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

October 6, 2026

[redacted]
THE GREEN HOME
[redacted]

RE: THE LAURELS
39 CENTRAL AVENUE
WELLSBORO, PA, 16901
LICENSE/COC#: 20341

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2026, 08/10/2026 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 #**: *20341* **License Expiration**: *06/17/2027*

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**: *DLI*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *28* **Waking Staff**: *21*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *08/10/2026*

Inspection Dates and Department Representative

08/05/2026 - On-Site: [redacted]

08/10/2026 - Off-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**: *27*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

08/05/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/05/2026*

09/11/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/14/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/14/2026*

Inspections / Reviews *(continued)*

10/06/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

185a - Implement Storage Procedures

1. 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] is prescribed [redacted] tablet to be administered as needed every 8 hours for pain. On [redacted] at approximately 10 p.m. the resident's [redacted] inventory count in the medication administration record was [redacted] however, a physical narcotic count of the resident's tramadol indicated there were 63 tablets in the medication package.

Resident [redacted] is prescribed [redacted] tablet to be administered as needed every 4 hours for pain. On [redacted] at approximately 10 p.m. the resident's [redacted] inventory count in the medication administration record was [redacted]; however, a physical narcotic count of the resident's tramadol indicated there were [redacted] tablets in the medication package.

Since the incident on [redacted] the home has implemented a two person count system every shift that includes a sign out log in paper form along with electronic health records log. On [redacted] Staff person A stated that they had administered 2 narcotics this morning at 7 a.m.; [redacted] tablet to Resident [redacted] and [redacted] tablet and [redacted] tablet to Resident [redacted] These medication administrations were entered into the eMAR system and reflected accurately; however, they were not entered into the paper narcotic log sheet.

Plan of Correction ***Accept [redacted] - 09/11/2026)***

The administrator or designee will audit the medication control count at shift change, and the administration of controlled medications 3 times per week from 8/27/2026 to 9/10/2026. The administrator or designee will conduct training for all staff on how to conduct a proper count of controlled medications, and remedial training will be given on an as needed basis.

Licensee's Proposed Overall Completion Date: *09/10/2026*

Implemented [redacted] - 10/06/2026)