



June 11, 2019

Mr. Jerome Perry  
Administrator  
Pacona Corporation  
1127 Kemmertown Road  
Stroudsburg, Pennsylvania 18360

RE: Gluco Lodge  
License #: 241720

Dear Mr. Perry:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 27, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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](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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



**Violation Report: 24172 - 11/27/2018 - Foulkes, Kimberli**  
**PCH Name: GLUCO LODGE**

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident #1 did not receive the prescribed atorvastin and calcium acetate on 11/4/18. The resident also didnt receive the calcium acetate on 11/14/18. The home did not submit an incident report to the Department regarding the medication error.

**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 did not recognize this as a medication error because the resident was out of the building with his family at the time of the omission. We do however, recognize that in the future we need to obtain written confirmation from either the dialysis center or PCP of their knowledge of the omission if this happens again.

On the dates in question, resident #1 was not in the building at the times in which the medication was prescribed. The resident was at dialysis and returned later than normal. The dialysis center knew that he had not received this medication and did not provide written instructions as to how handle the omission. We did not notify the PCP because the dialysis center was aware. To prevent this from happening again we now send the medication with the family on days of dialysis and the family administers the medications if they are running late.

The administrator shall be responsible for ensuring continued compliance.

The Administrator will also ensure that all staff are familiar with each of the 19 events that have to be reported to the Regional Office and that the home has a process in place to submit reports within 24 hours, including weekends and holidays. 5-15-19

*AG*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jessie Perry*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Jessie Perry Adm/Pres.*

Date

*5/14/19*

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

The above plan of correction is approved as of 5-15-19  
 (Date)

Plan of correction implementation status as of 5-15-19  
 (Date)

The above plan of correction was approved by *AG*  
 (Initials)

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

Violation Report: 24172 - 11/27/2018 - Foulkes, Kimberli

PCH Name: GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A hired 4/12/18 does not have a high school diploma, GED or active registration status on the Pennsylvania nurse aide registry.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

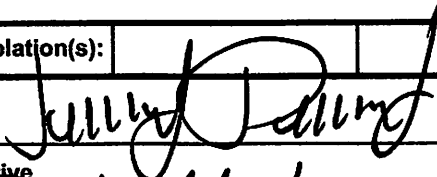
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Please see the attached GED for the Activity Aide in question. In the future no employee's initial training shall be completed until the required documentation is received by administration. They will not be permitted to work on their own.  
The administrator shall be responsible for ensuring continued 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)

Jerome Perry Adm./Pres.

Date

5/14/19

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**Violation Report:** 24172 - 11/27/2018 - Foulkes, Kimberli  
**PCH Name:** GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2's aspirin did not include the residents name.

**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 third shift Med Tech will be responsible for conducting a daily med cart audit in which they will make sure that all medication in the carts are labeled appropriately. These documents will be submitted to nursing staff monthly for review to ensure compliance.  
 The administrator shall be responsible for assuring continued compliance.

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>	
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page)

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <u>Jerome Perry Adm./Pres.</u>	<b>Date</b> <u>5/14/19</u>
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**Violation Report:** 24172 - 11/27/2018 - Foulkes, Kimberli  
**PCH Name:** GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 did not receive the prescribed atorvastin and calcium acetate on 11/4/18. The resident also didnt receive the calcium acetate on 11/14/18.

**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.*

On the dates in question, resident #1 was not in the building at the times in which the medication was prescribed. The resident was at dialysis and returned later than normal. The dialysis center knew that he had not received this medication and did not provide written instructions as to how handle the omission. We did not notify the PCP because the dialysis center was aware. To prevent this from happening again we now send the medication with the family on days of dialysis and the family administers the medications if they are running late.  
 The administrator shall be responsible for ensuring continued compliance.

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>	
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page)

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>Jerome Perry, Adm. / Pres.</i>	<b>Date</b> <i>5/14/19</i>
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Violation Report: 24172 - 11/27/2018 - Foulkes, Kimberli

PCH Name: GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 did not receive the prescribed atorvastin and calcium acetate on 11/4/18. The resident also didnt receive the calcium acetate on 11/14/18. The home did not notify the prescriber regarding the medication error.

**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.*

On the dates in question, resident #1 was not in the building at the times in which the medication was prescribed. The resident was at dialysis and returned later than normal. The resident and the resident's designated person were present at the time and were both aware that it was to late for us to administer the medication. Dialysis also knew that the resident would not receive the medication due to our time constraints and they offered no instructions. Our failure in this instance was to obtain written confirmation of these notifications however, all parties were notified. We did not notify the PCP because the dialysis center was aware and they are an integral part of this resident's care team. To prevent this from happening again we now send the medication with the family on days of dialysis and the family administers the medications if they are running late. 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)

*Jerry Perry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jerry Perry Adm. / Pres.</i>	<i>5/14/19</i>

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Violation Report: 24172 - 11/27/2018 - Foulkes, Kimbri

PCH Name: GLUCO LODGE

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's was admitted to the home on 9/12/18, the residents pre-admission screening does not include the date it was completed or whether the resident can safely avoid posions.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

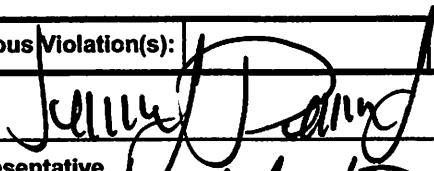
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

A second administrative staff member will double check the preadmission screening to ensure that all required fields are filled in appropriately. The administrator shall be responsible for ensuring continued compliance.

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Jerome Perry, Adm / Pres

Date

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