



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

Mr. Jerome Perry, President
Pacona Corporation
Glucolodge
1127 Kemmertown Road
Stroudsburg, Pennsylvania 18360

Dear Mr. Perry:

As a result of the Department of Public Welfare's licensing inspection on May 14, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period July 18, 2013 to July 18, 2014 was issued on April 4, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a horizontal line extending to the right.

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: GLUCO LODGE		License Number: 241720
Address: 1127 KEMMERTOWN ROAD, STROUDSBURG, PA 18360		County: <u>Monroe</u> Lackawanna
Administrator: Jerome Perry		Region: NORTHEAST
Legal Entity Name: PACONA CORPORATION		
Legal Entity Address: 1127 KEMMERTOWN ROAD, STROUDSBURG, PA 18360		
Certificate(s) of Occupancy		
C-2 LP 10/24/2008 L&I	C-2 LP 02/19/1999 L&I	
Staffing Hours		
Resident Support: NA	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/14/2013: Patton, Leslie; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 51	Number of Residents Served: 37	Number of Residents who:
Secured Dementia Care Unit in Home: No	Area:	Receive Supplemental Security Income: 0
Secured Dementia Unit Capacity, if Applicable:	Number of Residents Served in Secured Dementia Care Unit, if applicable:	Are 60 Years of Age or Older: 37
Number of Current Hospice Residents: 0	Number of Hospice Residents in past year: 8	Have Mental Illness: 3
		Have an Intellectual Disability: 0
		Have a Mobility Need: <input checked="" type="checkbox"/> 3
		Have a Physical Disability: <input checked="" type="checkbox"/> 3

Violation Report: 24172 - 05/14/2013 - Patton, Leslie
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Upon being interviewed, staff person A stated [redacted] had not received Cerefolin NAC at 8:00am from approximately 5/7/13-5/14/13. A Reportable Incident form was not submitted to the Department regarding the medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Correction: A Reportable Incident form was submitted to the DPW on 5/16/2013.

Prevention: Staff members responsible for medication administration were re-educated on 5/23/2013 on the procedures that must be followed regarding medication errors.

* The administrator shall assure ongoing compliance -
 [Signature]
 6/18/13

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jerome Perry - Administrator	MAY 20 2013

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The above plan of correction is approved as of 6/18/13
 (Date)

Plan of correction implementation status as of 6/18/13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24172 - 05/14/2013 - Patton, Leslie
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
 The home is not providing quarterly accounting statements for residents and their responsible parties, for individuals whose funds are being managed by the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Correction: Quarterly spending reports will be sent out on 6/1/2013 with the monthly invoices.

Prevention: Office Manager will make a copy of the resident's Personal Spending Record of Financial Transaction quarterly, and submit it to the resident and the residents designated person along with residents quarterly room and board statements.

The administrator shall assure ongoing compliance.
 m
 6/18/13

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Violation Report: 24172 - 05/14/2013 - Patton, Leslie
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 The dryer located in the first floor laundry room, nearest to the maintenance office door, had a ¼ inch build-up of lint in the lint trap at approximately 10:00am on the day of this inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Correction: Dryer vent was emptied on 5/14/2013.

Prevention: Signs were placed above each dryer on 5/28/2013 instructing staff to empty the lint traps after each use.
 In addition staff will be checking the dryer vents as part of their shift change duties.

The administrator will be responsible for monitoring and ongoing compliance.

M
 6/18/13

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
[Signature]		May 29 2013

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Violation Report: 24172 - 05/14/2013 - Patton, Leslie
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 The home did not have an emergency water supply on hand on the date of inspection. The home did have an emergency letter dated 4-2012 that Pocono Produce would deliver water in the event of an emergency. This letter did not state that this delivery would be made immediately.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Correction: PoconoPro Foods was contacted on 5/14/2013. We requested that they amend our existing letter to reflect that the water will be delivered within an hour of an emergency.

Prevention: A new letter was obtained to ensure that we are supplied with water within a specific time frame. As of May 15, 2013 this letter will be in effect.

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Violation Report: 24172 - 05/14/2013 - Patton, Leslie
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 The over-the-counter "Windmill" brand Miltrium with Lutein and Lycopene belonging to resident #6 was not labeled with the resident's name.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Correction: Upon further inspection the resident's name was located on the bottom of the bottle. The resident's name was placed in a more visible location on the bottle and time to be given was placed on top of the bottle.

Prevention: On 5/23/2013 the Med Tech's were all educated on the importance of having a resident's name in a visible location on the container. They were also instructed to check all OTC medications daily to make sure that the resident names are visible and legible.

The Director of Nursing will develop a checklist and randomly assign a staff member to go through the list weekly to look for proper documentation.
 Checklist will be complete by 6/30/2013.

The administrator shall be responsible for ongoing compliance -

M
 6/18/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Jonathan P. Administration

Date

May 20, 2013

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Violation Report: 24172 - 05/14/2013 - Patton, Leslie
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION
 A sample bottle of Namenda 10mg and (2) 4 week supply "starter kit" sample boxes of Namenda prescribed to [redacted] did not indicate the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration as well as the name and title of the prescriber.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Correction: Copies of the original prescription were on the sample medication that was currently in use. Additional copies of the original prescription were placed on all of the stored sample packages of medication on 5/14/2013.

Prevention: On 5/23/2013 all Med Tech staff were educated about this regulation and the importance of having copies of the original prescription attached to each sample package including those that are being stored and not currently in use.

- The Director of Nursing will develop a checklist and randomly assign a staff member to go through the list weekly to look for proper documentation. Checklist will be complete by 6/30/2013.

