



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to PACONA CORPORATION  
LEGAL ENTITY

To operate GLUCO LODGE  
NAME OF FACILITY OR AGENCY

Located at 1127 KEMMERTOWN ROAD, 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 Human Services 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 March 21, 2017 until March 21, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **241720**

Robert E. Robinson  
ISSUING OFFICER

Jay Baulk  
DIRECTOR

**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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 2 1 2017

Mr. Jerome Perry,  
Administrator  
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' annual licensing inspection on December 14, 2016 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

Mr. Jerome Perry

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The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe", written over the printed name.

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

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

<b>PCH Name:</b> GLUCO LODGE		<b>License Number:</b> 24172
<b>Address:</b> 1127 KEMMERTOWN ROAD, STROUDSBURG, PA 18360		<b>County:</b> Monroe
<b>Administrator:</b> Jerome Perry		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> PACONA CORPORATION		
<b>Legal Entity Address:</b> 1127 KEMMERTOWN ROAD, STROUDSBURG, PA 18360		
<b>Certificate(s) of Occupancy</b> C-2 LP 02/19/2009 PA Dept of L&I		
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 41	<b>Waking Staff:</b> 31
<b>Type of Inspection:</b> Full	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 12/14/2016: Foulkes, Kimberli; Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 51 <b>Number of Residents Served:</b> 38 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 2 <b>Number of Hospice Residents in past year:</b> 10		<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 2 <b>Are 60 Years of Age or Older:</b> 39 <b>Have Mental Illness:</b> 4 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 3 <b>Have a Physical Disability:</b> 2

Violation Report: 24172 - 12/14/2016 - Foukes, Kimberli  
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
 The licensing inspection summaries dated 4/14/16, 5/24/16, 7/13/16 & 8/3/16 were not posted in a public conspicuous area of 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.  
 Regulation 2600.3(c) is important for ensuring that the general public has access to our current violation and plan of corrections.

The report was previously posted in a common area. It was secured to the cork board with a push pin and someone removed it. Please see the attached photo. This is a sample of what we will be posting within 30 days. For the moment we have the nailed a copy of the report to the cork board. The administrator shall be responsible for ensuring continued compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	04/14/2016
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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.	01/27/2017

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

The above plan of correction is approved as of	<u>2/4/17</u> (Date)	Plan of correction implementation status as of	<u>2/8/17</u> (Date)
The above plan of correction was approved by	<u>ms</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 - 12/14/2016 - Foulkes, Kimberli  
 PCH Name: GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

**2a. DESCRIPTION OF VIOLATION**

The quality management review conducted on 7/15/16 did not include a review of the complaint procedures and resident council meetings.

**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 have created a Quality Management Template that will ensure that we touch on all of the required aspects of the regulation. Please see attached template. The administrator shall be responsible for continued compliance.

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 - Adm.		01/27/2017

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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

Violation Report: 24172 - 12/14/2016 - Foulkes, Kimberli  
 PCH Name: GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, date of hire [redacted] 16, has not held permanent residency in the state of Pennsylvania for the two consecutive years prior to beginning employment. This staff person has been a Pennsylvania resident since [redacted] 2015. The home submitted the documentation for the FBI check on 11/28/16. The home did not regularly supervise and document the results of the observations in the employee's personnel file during the provisional hire period.

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

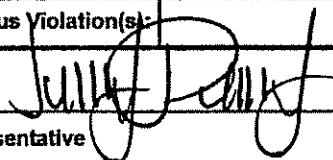
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Please see the attached FBI clearance. In the future we will initiate a supervision plan for all new employees until all clearances are received. The administrator shall be responsible for ensuring continued compliance.

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) Jerome Perry - Adm.

Date 01/27/2017

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The above plan of correction is approved as of 2/4/17  
 (Date)

Plan of correction implementation status as of 2/8/17  
 (Date)

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

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

Violation Report: 24172 - 12/14/2016 - Foulkes, Kimberli  
 PCH Name: GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

**2a. DESCRIPTION OF VIOLATION**

The metal grate located on the top of the fireplace in the activity area on the 1st floor measured 180 degrees Fahrenheit.

**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 not realize that this was considered a portable space heater. We have disconnected the heat source for this fireplace. Now it is strictly for decoration and light. In the future we will seek the approval of the Department prior to purchasing such furniture. The administrator shall be responsible for ensuring continued compliance.

