



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]

Mailing Date: June 7, 2018

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

RE: Spring Village at Pocono
329 East Brown Street
East Stroudsburg, Pennsylvania 18301
License #: 227040

Dear Ms. Bodnar:

As a result of the Department's Bureau of Human Services Licensing inspection on April 5, 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,

Michele Moskalczyk
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22704 - 04/05/2018 - Foulkes, Kimberli
 PCH Name: SPRING VILLAGE AT POCONO

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 3/22/18 at 10:30am resident #1 raised their arm to hit resident #2. Resident #2 ducked, lost their balance and fell. As a result, resident #2 received a fracture of the right femoral neck.

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 shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Spring Village at Pocono reports all suspected abuse of residents served in the home.

Resident #1 raised their arm and Resident #2 lost their balance and fell. No contact was made.

The Administrator/Designee is responsible for ensuring that all suspected abuse is reported correctly.

The Administrator will oversee compliance. Outcomes of this plan of correction will be discussed at the upcoming Quality Assurance meeting scheduled for 6-13-18. 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) *Lorraine Howe y DON*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lorraine Howe y DON* Date *5/24/18*

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

The above plan of correction is approved as of <u>6/1/18</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>6/1/18</u> (Date) <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
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Violation Report: 22704 - 04/05/2018 - Foulkes, Kimberli
 PCH Name: SPRING VILLAGE AT POCONO

1. REGULATION 55 Pa.Code §2600
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION
 On the morning of 3/22/18, according to the resident's RASP dated 2/8/18 resident #1's CRNP was contacted with issues regarding the resident not accepting redirection and also that the resident was angry when redirected. The support plan was not updated with a plan, frequency or responsible party as to how these needs would be met.

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 support plan shall be revised at least annually and as the resident's condition changes.

Resident #1's support plan was updated with "staff is reporting resident #1 does not accept redirection, spoke with CRNP she order Seroquel 25 mg at bedtime."

SVP did not specifically note that a Med-tech or Nurse would be the responsible party giving the medication. Note added and completed 5-24-18.

The Director of Nursing/Designee is responsible for ensuring that all support plans are revised at least annually and as the resident's condition changes.

The Administrator will oversee compliance. Outcomes of this plan of correction will be discussed at the upcoming Quality Assurance meeting scheduled for 6-13-18. 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) *Lorraine Howay Don*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lorraine Howay Don* Date *5/24/18*

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