



Sent via e-mail to: perryjr@ptd.net
MAILING DATE: March 2, 2020

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

RE: Gluco Lodge
License #: 241720

Dear Mr. Perry:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 25, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is written in a cursive style.

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *GLUCO LODGE* License Number: *24172*
 Address: *1127 KEMMERTOWN ROAD,, STROUDSBURG, PA 18360*
 County: *MONROE* Region: *NORTHEAST*

Administrator

Name: *Nataley NATALIE PERRY* Phone: *5709927270* Email: *perryjr@ptd.net*

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: *03/18/2018* Issued By: *HAMILTON TOWNSHIP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal, Incident*

Inspection Dates and Department Representative

11/25/2019 - On-Site: Gerald Dumas, Ann O'Haire

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *51* Residents Served: *48*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *48*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *0*

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation


Regularly scheduled R.N. "A" did not receive 2018 annual training in Resident Rights and Abuse trainings.

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 understand the importance of all of our staff having training on abuse. The R.N. in question was present for this training, however he did not sign in for the training. I, the Director of Nursing, attest to the fact that he was present and did receive this training. This was a documentation error. We reviewed the importance of signing in for all trainings in the staff meeting held on 2/20/2020. Attached is a copy of the sign in sheet.

Legal Entity Representative

Signature  Printed Name and Title Natalie Perry Administrator Date 2/20/2020

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The above plan of correction is approved as of 2-24-2020 (Date) Plan of correction implementation status as of 2-24-2020 (Date)
 Implemented
 Not Implemented
 The above plan of correction was approved by ag (Initials)

103d - Storing Food Off Floor

Regulations

2600.
103.d. Food shall be stored off the floor.

Description of Violation


The home was observed to have boxes of food stored directly on the floor of the facility's walk-in refrigerator in the main kitchen.

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.)

What was found was a piece of sealed meat that had been knocked off the shelf when the cook that day was looking for something in the refrigerator. The sealed piece of meat was picked up immediately once found. The cook was reminded on the importance of checking behind him/her for clumsy mishaps. We also added a reminder note on the refrigerator door to remind them to check behind themselves. Please see picture of note attached.

Legal Entity Representative

Signature  Printed Name and Title Natalie Perry Administrator Date 2/20/2020

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103i - Outdated Food

Regulations

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

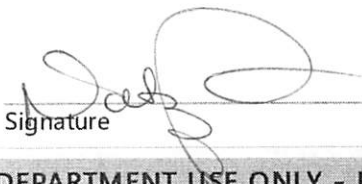
A large 64 ounce can of sliced apples was observed to have dents in the can.

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 can in question had a small dent on the side of the can. The dent was under the label, once the inspector ripped a piece of the label away the dent was noticeable. In the future the cook will do a more thorough inspection of the cans upon re-stocking them.

Any dented cans that are found upon re-stocking will be placed with the dented can stock to be picked up during the next delivery cycle by the food service provider. 2-24-2020

Legal Entity Representative

Signature  Printed Name and Title Natalen Peppi Administrator Date 2/20/2020

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141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident # 1 's DME dated 11/08/18 did not have the medications listed or attached to the resident' s DME. The DME also did not indicate that the resident was being treated for open wounds on his legs.

Plan of Correction (POC)

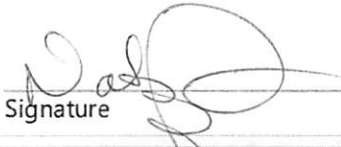
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Please see the attached documentation that had accompanied the DME.

We are in the process of transferring our records to a web based program. The information was here on the web based program but not attached to the DME that was in the paper file. The transition had been explained to the inspectors upon entrance to the facility. I would have given them this information had I realized that it wasn't in the paper file, or if it was requested. We respectfully request you remove this violation. Please see the attached paperwork with the faxed time stamped. This information was in the computer rather than the paper file.

Since it was unclear at the time what was requested and what was reviewed, the violation will remain, and the Plan of Correction is acceptable. 2-24-2020

Legal Entity Representative

Signature 

Printed Name and Title Nataly Perry Administrator Date 2/20/2020

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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

The home did not always follow their medication administration policy which requires that the medication trained staff who are administering medications maintain a narcotic count at the beginning and end of each shift. During the incident investigation it was determined that staff were not always completing the narcotics count and was just copying what had been documented previously.

Plan of Correction (POC)

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This violation is in reference to a reportable incident that we initiated after noticing a liquid medication looked a little off. We were unsure if it was a manufacture error. Since that incident we had implemented a new policy in which both Med Tech's are required to send a text message to 3 of the administrative staff members when the narcotic count is completed. If those text messages are not received the administrative staff will follow up with a telephone call. Please see the attached policy.

Legal Entity Representative


Signature

Nataly Peep Administrator
Printed Name and Title

2/20/2020
Date

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