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)      Jerome Perry - Adm.      Date      01/27/2017

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The above plan of correction is approved as of 2/4/17  
 (Date)

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

Plan of correction implementation status as of 2/6/17  
 (Date)

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



Violation Report: 24172 - 12/14/2016 - Foulkes, Kimberli  
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1's Glucometer contained dried blood on the machine.

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.

All Med Tech's have been set up on Train.org and have completed a Bloodborne Pathogens course They will receive this training annually in addition to their Infection Control training. We have also implemented a Shift Change Glucometer Checklist. The Med Tech's will perform a comparison of Glucometers to MARs for accuracy and a physical inspection of the Glucometers for sanitation during shift change. Please see the attached form. The administrator shall be responsible for ensuring continued compliance.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/29/2016

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Jerome Perry - Adm.      Date 01/27/2017

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 (Date)

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 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 24172 - 12/14/2016 - Foulkes, Kimberli  
 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 lint trap of the Amana clothes dryer contained approximately 1/2 inch layer of lint, posing a possible fire hazard.

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.*

There is a sign posted above the laundry station stating that lint must be removed after each load of laundry. Our staff is currently required to do a count of all laundry that is put into the washing machine and taken out of the dryer. We have added a lint trap check to that count sheet. Please see attached form; "Dryer Vent Empty" column. The administrator shall be responsible for ensuring continued compliance.

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jerome Perry - Adm.	Date 01/27/2017
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Violation Report: 24172 - 12/14/2016 - Foulkes, Kimberli  
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

In the home's laundry room behind the two washer and dryer units, there was a pink sock, two dryer sheets, a plastic glove, and approximately 1/8"-1/4" of lint covering the exhaust vent tube that is approximately 10ft long. This poses a fire hazard.

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.*

Shortly after the Inspectors pointed out this issue it was discovered that the vent tube had become dislodged from the back of the dryer causing the lint to fall onto the vent tube. The issue was corrected immediately. Our Maintenance staff has been responsible for checking and cleaning the dryer vent systems on a monthly basis. We have now implemented a weekly check for the dryer vent system. Please see the attached document. The administrator shall be responsible for ensuring continued compliance.

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 - Adm.		01/27/2017

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		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

Violation Report: 24172 - 12/14/2016 - Foulkes, Kimberli  
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600  
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

On 12/14/16, a portable fireplace that produced heat and plugged into an electrical outlet (not hard wired) was in use in the home's activity area on the 1st floor.

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 not realize that this was considered a portable space heater. We have since removed the heating element from the fireplace. It will now be used solely for visual stimulation and light. The administrator shall be responsible for continued compliance.

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) Jerome Perry Adm.		Date 01/27/2017

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Violation Report: 24172 - 12/14/2016 - Foulkes, Kimberli  
 PCH Name: GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**2a. DESCRIPTION OF VIOLATION**

It has been determined through staff and resident interviews that the residents will not all go outside during a fire drill, they will stay in the vestibule area of the home which then exits out the front door. The residents stayed in the vestibule area for the drills conducted from 8/16-11/16.

**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.*

Please see the attached letters from our Activities Director and Director of Nursing in reference to our fire drills. The letters indicate that the residents did evacuate to the designated areas. We have recently changed our designated meeting area to make it safer for the resident's. All staff has been educated as to where that area is. Residents have weekly fire safety training and they have all been trained on the new meeting area. We have also mandated that 3 staff be present in the building at all times in case of the need for evacuation. I have also attached a copy of our documentation for our monthly fire drills. We respectfully ask that you remove this violation because we are in compliance.

*Home contracted to [redacted] (Fire & Life Safety Solutions) to conduct monthly fire drills. The administrator shall monitor for ongoing compliance. 2/8/17 [signature]*

Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/14/2016
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jerome Perry - Adm.	
Date	01/27/2017

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The above plan of correction was approved by <u>[signature]</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 - 12/14/2016 - Foulkes, Kimberli**  
**PCH Name: GLUCO LODGE**

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident # 2 was admitted to the home on [REDACTED] 16, the DME was completed on 9/22/16.

