



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: nataley@glucolodge.com; perryjr@ptd.net
MAILING DATE: October 25, 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 inspection on June 5, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *GLUCO LODGE*
Address: *1127 KEMMERTOWN ROAD, STROUDSBURG, PA 18360*
County: *MONROE* **Region:** *NORTHEAST*

License Number: *24172*

Administrator

Name: *Natalie Perry* **Phone:** *5709927270* **Email:** *nataley@glucolodge.com*

Legal Entity

Name: *PACONA CORPORATION*
Address: *1127 KEMMERTOWN ROAD, STROUDSBURG, PA, 18360*

Certificate(s) of Occupancy

Type: *I-1* **Date:** **Issued By:**

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *48* **Waking Staff:** *36*

Inspection

Type: *Partial* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

06/05/2019 - On-Site: Ryan Novak

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *51* **Residents Served:** *43*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *43*
Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *5* **Have Physical Disability:** *7*

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

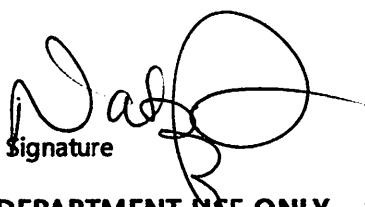
Resident #1's PRN zolpidem tartrate narcotic count noted 25 pills, 24 pills were available in the bottle. The staff member administered the medication but did not mark the narcotic count sheet. The staff member noted that the narcotic count was not completed this morning.

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 Med Tech's were re-educated on the importance of doing the narcotic count in between shifts and signing the narcotics out when they are administered. The Director of Nursing shall do random narcotic counts to ensure that the counts are correct and that they are being signed out appropriately. The administrator shall be responsible for ensuring continued compliance.

Legal Entity Representative


Signature

Natalay Perry Administrator 8/23/19
Printed Name and Title Date

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The above plan of correction is approved as of 9-27-19
(Date)

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

Plan of correction implementation status as of 9-27-19
(Date)

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

187a - Medication Record

Regulations

2600.

187.a.6. Dose.

187.a.8. Frequency of administration.

187.a.14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1's zolpidem tartrate notes 10mg daily at bedtime on the MAR, the order is as needed.

Resident #1's PRN hydrocortisone cream is listed on the MAR but is not a current order.

Resident #2's morning Lantus and Novolog was not initialed as given on 6/4/19.

Resident #2 has an order for Novolog per a sliding scale at 8a, 12p, 5p, 8p and 3am. The units administered are not listed on the MAR for the sliding scale coverage.

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 Med Tech's were re-educated on the importance of proper documentation. The pharmacy was notified of this violation and the importance of proper inscription of our MARs. A nurse will review the MARs at the beginning of each month to ensure proper inscription from the pharmacy which will be documented on the MAR edits. The Director of Nursing will do random MAR checks on a monthly basis to ensure that our staff are documenting correctly. The administrator shall be responsible for ensuring continued compliance.

Legal Entity Representative

Signature [Handwritten Signature]

Nataley Perry Administrator
Printed Name and Title

8/23/19
Date

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Plan of correction implementation status as of 9-27-19 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1's zolpidem tartrate is initialed as given on 6/3/19 at 8p, however the medication was not administered.

Resident #2's Lantus and Novolog were administered on 6/5/19 at 8am but the MAR was not initialed at the time of the administration.

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 Med tech's were re-educated on the importance of proper and timely documentation. The Director of Nursing shall do random MAR reviews on at least a monthly basis to ensure that the staff are documenting appropriately. The administrator shall be responsible for ensuring continued compliance.

Legal Entity Representative

Signature 

Printed Name and Title *Jocelyn Perry Administrator* Date *8/23/19*

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9-27-19
(Date)

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