

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PACONA CORPORATION

LEGAL ENTITY

To operate GLUCO LODGE

NAME OF FACILITY OR AGENCY

Located at BOX 1416, RD 1, KEMMERTOWN RD., STROUDSBURG, PA 18360

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 51
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 16, 2010 until July 16, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 241720

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 21 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Jerome Perry, President
Pacona Corporation
Gluco Lodge
Box 1416, RD 1, Kemmertown Road
Stroudsburg, Pennsylvania 18360

Dear Mr. Perry:

As a result of the Department of Public Welfare's licensing inspection on May 18, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

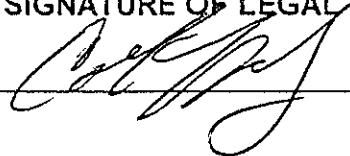
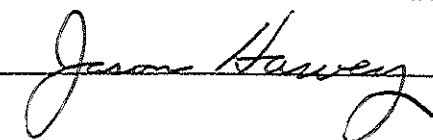
A handwritten signature in cursive script that reads "Kevin T. Casey".


Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Gluco Lodge, Box 1416, RD 1, Kemmertown Road, Stroudsburg, Pennsylvania 18360	CURRENT LICENSE NUMBER 241720
INSPECTION DATE(S) (Include all dates of the inspection) May 18, 2010	REGIONAL REPRESENTATIVE Betty Bloch and Leslie Patton
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6-11-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-14-10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5	DATE COMPLIANCE VERIFIED BY DPW
16c 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 15 (relating to abuse reporting covered by law).	Resident # 1 passed away in the home on 5/23/09. The home did not submit a reportable incident informing the Department's regional office of the death of the resident.	5-19-2010	<div style="border: 1px solid black; padding: 5px;"> Reportable Incident Report on Death of a resident was faxed on 5-19-2010. Administrator added Reportable Incident Reports to her checklist on the residents files to prevent this from happening again. </div>	Steps have been taken to correct violation; full compliance is not verifiable 6-14-10 Date	 Initials (DPW)

RECEIVED

JUN 15 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

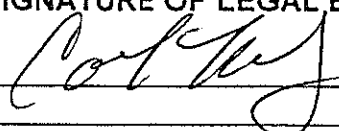
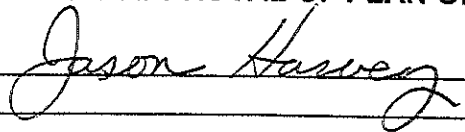
Originals

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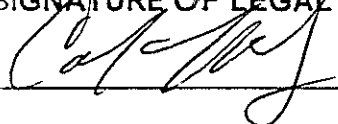
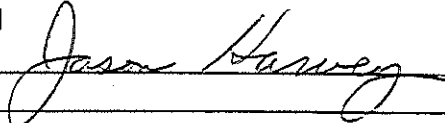
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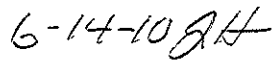
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<p>22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.</p> <p>225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.</p>	<p>An assessment was not completed for resident # 2, who was admitted to the home on 10/1/09.</p>	<p>6-4-10</p>	<div style="border: 1px solid black; padding: 5px;"> <p>A resident was here for respite care. 3 month later [redacted] became a permanent resident, (10-1-2009). The residents support plan was completed, however the assessment plan was over looked.</p> <p>The assessment was completed.</p> <p>In the future, when a residents status changes, (eg. if a resident goes from respite care to permanent care) a brand new file will be opened.</p> </div>	<p>6-14-10 JH</p>

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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The assessment and support plan in the record of resident # 3, dated 12/1/09, did not specify the resident's use of a grab assist bar.	6-11-2010	<div style="border: 1px solid black; padding: 5px;"> Grab bar was brought in by the family after all forms were completed. The administrator will add an addendum to the contract the designated persons will not be allowed to do any additions or changes to the residents rooms, (whether it be furnishing or medical equipment), without first having the administrators confirmation. </div>	6-14-10 


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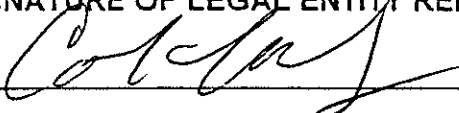
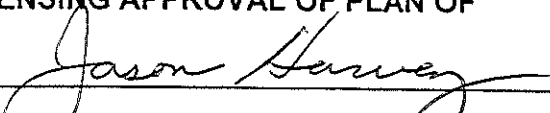
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85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	Two of the six lids to the outside trash container were unable to close due to the overflowing bags of garbage in it.	5-18-2010	<div style="border: 1px solid black; padding: 5px;"> Lids were closed at time of inspection This was addressed in the staff meeting for ALL employees to make sure that the lids are closed when throwing trash away. </div>	6-14-10 