**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.*

The admission of this particular resident was on an emergency basis. [REDACTED] PCP was on vacation at the time and was unable to come to our facility to see [REDACTED] until 9/22/2016. Due to these extenuating circumstances we were not able to get the DME signed in time. However the resident did arrive with the following forms filled out by [REDACTED] current PCP; A DME dated 4/29/2016 and an MA-51 that was completed on 4/29/2016. The new DME was completed as soon as we were able to get [REDACTED] an appointment with [REDACTED] PCP. In the future we will not accept any emergency admissions without the proper paperwork in place prior to the admission. The administrator shall be responsible for ensuring continued compliance.

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jerome Perry - Adm.	Date 01/27/2017
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The above plan of correction is approved as of 2/14/17  
 (Date)

Plan of correction implementation status as of 2/8/17  
 (Date)

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

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

Violation Report: 24172 - 12/14/2016 - Foukes, Kimberli  
 PCH Name: GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**

The home's designated smoking area located at the end of hallway number 3, at 9:23am had a plastic cup in the receptacle used for extinguished cigarette butts. This poses a fire hazard.

**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.*

The lid of our ashtray had broken 2 days prior to inspection. We were awaiting the arrival of our new ashtray with a functional lid to keep debris out. We have since received and set up the new ashtray. See attached photo. Maintenance will perform weekly checks of the ashtray for functionality of the lid as well as emptying it. This will allow time to order a new one should this one malfunction. In the event that the lid needs to be removed for any extended time the staff will check the ashtray for debris during each shift change. The administrator shall be responsible for ensuring continued compliance.

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jerome Perry - Adm.	Date 01/27/2017
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The above plan of correction is approved as of 2/1/17  
 (Date)

Plan of correction implementation status as of 2/8/17  
 (Date)

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

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

Violation Report: 24172 - 12/14/2016 - Fouikes, Kimberli  
PCH Name: GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

Resident #3's Regranex 0.01% gel apply topically to left foot wound every morning was not in the medication cart. The staff, who initiated the Medication Administration Record from 12/1/16-12/14/16, the day of the inspection, did not know where the medication was that they were initialing as administered. The resident who can't self-administer medications was keeping it his/her room. The medication was also discontinued on 11/3/16 and not discontinued on the Medication Administration Record. The staff was not following the proper medication administration steps as required.

Resident #4 was prescribed Refresh Lacri-Lube Ointment, apply thin ribbon to left eye at bedtime as needed for dry eyes for 7 days. This medication was delivered on 11/22/16. According to the home staff did not administer this medication for the past 7 days. This medication was on the December medication administration record and staff continued to initial the medication administration records as administered from 12/1/16 through 12/13/16. The staff was not following the proper medication administration steps as required.

Resident #5 is prescribed Ketoconazole 2% shampoo, use to shampoo hair twice weekly. On 12/12/16 and 12/14/16 staff initialed the medication as administered, however the resident did not receive showers on these dates. The staff was not following the proper medication administration steps as required.

**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.*

The staff has been made aware of these documentation errors through individual counseling with the Director of Nursing. We will be changing our present pharmacy provider and we will be under contract with them within 90 days. With this the pharmacy shall provide monthly audit visits and they will be providing semi-annual POSs. In the mean time on 1/30/2017 we will be hiring another Nurse to assist with the monitoring of medications and documentation. The administrator shall be responsible for ensuring continued compliance.

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) Jerome Perry - Adm.

Date 01/27/2017

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

The above plan of correction is approved as of

2/4/17  
(Date)

Plan of correction implementation status as of

2/8/17  
(Date)

The above plan of correction was approved by

  
(Initials)

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



Violation Report: 24172 - 12/14/2016 - Foulkes, Kimberli  
 PCH Name: GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 is prescribed Regranex 0.01% gel. This resident can't self-administer medications and was keeping it in the refrigerator in their room. Neither the refrigerator or the room have locking mechanisms.

**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.*

This resident has been on and off of this medication several times over the past year. The Resident's son requested that we allow him to take the medication home with him instead of having to pay for a new tube each time it is prescribed due to the high cost of the medication. This medication was given to the son to take home and he put it in the resident's refrigerator. In the future we will not allow the son to take the medication home instead we will ask the physician to write a script allowing us to hold onto the medication for future use. Housekeeping will also be checking for medications while cleaning the refrigerators. The administrator shall be responsible for ensuring continued compliance.

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) Jerome Perry Adm.		Date 01/27/2017

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

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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

Violation Report: 24172 - 12/14/2016 - Foulkes, Kimberil  
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 12/14/16, Refresh Liquigel 1% eye drops prescribed for resident #4 was in the homes medication cart. They had an expiration date of 10/2015.

