrator and Assistant Administrator will monitor for compliance.

A copy of the monthly audit report is attached.

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented [REDACTED] - 03/27/2026)

144b - Policy on Smoking

4. Requirements

2600.  
144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The home's policy indicates "employees who wish to smoke must not only leave the building but also must smoke off Laurels property." However, employees have been smoking in an area off the rear of the building against the home's

144b Policy on Smoking (continued)

policy as noted by cigarette butts on the ground and an ashtray located on a table in the area.

Plan of Correction

Accept ( ) - 03/27/2026)

In response to the violation on ( ) by the Pennsylvania Bureau of Human Service Licensing, the Administrator took immediate action on 03/06/2026 to amend the smoking policy to include instructions regarding the employee smoking area.

To enhance the currently compliant operations, beginning on 03/06/2026, the Administrator and Assistant Administrator will educate all employees regarding the designated smoking area and the facility's smoking policy.

Effective 03/06/2026, the Administrator and Assistant Administrator will perform daily inspections to monitor use of the employee smoking area through 04/30/2026, to maintain ongoing compliance, and ensure employees follow the facility's updated smoking policy regarding the location and use of the smoking area. All new employees will be informed about the location and use of the employee smoking area. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The Administrator and Assistant Administrator will monitor for compliance.

A copy of the updated smoking policy is attached.

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented ( ) - 03/27/2026)

144c1 - Smoking Area Guidelines

5. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:35 a.m. there were cigarette butts on the ground near an outside area in the back of the home. Staff have been smoking in the area even though the home's policy does not allow employees to smoke on the property.

Plan of Correction

Accept ( ) - 03/27/2026)

In response to the violation on ( ) by the Pennsylvania Bureau of Human Service Licensing, the Maintenance Director and Housekeeping Supervisor took immediate action on 03/06/2026 to remove the cigarette butts from the area, and the Administrator updated the employee smoking policy.

To enhance currently compliant operations, beginning on 03/06/2026, the Administrator and Maintenance Director will ensure that employees have been instructed on the updated smoking policy and the proper disposal of cigarette butts, with a completion date of 03/23/2026.

144c1 - Smoking Area Guidelines (continued)

Effective 03/06/2026 the maintenance department will perform daily checks of the smoking area to maintain ongoing compliance with developing and implementing written fire safety policy and procedures that includes, including proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire-resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The Administrator and Assistant Administrator will monitor for compliance.

Copies of the updated employee smoking policy, the smoking area checklist, and a picture of the smoking area are attached.

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented [redacted] - 03/27/2026)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] has an order for a [redacted] emergency kit. The [redacted] emergency kit stored in the medication cart for resident [redacted] expired November 2024.

The [redacted] for resident [redacted] was not dated when the inhaler was removed from the pouch for use. According to manufacturer's instructions, the inhaler is to be discarded 30 days after it is removed from the pouch for use.

Resident [redacted]'s [redacted] medication card was tampered with and had tape on the back of the card holding medications #5 and #14 in place.

Plan of Correction

Accept [redacted] - 03/27/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, the Director of Wellness took immediate action on 03/06/2026 to remove the Glucagon emergency kit and Trelegy inhaler from the carts.

To enhance currently compliant operations, beginning on 03/06/2026, the Director of Wellness will ensure that med techs inspect all med carts to verify that all medications are current and that medication cards are used properly and not taped. Med techs received additional training on Regulation 183e.

Effective 03/06/2026, the Director of Wellness and/or Nursing Supervisors will perform weekly checks of all med carts to ensure ongoing compliance by verifying that prescription medications, OTC medications, and CAM are stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light, and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The Administrator and Assistant Administrator will monitor for compliance.

**183e - Storing Medications (continued)**

*A copy of the additional med tech training is attached.*

**Licensee's Proposed Overall Completion Date:** 03/23/2026

**Implemented** [REDACTED] - 03/27/2026)

**185a - Implement Storage Procedures****7. 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**

*At 2:15P.M., resident room [REDACTED] had 9 portable [REDACTED] standing on the floor near the door that were not secured in any type of holder.*

*Resident [REDACTED] has an order for [REDACTED], one tablet every 8 hours as needed. The medication was not available in the medication cart to administer if needed.*

*On [REDACTED] resident [REDACTED] medication card contained 27 pills; the narcotic log entry was 26.*

*Resident [REDACTED] has orders for a [REDACTED], and [REDACTED] that are prescribed for use as needed. The medications were not available in the medication cart to administer as needed.*

**Plan of Correction**

**Accept** [REDACTED] 03/27/2026)

*In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/06/2026 by the Director of Wellness to place portable oxygen tanks in the proper storage cart, order the missing medications: Ondansetron HCL 8mg, Glucagon emergency kit, Glucose Gel, and Guaifenesin syrup, and correct the narcotic log to depict the proper dispensing of Alprazolam 0.25.*

*To enhance currently compliant operations, beginning on 03/06/2026, the Director of Wellness will ensure that med techs inspect all med carts to verify that medications are current, available, and dispensed per the provider's orders; that narcotic dispensing is properly logged; and that portable oxygen tanks are in their proper storage cart. Med techs received additional training on Regulation 185a.*

*Effective 03/06/2026, the Director of Wellness and/or Nursing Supervisors will perform weekly checks of the med carts and MARs, oxygen tanks, and narcotic logs to maintain ongoing compliance with the requirement that the home is in compliance with the procedures for the safe storage, access, security, distribution, and use of medications and medical equipment by trained staff. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The Administrator and Assistant Administrator will monitor for compliance.*

*The additional Med Tech Training sign-in sheet has been attached.*

*A photo of oxygen tanks is attached.*

**Licensee's Proposed Overall Completion Date:** 03/23/2026

**Implemented** [REDACTED] - 03/27/2026)

**187d - Follow Prescriber's Orders**

**8. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident [REDACTED] has an order for APAP 500mg, one table every 6 hours as needed.

On [REDACTED] the medication was administered at 6:49 a.m. and again at 11:09 a.m.

On [REDACTED] the medication was administered at 1:41 p.m. and again at 6:20 p.m.

On [REDACTED] the medication was administered at 1:25 p.m. and again at 6:25 p.m.

**Plan of Correction**

**Accept ( [REDACTED] - 03/27/2026)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, the Director of Wellness took immediate action on 03/06/2026 to schedule a re-education training with all med techs on proper medication dispensing.

To enhance currently compliant operations, the Director of Wellness retrained med techs to ensure they follow prescribers' orders.

Effective 03/06/2026, the Director of Wellness and/or Nursing Supervisors will perform daily checks and reviews to maintain ongoing compliance by ensuring the home follows the prescriber's directions through MAR audits. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. The Administrator and Assistant Administrator will monitor for compliance.

A copy of the additional med tech training sign-in sheet is attached.

Licensee's Proposed Overall Completion Date: 03/23/2026

**Implemented ( [REDACTED] - 03/27/2026)**