



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 17 2014

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

RE: Gluco Lodge
License #: 241720

Dear Mr. Perry:

As a result of the Department of Public Welfare's licensing inspection on April 30, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period July 18, 2014 to July 18, 2015 was issued on April 21, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: GLUCO LODGE		License Number: 24172
Address: 1127 KEMMERTOWN ROAD, STROUDSBURG, PA 18360		County: Monroe
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: 0	Total Daily Staff: 40	Waking Staff: 30
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/30/2014: Harvey, Jason; 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: 35 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 31 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 0	

Violation Report: 24172 - 04/30/2014 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Resident bedroom # A-14 had a bed enabler bar with no cover. The enabler was attached to the bed located nearest to the door. The width of the enabler bar's opening was approximately 6 inches wide, creating an entrapment risk.

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: We purchased self-adhering elastic ace bandages and used them to wrap around the enabler bar. Please see the before and after picture attached.

Prevention: Supplies will be available should the covering need to be replaced. Administration will ensure that a similar covering be placed on any enabler bars that enter our facility in the future.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Julie Perrin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jerome Perry - Adm.* Date *6/18/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/17/14
 (Date)

The above plan of correction was approved by an
 (Initials)

Plan of correction implementation status as of 6/17/14
 (Date)

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

Violation Report: 24172 - 04/30/2014 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The written fire drill record for the fire drill held on 3/6/2014 at 3:30, did not include am or pm.

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: Our immediate actions included reviewing the paperwork and determining that the fire drill took place at 3:30 P.M.. We then amended the paperwork to reflect the correct time.

Prevention: To ensure that this violation does not happen again we have now made 2 staff members (Activities Director and Maintenance Person) responsible for reviewing all of the fire safety documentation where as previously only one person was responsible for that task.

The administrator shall monitor and assure ongoing compliance
Mr
6/17/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jerome Perry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jerome Perry - Adm.* Date *6/12/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/17/14</u> (Date)	Plan of correction implementation status as of <u>6/12/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24172 - 04/30/2014 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 It is the home's policy that all narcotic medication be counted at the beginning and end of each shift by two staff persons to ensure the accurate amount of medication is present. Oxycodone APAP 5/325 prescribed to resident #4 was counted at the time of the inspection. 10 tablets were counted but the Narcotic Count Sheet indicated 11 tablets should have been present as of 12:00pm on 4/30/14. A further review of the Narcotic Count Sheet indicates the medication was incorrectly counted at 11:00am on 4/28/14 causing the documented number of tablets present to be incorrect. In addition the narcotics being incorrectly counted on 4/28/14, staff are not consistently counting the medication as evident by staff not noticing the discrepancy that existed from 4/28/14- 4/30/14.

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 initial action taken was a detailed count of all narcotics performed by the Director of Nursing and corrections to the documentation. The Director of Nursing spoke with each of the Med Techs individually about the importance of proper documentation immediately after medication administration and the importance of using mindfulness while doing count to ensure accuracy. The Director of Nursing also observed the Med Techs while performing count in between shifts to ensure that they were doing it correctly.

Prevention: To ensure that this violation does not happen again the Director of Nursing or designee will review all narcotic counts weekly for accuracy and staff will be re-educated as needed.

The administrator shall monitor and assure ongoing compliance.

6/17/14

Repeat Violation: No	Date(s) of Previous Violation(s)		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Jerome Perry</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	6/12/14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>6/11/14</u> (Date)		Plan of correction implementation status as of <u>6/17/14</u> (Date)	
The above plan of correction was approved by <u><i>M</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 24172 - 04/30/2014 - Harvey, Jason
 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

The Medication Administration Record for resident #1 did not indicate a diagnosis or purpose for Flovent HFA Inhaler 220mcg and Lidocaine 5% patch.

The Medication Administration Record for resident #2 did not indicate a diagnosis or purpose for Cyanocobalamin (vit-B12) 1000mcg injection.

Staff did not sign or initial the Medication Administration Record of resident #3 on 4/30/2014 to indicate that 5/500mg of Oxycodone had been administered at 12am.

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: To correct this violation, 2 of our Med Techs reviewed all of the MARS and wrote in the diagnoses that were missing. Furthermore, the Med Tech's have been instructed to highlight all of the diagnosis on all of the new MARS as they come into the building before they are implemented. Staff has been re-educated about the importance of documenting medication administration immediately.

The administrator shall monitor and be responsible for ongoing.

Repeat Violation: No	Date(s) of Previous Violation(s): 05/14/2013	Compliance 6/18/14
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Jerome Perry - Adm.		6/18/14

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The above plan of correction is approved as of <u>6/18/14</u> (Date)	Plan of correction implementation status as of <u>6/18/14</u> (Date)
The above plan of correction was approved by <u>JP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented