



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: May 30, 2018

Ms. Deborah Bodnar  
Representative  
BFG Pocono Master Tenent, LLC  
11120 Dovedale Court, Suites A/B  
Marriottsville, Maryland 21104

RE: Spring Village at Pocono  
329 East Brown Street  
East Stroudsburg, Pennsylvania 18301  
License #: 227041

Dear Ms. Bodnar:

As a result of the Department's Bureau of Human Services Licensing inspection on March 28, 2018 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,

A handwritten signature in cursive script that reads "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 22704 - 03/28/2018 - Novak, Ryan  
 PCH Name: SPRING VILLAGE AT POCONO

**1. REGULATION 55 Pa.Code §2600**

2600.142(d) - The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 had an order for a gel cushion and anti-tippers for the residents wheelchair dated 2/13/18. The home did not secure these devices until 3/15/18.

**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.*

Spring Village at Pocono will assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

Resident #1's Nurse Practitioner ordered a 16 inch wide X 18 inch deep wheelchair with two inch gel cushion and desk length arms and anti-tippers on 2-13-18. Immediately upon order on 2-13-18 SVP sent the script to Young's Medical. Completed 2-13-18. (Attachment 1) Young's Medical contacted Resident #1's Power of Attorney to pay for the order. The POA would not comply with the request.

On 3-13-18 SVP found a new provider for the wheelchair order without needing a payment, Baird Medical Equipment. On 3-15-18 Baird delivered the wheelchair for Resident #1. Completed 3-15-18. (Attachment 2) yes

Spring Village at Pocono followed the order directed by the Nurse Practitioner immediately. SVP will continue to follow orders as directed.

The Director of Nursing/Designee is responsible for ensuring that SVP assists the residents with securing health care as needed.


The Administrator will oversee compliance. Outcomes of this plan of correction will be discussed at the upcoming Quality Assurance meeting scheduled for 5-22-18. Any issues identified will be discussed and a plan implemented for correction.

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) Chris Behm - Senior Executive Director Date 5-4-18

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

The above plan of correction is approved as of <u>5-18-18</u> (Date)	Plan of correction implementation status as of <u>5-18-18</u> (Date)
The above plan of correction was approved by  (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: 22704 - 03/28/2018 - Novak, Ryan**  
**PCH Name: SPRING VILLAGE AT POCONO**

**1. REGULATION 55 Pa.Code §2600**  
**2600.231(b)** - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2's DME dated 5/31/17 does not indicated the need for the secured dementia care unit in section 4.

**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.

A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Spring Village at Pocono's nursing staff audited all SDCU resident DME's for section 4 thoroughness on 3-30-18. All current residents were in compliance. Completed 3-30-18. (Attachment 3) *Yes*

Spring Village at Pocono has implemented an audit to review documentation for a diagnosis of Alzheimer's disease or other dementia and need for the resident to be served in the secured dementia care unit. Monthly, the Quality Assurance team reviews new resident move-in's that occur between Quality Assurance meetings to ensure that all necessary needs are listed. SVP held a QA meeting on 4-30-18. All new residents between QA meetings were in compliance. Completed 4-30-18. (Attachment 4)

The Director of Nursing/Designee is responsible for ensuring that the residents DME's are filled out properly prior to filing in the resident record. The Administrator will oversee compliance. Outcomes of this plan of correction will be discussed at the upcoming Quality Assurance meeting scheduled for 5-22-18. Any issues identified will be discussed and a plan implemented for correction.

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) *Chris Behan - Senior Executive Director* Date *5-4-18*

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

The above plan of correction is approved as of 5-18-18  
 (Date)

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

Plan of correction implementation status as of 5-18-18  
 (Date)

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