

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

June 8, 2026

[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 05/12/2026 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]

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: 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: 05/12/2026	

Inspection Dates and Department Representative	
05/12/2026 - 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: 3			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 28	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 0		Have Physical Disability: 0	

Inspections / Reviews		
05/12/2026 Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 06/05/2026
05/27/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 06/05/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 06/03/2026

Inspections / Reviews *(continued)*

05/29/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/08/2026

06/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 16c - Written Incident Report

### 1. 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 08/28/2025, a false alarm fire drill was triggered. Emergency Services did come out to the facility. The home did not report this incident to the department.*

*On [REDACTED] Resident #1 was found to have passed away in the home. The home did not report this incident to the department.*

### Plan of Correction

*Directed ( [REDACTED] - 05/29/2026)*

*Administrator or designee will audit all reportable incident for one month from date 06/01/2026 to 06/30/2026 ensuring compliance with regulations. If deficient practice is noted, remedial education on incident reporting will be conducted within 3 days. All staff will have training on reporting requirements and procedures.*

*Proposed Overall Completion Date: 07/01/2026*

***Directed: In addition to the above plan of correction, all staff will be trained in reporting requirements and reporting procedures of the home by 6/8/2026.***

*Directed Completion Date: 07/01/2026*

*Implemented (CP - 06/08/2026)*

## 95 - Furniture and Equipment

### 2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

### Description of Violation

*At 9:52 a.m. the fire panel that is in the boiler room was signaling System Trouble- Basement Mechanical Room- Heat Detector- M1-4. No Answer. Staff indicated that the system has been like this for over a week.*

### Plan of Correction

*Directed ( [REDACTED] - 05/29/2026)*

*Spirit sprinkler was onsite Friday the 15th of May to diagnose the fire alarm panel. They ordered a heat detector. When the heat detector arrives maintenance will facilitate part installation projected fix for system 05/29/2026. Administrator or designee will audit fire panel for the month of June to ensure no further signaling occurs. Any signaling that does occur will be documented and education provided to staff. Staff will conduct Q2 Heat detector checks until issue is resolved.*

*Proposed Overall Completion Date: 07/01/2026*

***Directed: In addition to the above plan of correction, any error signaling by the fire system will result in immediate implementation of emergency procedures related to the error, the local fire department will be notified of the fire system error signal, and a company will be contacted to immediately address the issue.***

95 - Furniture and Equipment *(continued)*

Directed Completion Date: 07/01/2026

Implemented (█) - 06/08/2026

187a - Medication Record

3. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

*Resident #2's Mirtazapine label states the medication is for appetite loss; but the Medication Administration Record states it is prescribed for depression.*

**Plan of Correction**

Accept (█) - 05/27/2026

*Administrator or designee will audit medication cart bi-weekly for the month of June to ensure compliance. Any discrepancies noted will be recorded in audit log. Remedial training will then be accomplished on an as needed basis. Resident 2's Mirtazapine MAR has been updated to reflect appetite loss.*

Licensee's Proposed Overall Completion Date: 07/01/2026

Implemented (█) - 06/08/2026