



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
FAX: (570) 963-3018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 8, 2011

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 October 28, 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.

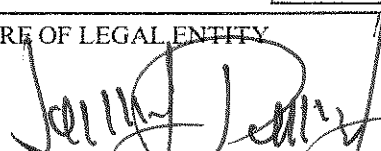

Sincerely,


Bob Bisognanig

Regional Licensing Administrator

Enclosure
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, Kimmertown Road Stroudsburg, PA 18360		CURRENT LICENSE NUMBER 241720	
INSPECTION DATES (Include all dates of the inspection) 10/28/2010		REGIONAL REPRESENTATIVE Gerald Dumas, 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) Jerome Perry, - President			
SIGNATURE OF LEGAL ENTITY 	DATE 01/05/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-10-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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 the guidelines in § 2600.15 (relating to abuse reporting covered by law).	<p>Resident # 1 inappropriately touched resident # 2 in a sexual manner on 4/21/10 and inappropriately touched resident # 3 in a sexual manner on 6/14/10 and 8/28/10. Staff person A, who is the administrator, acknowledged being aware of the incident that took place on 4/21/10.</p> <p>Staff person A who is the administrator, did not submit a Reportable Incident form to the Department's regional office regarding the reportable incident that took place on 4/21/10, 6/14/10, and 8/28/10.</p>	<p>11/18/2010</p> <p>11/18/2010</p> <p>01/01/2011</p>	<p>At the time of the incident, the Administrator had completed an incident report, notified the physician & family regarding the inappropriate behavior. In result, the medicine has been change by Dr.'s Orders.</p> <p>Resident #1 has Alzheimer & the Administrator did not feel that this act by the resident was done intentionally nor knowingly.</p> <p>*The Administrator & All staff had a continued education session presented by AAA (Are Agency of Aging) regarding Act 13.</p> <p>*Information about Act-13 was added to all employee folders, and will be part of all new employee orientation.</p> <p>*The Administrator has been directed by the management to consult all incident reports with the Director of Nursing & submit a copy to management.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable Date 2-10-11 Initials (DPW) </p>

RECEIVED
JAN 10 2011
SCRANTON FIELD OFFICE
Adult Residential Licensing

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE <div style="border: 1px solid black; display: inline-block; padding: 2px;">01/05/2011</div>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-10-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Staff person A , who is the administrator of the home, did not update resident # 1's current assessment (dated 4/17/10) to reflect the incidents of inappropriate sexual touching by resident # 1 on 4/21/10, 6/14/10., and 8/28/10 towards ████████ residents of the home.	<div style="border: 1px solid black; display: inline-block; padding: 2px;">10/28/2010</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">01/01/2011</div>	Assessment was updated regarding ██████ behavior. *The Administrator & Director of Nursing have scheduled in a quarterly meeting in reference to residents conditions. *In addition, our direct care staff will stress to notify the Administrator on any changes that they see in a resident.	Steps have been taken to correct violation; full compliance is not verifiable. Date: 2-10-11 Initials (DPW): 
<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <h2 style="margin: 0;">RECEIVED</h2> <p style="margin: 5px 0;">JAN 10 2011</p> <p style="margin: 0;">SCRANTON FIELD OFFICE Adult Residential Licensing</p> </div>				