



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: July 7, 2015

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 Human Services' licensing inspection on June 11, 2015 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.

Sincerely,

Michele Moskalczyk

Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 24172 - 06/11/2015 - Foulkes, Kimberli  
 PCH Name: GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was receiving home health services for wound care from Southeastern Home Health Services from 12/24/14 through 2/17/15 and then from Arcadia Home Health Services from 2/27/15 through 5/19/15. These services were not listed on the resident's support plan dated 12/28/14 and the support plan does not address how the home will assist the resident in meeting these 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.*

We did have 3 separate information sources available to the staff to ensure that they were aware of the skilled services that our residents were receiving. In the future we will:

- (1) continue to indicate which residents receive skilled services in our client information lists that are posted in our medication room,
  - (2) continue to have the outside nurses document their services in a resident specific folder located in the medication room,
  - (3) continue to have outside health care members sign in and out of the building, and
  - (4) ensure that our resident's RASPs include the name and contact information of any skilled agencies that provide services to our residents as well as what services will be rendered and what our staff will do to assist in meeting that specific need of the resident.
- To ensure that this final step is taken the Director of Nursing will attach a copy of any referrals for outside services directly to the RASP.

*The administrator shall monitor and assure ongoing compliance. m 7/7/15*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>		
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Date
Jerome Perry		July 02, 2015

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The above plan of correction is approved as of <u>7/7/15</u> (Date)	Plan of correction implementation status as of <u>7/7/15</u> (Date)
The above plan of correction was approved by <u>m</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