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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	In the backyard of the home, approximately a 10' portion of the 6' high metal chain link fence was damaged from a fallen tree approximately 5 months ago. Directly beyond the fence was a creek. Although the home has alarms on the doors when they are opened, residents are not always supervised while on the home's two outdoor patios.	<div style="border: 1px solid black; padding: 2px;">6/2/2010</div>	<div style="border: 1px solid black; padding: 5px;">Fence was destroyed during a Toronto. We have fixed the fence.</div>	6-14-10 JH

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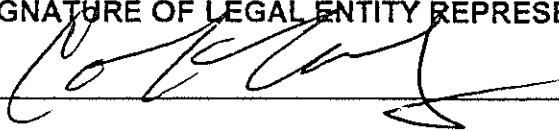
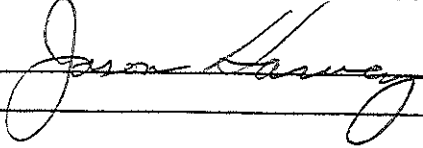
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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The temperature of the home's walk-in freezer had a temperature reading of 20 degrees Fahrenheit.	5-18-2010	<div style="border: 1px solid black; padding: 5px;"> Maintenance person adjusted the temperature. The cook will check temperature in the refrigerator and freezer every day. If cook finds a problem she has been advised to inform administrator of the problem. Also a service call has been made to address this problem. Service company will be coming in for a service call during the week of 6/14/2010. </div>		Steps have been taken to correct violation; full compliance is not verifiable Date <u>6-14-10</u> Initials <u>DPW</u>

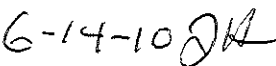
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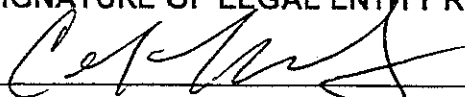
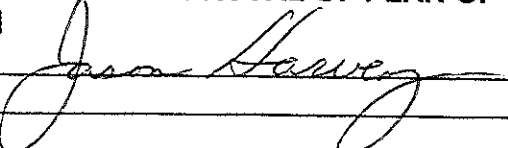
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123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The emergency preparedness plans for the home and Hamilton Township were not located in a public and conspicuous place within the home for others to view. The only copies at the time of inspection were located in the administrator's office which is kept locked when not in use.	<div style="border: 1px solid black; display: inline-block; padding: 2px;">5-18-2010</div>	<div style="border: 1px solid black; padding: 5px;"> Hamilton Township Emergency Preparedness Plans are now placed in hallway next to the kitchen, which is in view of public eyes. Administrator will check weekly to assure that they remain in place to be seen by all. </div>	6-14-10 

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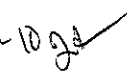
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<p>132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.</p>	<p>• A review of the fire drill records indicated that the residents were evacuated to the "rescue" areas during the following fire drills:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Date</u></th> <th style="text-align: left;"><u>Time</u></th> </tr> </thead> <tbody> <tr><td>3/29/09</td><td>7:00 am</td></tr> <tr><td>5/13/09</td><td>8:00 pm</td></tr> <tr><td>8/02/09</td><td>2:00 pm</td></tr> <tr><td>9/26/09</td><td>7:30 am</td></tr> <tr><td>10/20/09</td><td>5:30 am</td></tr> <tr><td>11/13/09</td><td>4:30 pm</td></tr> <tr><td>1/20/10</td><td>4:30 pm</td></tr> <tr><td>2/14/10</td><td>8:35 am</td></tr> <tr><td>3/04/10</td><td>3:30 pm</td></tr> </tbody> </table> <p>The letter, dated 2/18/10, from the fire safety expert does not indicate the locations of the "safe areas" or the construction or other safety features of these locations which make them fire-safe.</p>	<u>Date</u>	<u>Time</u>	3/29/09	7:00 am	5/13/09	8:00 pm	8/02/09	2:00 pm	9/26/09	7:30 am	10/20/09	5:30 am	11/13/09	4:30 pm	1/20/10	4:30 pm	2/14/10	8:35 am	3/04/10	3:30 pm	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6-21-2010</div>	<div style="border: 1px solid black; padding: 5px;"> <p>Rescue Area as been approved by L&I Harrisburg, PA.</p> <p>Fire safety expert will be coming and re-writing the letter. He will be explaining as to how the rescue areas are fire safe.</p> </div>	<p>6-14-10 QV</p>
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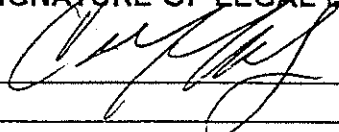
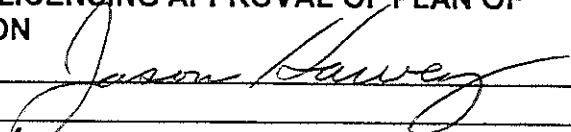
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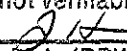
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(Continued from the previous page)	<ul style="list-style-type: none"> A review of the fire drill records indicated that the residents evacuated to "front door and rescue area" in 2 minutes and 42 seconds during the fire drill conducted on 11/13/09. The home does not have a letter from a fire safety expert specifying a safe evacuation time to a fire safe area or to an outside designated area during fire drills. 		<div style="border: 1px solid black; padding: 5px; margin: 10px;"> We added to our activity program that we will be doing fire safety training once a week so that the residents will be better prepared to evacuate within the appropriate time limit. </div>	6-14-10 

