



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]

Mailing Date: July 20, 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 #: 227040

Dear Ms. Bodnar:

As a result of the Department's Bureau of Human Services Licensing inspection on June 27, 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 - 06/27/2018 - Deluca, Amy
 PCH Name: SPRING VILLAGE AT POCONO

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1, who was admitted to the home on 1/10/2018, suffered falls in the home while ambulating on 2/11/18, 3/30/18, 4/7/18, and finally again on 5/10/18 before being transferred to a nursing home. The resident's Resident Assessment and Support Plan (RASP) dated 1/11/2018 was never updated to reflect the resident's frequent falls and to address the resident's need for assistive ambulatory devices that were ordered for the resident during the time the resident resided in 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.

SVP documents in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

Resident #1 fell while ambulating on 2/11/18 and was sent to hospital. Resident returned to SVP on 2/13/18 with script issued for a rolling walker by hospital. Note was added on RASP update sheet. Completed 2/13/18

An assessment update to the RASP was posted on 2/14/18 by SVP nurse stating that "resident #1 is to use wheel chair for long distances." Completed 2/14/18

An assessment update to the RASP was posted on 4/2/18 by SVP nurse stating that "resident #1 is to use walker for short distances and wheelchair for long distances due to unsteady gait." Completed 4/2/18

The Director of Nursing/Designee will update RASPs when a resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of recommended services.

The Director of Nursing/Designee is responsible for ensuring that RASPs are updated as needed.

The Administrator will oversee compliance. Outcomes of this plan of correction will be discussed at the upcoming Quality Assurance meeting scheduled for 8/15/18. Any issues identified will be discussed and a plan implemented for correction.

The administrator shall monitor and be responsible for ongoing compliance. m 7/17/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Chris Behm - Senior Executive Director* Date *7-13-18*

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The above plan of correction is approved as of 7/17/18 (Date)

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

Plan of correction implementation status as of 7/17/18 (Date)

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