On 12/14/16, Clobetasol 0.05% ointment prescribed for resident #5 was in the home's medication cart. It had an expiration date of 9/2016.

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.*

Our staff has been made aware of this violation through individual counseling with the Director of Nursing. On 1/30/2017 we will be hiring another nurse to assist with overseeing the medication carts and documentation. The administrator shall be responsible for ensuring continued compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/14/2016
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jerome Perry - Adm.	
Date 01/27/2017	

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The above plan of correction was approved by <u>[Signature]</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 - 12/14/2016 - Foulkes, Kimberli  
 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**

Resident # 6 has an order for blood glucose readings 4 times daily per a sliding scale. On 12/1/16 the blood glucose reading was 178 which required insulin according to the sliding scale. The MAR did not include the units of insulin administered.

Resident #5 has a physician's order for Clobetasol 0.05% ointment, apply to affected areas twice a day. This medication was located in the home's medication cart, but was not listed on the medication administration record.

Resident #7 has a physician's order for sliding scale insulin before meals only as needed for elevated blood sugar. On 12/5/16, 12/7/16, and 12/8/16 the resident's blood sugar was elevated, required insulin, and the home did not document the number of units given.

Resident #3 has a physician's order for accuchecks 4 times daily with Novolog Flexpen Pen Coverage sliding scale insulin. On 12/9/16 at 7am and 11am, 12/12/16 at 7am and 11am, 12/13/16 at 11am, 12/14 at 7am the resident's blood sugar required sliding scale insulin. The home did not document the number of units given.

**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 have implemented a Glucometer check at shift change. Please see attached form. We will be changing pharmacy providers within 90days. On Monday 1/30/2017 we will be hiring another Nurse to assist with overseeing medications and documentation. These changes combined should eliminate violations with Regulation 2600.187(a). The administrator shall be responsible for ensuring continued compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/24/2016	04/14/2016	01/29/2016
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Jerome Perry Adm. Date 01/27/2017

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Plan of correction implementation status as of 2/8/17  
 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24172 - 12/14/2016 - Foulkes, Kimberli  
 PCH Name: GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #5 is prescribed Ketoconazole 2% shampoo, use to shampoo hair twice weekly. On 12/10/16 and 12/13/16 the resident refused the scheduled dose of medication. The home did not report the refusal to the resident's doctor as required.

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

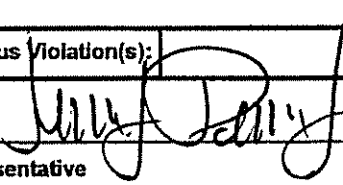
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The Med Techs have been individually counseled by the Director of Nursing on this violation. We have implemented a new Refusal Form for the staff to utilize in the event of a medication refusal. This form will be faxed to the Physician's office and a fax transmission receipt will be filed. All of the Physician's fax numbers have been added to the Resident's emergency forms so that the staff has access to this information. as of Monday 1/30/2017 we will have another Licensed Nurse on our staff to assist with keeping track of medications and documentation. The administrator shall be responsible for ensuring continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Jerome Perry - Adm.

Date 01/27/2017

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24172 - 12/14/2016 - Foulkes, Kimberli  
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Ketoconazole 2% shampoo, use to shampoo hair twice weekly. During the resident's showers on 12/3/16 and 12/6/16 the resident did not receive the medication.

Resident #3 has a physician's order for accuchecks 4 times daily with Novolog Flexpen Pen Coverage sliding scale insulin. On 12/13/16 at 7am the resident's blood glucose reading was 303 and required 8 units of insulin coverage. The resident received 6 units of insulin coverage.

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.*

The staff has been made aware of these errors and each Med Tech had an individual training session with the DON where they were re-educated as to what constitutes a med error and what needs to be reported to the physicians and when these reports must be given. The DON has created new forms for refusals, omissions and errors that the staff will be utilizing. The errors noted above were submitted as reportable medication errors to the DHS within 24 hours of the inspection and physicians were notified as well. In addition during shift change our Med Tech's will check each glucometer and compare that to the MAR to ensure proper inscription. On Monday 1/30/2017 we will be hiring another Licensed Nurse to assist with overseeing medications and documentation. The administrator shall be responsible for ensuring continued compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	05/24/2016	04/14/2016	01/29/2016
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Signature of Legal Entity Representative  
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