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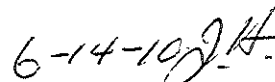
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<p>132e A fire drill shall be held during sleeping hours once every 6 months.</p>	<p>A review of the fire drill records indicated that the home did not have a sleeping hours fire drill completed within the past six months, as noted below:</p> <table style="margin-left: 20px; border: none;"> <thead> <tr> <th style="text-decoration: underline;">Date</th> <th style="text-decoration: underline;">Time</th> </tr> </thead> <tbody> <tr><td>10/20/09</td><td>5:30 am *</td></tr> <tr><td>11/13/09</td><td>4:30 pm</td></tr> <tr><td>12/29/09</td><td>3:00 pm</td></tr> <tr><td>1/20/10</td><td>4:30 pm</td></tr> <tr><td>2/14/10</td><td>8:35 am</td></tr> <tr><td>3/04/10</td><td>3:30 pm</td></tr> <tr><td>4/15/10</td><td>2:00 pm</td></tr> </tbody> </table> <p>* denotes sleeping hour fire drill</p>	Date	Time	10/20/09	5:30 am *	11/13/09	4:30 pm	12/29/09	3:00 pm	1/20/10	4:30 pm	2/14/10	8:35 am	3/04/10	3:30 pm	4/15/10	2:00 pm	<div style="border: 1px solid black; padding: 5px; display: inline-block;">5-19-2010</div>	<div style="border: 1px solid black; padding: 5px;"> <p>We had a fire safety meeting and did a drill on 4-15-2010 at 2 PM. sleeping hour drill was over looked for that month.</p> <p>This was addressed to the activities director to check dates and times of fire drills to assure that there is one drill during sleeping hours at least every 6 months.</p> </div>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">6-14-10  Date Initials (DPW)</p>
Date	Time																			
10/20/09	5:30 am *																			
11/13/09	4:30 pm																			
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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

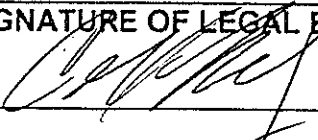
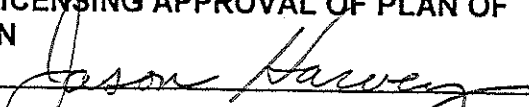
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INSPECTION DATE(S) (Include all dates of the inspection) May 18, 2010	REGIONAL REPRESENTATIVE Betty Bloch and Leslie Patton	
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<p>143a The home shall have a written emergency medical plan that includes the following:</p> <p>(1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.</p>	<p>The home's emergency medical plan does not state that the resident will be transferred to the hospital of their choice, if possible, in the event of a medical emergency.</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5-18-2010</div>	<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Choice of hospital was added to the emergency medical plan. </div>	<p>6-14-10 </p>

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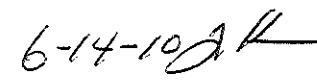
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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	The following staff persons who administered medications to residents in April and May of 2010, did not have the required documentation that they successfully completed the department-approved medication administration course, as indicated below: • Staff person A <u>Initial Training (IT)</u> with a student pass date of 10/17/07 <u>Initial Annual Training (IAT)</u> *Had an incorrect student pass date of 10/17/07 *The last required medication administration observation was completed on 8/4/08 *The required Student Certification Form did not include the date the training was completed.	<div style="border: 1px solid black; display: inline-block; padding: 2px;">5-19-2010</div>	<div style="border: 1px solid black; padding: 5px;"> Staff was trained on medication. The medication trainer did not fill out all paper work correctly. Correction were made on the forms by the medication trainer. Administrator will check all papers to be sure everything is filled out correctly. </div>	6-14-10 

