



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 02 2018

Mr. Jerome Perry
Administrator/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' (Department) annual licensing inspection on November 29, 2017 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.

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.

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 cursive script that reads "Jacqueline L. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 24172 - 11/29/2017 - Deluca, Amy
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff Person A, who was hired 9-5-17 did not have training in the required topics covered under this regulation prior to the first work day. Training covering these topics was conducted 9/12/2017.

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 member in question did have the required training which was documented on a newly implemented Orientation Form. This form requires the signature of the trainee after all new hire training is complete. At the bottom of the page it states "By signing below I agree that all of the above steps have been completed within the depicted time frames." To correct this clerical issue we have altered the form to include dates after each step of the training. Please see attached form. The administrator shall be responsible for monitoring and supervising to maintain 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
Veronica Perry - Admin		12/29/17

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

The above plan of correction is approved as of <u>1/4/18</u> (Date)	Plan of correction implementation status as of <u>1/4/18</u> (Date)
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 - 11/29/2017 - Deluca, Amy
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff Person B's annual training for 2016 did not include the following required topics: Medication Self Administration and Personal Care Service Needs.

Staff Person C's annual training for 2016 did not include Personal Care Service 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.

Both staff persons did have the training in question however it was not documented properly under the course description on the sign in sheet. To correct this we will include a detailed course description in the future and attach handouts when available. The administrator shall be responsible for monitoring and supervising to maintain compliance.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Herbert Perry - Adm		11/29/17

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Violation Report: 24172 - 11/29/2017 - Deluca, Amy
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Person C's annual training for 2016 did not include the required topic Older Adults Protective Service Act.

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.

Upon review of staff person C's time cards and payroll it was discovered that she was present for the training and was paid for the training however she failed to sign in for it. To correct this we had a staff meeting on 11/30/2017 where we went over our violations and the importance of proper documentation. The administrator shall be responsible for monitoring and supervising to maintain compliance.

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

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jerome Perry - Admin.</i>	<i>12/29/17</i>

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The above plan of correction is approved as of 1/4/18
 (Date)

Plan of correction implementation status as of 1/4/18
 (Date)

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

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

Violation Report: 24172 - 11/29/2017 - Deluca, Amy
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The dumpster lid located outside Hall #1's exit was observed to be open at 9:45am.

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 building is currently under construction. The construction workers who were working in that area had opened the dumpster and were using it. The dumpster was closed again as soon as they were done using it. Our trash is removed every Thursday and we recently had the dumpster reinforced with steel to keep animals out. Please see the attached photo of the reinforced dumpster. We respectfully ask that this violation be removed.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 1/4/18

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 12/29/17

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 (Initials)

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Violation Report: 24172 - 11/29/2017 - Deluca, Amy
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The dining room had 6 areas where the wood flooring was warped and raised causing a potential trip 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.

We have filled in the holes and evened out raised surfaces eliminating any potential trip hazards. Please see attached photographs. We will be replacing this whole floor in the near future. The administrator shall be responsible for monitoring and ensuring future compliance.

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Violation Report: 24172 - 11/29/2017 - Deluca, Amy
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The letter to the local fire department did not include the total capacity 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.

In accordance with the regulation we are in compliance (Please see attached letter templates); however upon discussion it was suggested that we include the total capacity of the home. We respectfully ask that this violation be removed. As per the request of the inspector we will add the total capacity to the letter template in the future.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
1/4/18

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 (Required on EVERY Page) Date

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Violation Report: 24172 - 11/29/2017 - Deluca, Amy
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home conducted fire drills during sleeping hours on 10/8/2016 at 1:45am and then again on 09/24/2017 at 5:41am. The home did not conduct a sleeping hour drill every six (6) months 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.
 Our sleeping hours are between 9:00pm and 6:00am due to the fact that the vast majority of our residents are asleep by 9:00pm. We conducted a fire drill at 1:45am on 10/08/2016, one at 9:55pm on 4/30/2017 and a drill at 5:41am on 9/24/2017. These drills are within 6 months of each other and during sleeping hours according to our calculations. The inspectors suggested that we perform the drills between the hours of 11pm and 6am. In the future we will follow their suggestion. The administrator shall be responsible for ensuring continued compliance.

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Violation Report: 24172 - 11/29/2017 - Deluca, Amy
 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

Resident #1's and resident #2's Advair 250/50 were not dated when they were opened.
 Resident #3's Lantus had an expiration date of 11/25/17.

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 currently have a med. cart checklist that is completed weekly.

We have added a check box for open and expiration dates to the checklist. Please see revised checklist attached. We had an in-service with the staff on 11/30/2017 in which we discussed the importance of dating products. 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) *Jessica Perry-Allen* Date *12/09/17*

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 (Date)

Plan of correction implementation status as of 1/4/18
 (Date)

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 (Initials)

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Violation Report: 24172 - 11/29/2017 - Deluca, Amy
 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 #2 has a physician's order for a blood glucose test to be administered 4 times daily with insulin administered based on a sliding scale. On 11/25 and 11/26 2017 at 8:00pm the number of insulin units administered was not recorded on the Medication Administration Record (MAR); On 11/29/17 at 8:00am the MAR was not initialed after the blood glucose test was administered

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.

During our staff meeting on 11/30/2017 we discussed our violations and the importance of good documentation. There is a form that the Med Techs sign at the end of each shift stating that they have checked all glucometers for accuracy and sanitation. We have re-educated the staff on the purpose of that form and the importance of comparing glucometers to the documentation in the book. The administrator shall be responsible for ensuring continued compliance.

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Violation Report: 24172 - 11/29/2017 - Deluca, Amy
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #4's support plan dated 10/24/2017 was not signed by the resident or by the person completing the assessment.

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 RASP was signed. The signature page was the last page in the packet. There were however a blank signature page and the two instruction pages in front of the actual signed page. The Inspector saw the blank one. We respectfully ask for the removal of this violation.

The administrator shall monitor and ensure that all support plans (RASP) will be signed and dated by the individuals who participate in the development of the plans. If one or more of the individuals who participated in the development of the plan are unable to unwilling to sign, documentation of inability or unwillingness will be kept.

The administrator shall monitor and be responsible for ongoing compliance. *[Signature]* 1/4/18

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jerome Perry - Adm.* Date *10/24/17*

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The above plan of correction is approved as of 1/4/18
 (Date)

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 (Initials)

Plan of correction implementation status as of 1/4/18
 (Date)

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