



June 5, 2019

Mr. George Loudon
President
Grace Park LTD
1222 Lower Cherry Valley Road
Stroudsburg, Pennsylvania 18360

RE: Grace Park
1170 West Main Street
Stroudsburg, Pennsylvania 18360
License #: 207360

Dear Mr. Loudon:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 5, 2019 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.

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: 20736 - 03/05/2019 - DeVries, Kristin
 PCH Name: GRACE PARK

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident room number 201 in the home's SDCU is shared by two female residents and has a shared bathroom. The towel rods in the residents' bathroom was not labeled with the residents' names to ensure that the residents are not sharing common towels.

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 importance of Reg.102j is to prevent the spread of disease by use of a common towel. Common towel use is not prohibited at Grace Park, the residents who share Apt 201 require hands on assistance with all ADL's including toileting and bathing, Direct Care Staff is trained to not utilize a common towel for both residents. Once a towel is utilized for either resident it is placed in a plastic bag, transported to the laundry room and staff replace all used towels in the apartment on both shifts. The regulation does discuss that 1 of 3 options should be utilized to prevent common towel use:

- Paper towels next to the sink
- A mechanical air blower
- Individual cloth hand towels that are labeled with the names of each resident who uses the bathroom

All towel racks in shared accommodations have been labeled with current resident's name. Upon admission and/or discharge of a resident in a shared accommodation labeling, will be immediately updated by the Memory Care Coordinator, all direct care staff have been notified/trained in regards to this regulation, during towel exchanges on both shifts direct care staff are and will continue to be trained to check towel racks in shared accommodations to assure name labels are correct and still in place, direct care staff may replace or update any missing/ incorrect labels as needed as a back up to the Memory Care Coordinator.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Teresa Carroll*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Teresa Carroll Administrator* Date *3/22/19*

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

The above plan of correction is approved as of 4-16-19
 (Date)

The above plan of correction was approved by MM
 (Initials)

Plan of correction implementation status as of 4-16-19
 (Date)

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

Violation Report: 20736 - 03/05/2019 - DeVries, Kristin
 PCH Name: GRACE PARK

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Bisacodyl 10mg supplement. The directions on the original prescription label stated "Insert 1 suppository rectally every 4 days as needed." However, the medication record (MAR) directions stated "Insert 1 suppository rectally daily as needed." It was determined that the MAR directions are updated and correct and the label was incorrect.

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 importance of Reg.184a is to reduce the possibility of administering medication improperly or to the wrong resident. Residents PRN bisacodyl order was updated on the MAR, a new label was ordered for the medication but had not arrived at the facility yet, resulting in the label for the medication not matching the MAR. Upon discovery med tech immediately placed a "directions changed refer to chart" sicker on the bisacodyl until the proper label came in from the pharmacy. All medication technicians have been trained on the importance of placing a "directions changed refer to MAR" sticker if an order is received that changes a medications instructions and to order a new pharmacy label. Once the correct label is received it is to be placed on the proper medication. Other policies in place to ensure compliance of this regulation:

- 1. Medication review is done monthly with the Director of Wellness and the LPN.**
- 2. "Directions changed referred to MAR" stickers have been placed and will remain in both wellness centers so that med techs have access to them at all times.**
- 3. Med Techs are properly trained and continued education will occur on checking the 5 rights for medication administration to ensure medication labels match the MAR and if an error is located they are trained to STOP do not administer the medication, inform their direct supervisor and contact the pharmacy.**

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Teresa Carroll*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Teresa Carroll - Administrator</i>	Date <i>3/22/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4-16-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>4-16-19</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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