**VIOLATION REPORT
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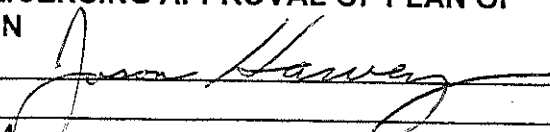
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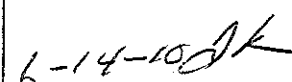
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(Continued from the previous page)	<u>Annual Practicum (AP)</u> *Listed two student pass dates - 10/16/09 and 10/17/09. *It was not completed within the required 12 months of the Initial Annual Practicum on 8/4/08. *Only 2 of the required 4 medication administration record reviews were completed (Trainer used the incorrect form, the Initial Annual Practicum, which only requires 2 reviews). *The required Student Certification Form was not completed. • Staff person B <u>Initial Training (IT)</u> with a student pass date of 4/19/07 <u>Initial Annual Practicum (IAP)</u> with a student pass date of 4/10/08 *The required Student Certification Form did not include the date the			6-14-10 

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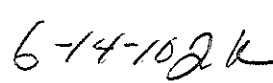
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(Continued from the previous page)	training was completed. <u>Annual Practicum (AP)</u> with a student pass date of 4/12/09 *Did not indicate if the student passed or failed the medication administration observation on 4/12/09 – left blank on form *The required Student Certification Form was not completed. <u>Annual Practicum (AP)</u> with a student pass dated of 4/12/10 *The required Student Certification Form was not completed. • Staff person C <u>Initial Training (IT)</u> with a student pass date of 4/19/07 <u>Initial Annual Training (IAT)</u> with a student pass date of 4/16/08 *The required Student Certification Form did not include the date the training was completed.			6-14-10 

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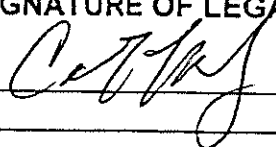
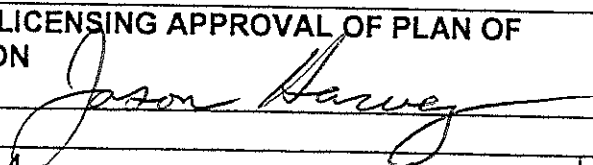
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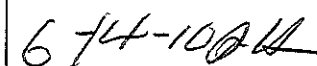
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(Continued from the previous page)	<p><u>Annual Practicum(AP)</u> with a student pass date of 4/12/09 *The required Student Certification Form was not completed.</p> <p><u>Annual Practicum (AP)</u> with a student pass date of 4/5/10 *Did not indicate if student passed or failed the MAR review completed on 10/16/09 - left blank on form. *Did not indicate if student passed or failed the 4/5/10 medication administration observation – left blank on form. *The required Student Certification Form was not completed.</p> <p>Staff persons A, B and C are no longer qualified to administer medications and will need to be retrained.</p> <p>The home did not have a staff</p>			6-14-10 

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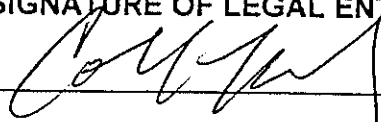

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(Continued from the previous page)	<p>person currently trained to administer insulin to diabetic residents on 5/1/10 from 3pm – 11pm.</p> <p>Staff person B did not have training to administer insulin within the last 12 months by a certified diabetic educator. They were last trained on 2/13/09.</p> <p>Staff person D, who also worked this shift, did not complete the Department-approved medication administration course or a Department-approved diabetic training course to administer insulin.</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5-21-2010</div>	<div style="border: 1px solid black; padding: 5px;"> <p>Employee had previous training in the year of 2009.</p> <p>Employee missed the recertification due to illness, but was recertified shortly after.</p> <p>Administrator will plan recertifications at least one month ahead of time before expiration.</p> </div>	<p style="font-size: 1.5em;">6-14-10</p> 

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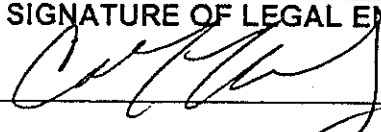

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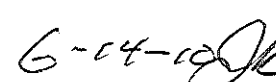
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184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	The following samples prescribed to the stated residents did not indicate the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber: • 2 boxes of Actonel 150mg prescribed to resident # 4 • Cymbalta 600mg prescribed to resident # 5	5-18-2010	Written instructions where in residents files. Corrected at time of inspection. Nurse will check all sample medications as it comes in and attach the written instructions to the medication itself.	6-14-10 JKL

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185a 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.	In resident bedroom B22, there were 4 medium oxygen containers lying on the floor over each other on the area behind the resident's lounge chair. To the right of the chair, an additional 3 small oxygen tanks were leaning sideways, against each other, in a cardboard box which was bent outward. The home's policy is to store oxygen containers either in the resident's closet standing upright in a rack or laying flat under the resident's bed.	5-18-2010	All oxygen containers must be stored in secured racks. Corrected at time of inspection.	6-14-10 

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JUN 15 2010

SCRANTON FIELD OFFICE
 Adult Residential Licensing