



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **BFG POCONO MASTER TENENT LLC**
LEGAL ENTITY

To operate **SPRING VILLAGE AT POCONO**
NAME OF FACILITY OR AGENCY

Located at **329 EAST BROWN STREET, EAST STROUDSBURG, PA 18301**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 **105**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40

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 **June 25, 2018** until **June 25, 2019**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **227040**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

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



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DEPARTMENT OF HUMAN SERVICES

JUN 26 2018

Mr. Chris Behm
Executive Director
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 Mr. Behm:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 26, 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.

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.

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'.

Jacqueline L. Rowe
Director

Enclosure
License
License Inspection Summary

Violation Report: 22704 - 04/26/2018 - Foulkes, Kimberli PCH Name: SPRING VILLAGE AT POCONO	
1. REGULATION 55 Pa.Code §2600 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	
2a. DESCRIPTION OF VIOLATION The home's designated evacuation time from a fire safety expert is 12 minutes. The home's fire drill evacuation time on 12/28/17 at 6:12am was 17 minutes and 41 seconds.	
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.	
Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert Spring Village at Pocono's designated evacuation time is 12 minutes. The home's fire drill evacuation time on 12-28-17 was 17 minutes and 41 seconds. On 12-28-17, SVP re-educated staff on fire evacuation. Completed 12-28-17 On 12-29-17, SVP ran another evacuation drill that took less than the allotted 12 minutes. Completed 12-29-17 The Administrator/Designee is responsible for ensuring that staff understands and is trained correctly in fire and emergency preparedness. 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):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Lorraine Howey DOW</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorraine Howey DOW</i>	Date <i>5/25/18</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6/5/18</u> (Date)	Plan of correction implementation status as of <u>6/5/18</u> (Date)
The above plan of correction was approved by <u><i>M</i></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: 22704 - 04/26/2018 - Foulkes, Kimberli
 PCH Name: SPRING VILLAGE AT POCONO

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
 The following medication belonging to resident #1 was in the home's medication cart: Ondansetron HCL 4 mg tablet, Simethicone 125mg tablet, Senna Tablets, and Bisacodyl 10mg suppositories. These medications were discontinued on 3/15/18.
 The following medication belonging to resident #2 was in the home's medication cart: Famotidine 20mg tablet, Prochlorperazine 10mg tablet, and Loperamide 2 mg capsule. These medications were discontinued 2/7/18.
 The following medication belonging to resident #3 was in the home's medication cart: APAP 325 mg. This medication was discontinued on 11/3/17.

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.

Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

The DC'd medications that were observed being in the med carts were removed immediately. Completed 4-26-18

SVP has implemented a new procedure to ensure that medications are removed immediately following a DC order.

The Director of Nursing is printing the profile changes daily to ensure all adjustments are made.

The Director of Nursing/Designee is responsible for ensuring that only current prescription, OTC, sample and CAM for individuals living in the home are kept in the home.

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 Howey DON*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lorraine Howey* Date *5/25/18*

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Violation Report: 22704 - 04/26/2018 - Foulkes, Kimberli PCH Name: SPRING VILLAGE AT POCONO	
1. REGULATION 55 Pa.Code §2600 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
2a. DESCRIPTION OF VIOLATION Resident #1 is prescribed Dermagran Ointment, apply topically to sacral area as needed starting 4/25/18. This medication was not available.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. SVP reordered the Dermagran Ointment immediately. Completed 4-26-18 The Director of Nursing is printing the profile changes daily to ensure all adjustments are made. The Director of Nursing/Designee is responsible for ensuring that medications are in the med carts and available at all times. 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):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Lorraine Howey DON</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorraine Howey DON</i>	Date <i>5/25/18</i>
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