The administrator shall be responsible for ongoing compliance

m
6/18/13

Repeat Violation: No	Date(s) of Previous Violation(s)	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Loree Perry, Administrator		May 23, 2013

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Violation Report: 24172 - 05/14/2013 - Patton, Leslie
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

██████████ is prescribed Novolin Insulin to be administered at 8:00am, 12:00pm, and 5:00pm based upon the resident's blood sugar level. Staff did not initial or sign the resident's MAR to indicate insulin was administered at 8:00am on 5/5/13 and 5/12/13 and at 12:00pm on 5/4/13- 5/6/13 and 5/10/13. In addition, staff did not document on the MAR the resident's blood sugar level reading of 153 at 5:00pm on 5/8/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Correction: Documentation records were checked and it was found that the insulin had in fact been administered. See attached. The appropriate correction were made on the MAR.
 Prevention: On 5/23/2013 All Med Tech staff were re-educated about the importance of accurate documentation in the MAR. They were all given a refresher of how to correctly document for an insulin sliding scale.

The Director of Nursing will develop a checklist and randomly assign a staff member to go through the list weekly to look for proper documentation. Checklist will be complete by 6/30/2013

The Administrator shall be responsible for ongoing compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

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Teron's Party Administrator

Date

May 29, 2013

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Violation Report: 24172 - 05/14/2013 - Patton, Leslie
 PCH Name: GELUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 Staff person [redacted] stated resident [redacted] did not received Cerefolin NAC at 8:00am daily as prescribed from approximately 5/7/13- 5/14/13. Although the medication was not being given, staff continued to initial the resident's Medication Administration Record (MAR) to indicate the medication had been administered.
 Resident [redacted]'s prescribed Voltaven 1% cream for pain to be administered four times daily. The medication was not available the morning of 5/14/13 at 8:00am but staff initialed the resident's MAR as having administered the medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Correction: The MAR was corrected on 5/15/2013 to reflect that the medication had not been given.

Prevention:
 *The two staff members that had signed for medication that was not given were re-educated and given verbal warnings.

The Director of Nursing will develop a checklist and randomly assign a staff member to go through the list weekly to look for proper documentation.
 Checklist will be complete by 6/30/2013.

The administrator shall assure ongoing compliance.

M
6/18/13

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Violation Report: 24172 - 05/14/2013 - Patton, Leslie
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident [redacted] is prescribed Ibuprofen 400 mg to be administered every 4 hours as needed. The medication was not on-hand at the time of the inspection.
 Resident [redacted] did not receive Cerefolin NAC at 8:00am as prescribed by the resident's physician from approximately 5/7/13- 5/14/13.
 Resident [redacted] did not receive Voltaven 1% cream as prescribed by the resident's physician on 5/14/13 at 8:00am and 12:00pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrections:

- *Resident [redacted] family was notified that we were out of the medication and that we needed more immediately. The family brought the medication in on 5/14/2013.
- * Resident [redacted] POA and physician were notified on 5/14/2013. The Nurse Practitioner was notified on 5/15/2013. A reportable incident form was sent to the DPW.
- * Resident [redacted] Nurse Practitioner was notified of the medication error on 5/14/2013.
- *The Cerefolin was discontinued on 5/15/2013 and the Voltaren Cream was discontinued on 5/14/2013.

Prevention:

- *Med Tech staff was re-educated about the procedures to follow if a medication error occurs.
 - *Med Tech's were given a new form for tracking medications that are running low. See attached.
 - *An addendum will be added to our contract that will allow us to order medication from our chosen pharmacy should the resident's designated person fail to provide the appropriate medications. This addendum shall be in place by June 30, 2013.
- The Director of Nursing will develop a checklist and randomly assign a staff member to go through the list weekly to look for proper documentation. Checklist will be complete by 6/30/2013

The administrator will be responsible for ongoing compliance
 mr
 6/18/13

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Violation Report: 24172 - 05/14/2013 - Patton, Leslie
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 The prescribing physician for resident [redacted] was not notified of the medication error which occurred from approximately 5/7/13- 5/14/13 in which the resident did not receive Cerefoln NAG at 8:00am.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Correction: The prescribing physician was notified of the medication error via fax on 5/14/2013. The POA for resident [redacted] was notified via telephone on 5/14/2013. The resident was notified on 5/7/2013.

Prevention: Med Tech staff was re-educated on 5/23/2013 about the procedures to follow in the event of a medication error. They were given a new form on 5/29/2013 to help track medications that are running low to avoid omission errors in the future.

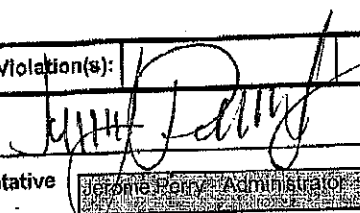
The Director of Nursing will develop a checklist and randomly assign a staff member to go through the list weekly to look for proper documentation. Checklist will be complete by 6/30/2013.

The administrator will be responsible for ongoing compliance. m
 6/18/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Patricia Perry, Administrator

Date

6/18/2013

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Violation Report: 24172 - 05/14/2013 - Patton, Leslie
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening in the record of resident #8 (dated 10/5/12) did not indicate if the home is able to meet the resident's needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Correction: The appropriate correction was made to the pre-admission screening form on 5/14/2013.

Prevention: The designated person completing the pre-admission screening will have a second administrative staff member visually check pre-admission paperwork for accuracy and completeness in the future.

The administrator will monitor for ongoing compliance.
 M
 6/18/13

Repeat Violation: No	Date(s) of Previous Violation(s):
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Deborah Perry, Administrator	MAY 29 2013

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