



**Sent via e-mail to: chris.behm@woodbineseniorliving.com
MAILING DATE: May 4, 2020**

Mr. Chris Behm
Senior Executive Director
BFG Pocono Master Tenent LLC.
329 East Brown Street
East Stroudsburg, Pennsylvania 18301

RE: Spring Village at Pocono
License #: 227040

Dear Mr. Behm:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 13, 2020 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *SPRING VILLAGE AT POCONO*

License Number: *22704*

Address: *329 EAST BROWN STREET, EAST STROUDSBURG, PA 18301*

County: *MONROE*

Region: *NORTHEAST*

Administrator

Name: *Chris Behm*

Phone: *5704264000*

Email: *WOODBINESENIORLIVING@EARTHLINK.NET*

Legal Entity

Name: *BFG POCONO MASTER TENENT LLC*

Address: *11120 DOVEDALE COURT, UNIT 27, MARRIOTSVILLE, MD, 21104*

Certificate(s) of Occupancy

Type: *I-1*

Date: *08/23/2013*

Issued By: *Brough East Stroudsburg*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *121*

Waking Staff: *91*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal - complaint*

Inspection Dates and Department Representative

03/13/2020 - On-Site: Ann O'Haire, Ryan Yakowy, Pamula Harris

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105*

Residents Served: *83*

Secured Dementia Care Unit

In Home: *Yes*

Area: *secured unit*

Capacity: *40*

Residents Served: *38*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *83*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *38*

Have Physical Disability: *1*

20b3 - Written Receipts

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

Description of Violation

Resident #1's written receipts of cash disbursements do not include the resident's signature or a witness's signature.

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.)

- Spring Village at Pocono holds residents' funds.
 Spring Village at Pocono audited the Resident fund logs for signatures or witness marks. All resident logs are in compliance. Completed 4-5-20
 The Business Office Coordinator is responsible for ensuring that the written receipts of cash disbursements are filled out correctly.
 The administrator will oversee compliance. Outcomes of this plan of correction will be discussed at the upcoming Quality Assurance meeting scheduled for 4-22-20. Any issues identified will be discussed and a plan implemented for correction.

Legal Entity Representative


Signature

Chris Behm Senior Executive Director
Printed Name and Title

4-17-20

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4-22-20
(Date)

Plan of correction implementation status as of 4-22-20
(Date)

- Implemented
- Not Implemented

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

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident room #226 had an odorous, unkempt cat litter box and cat vomit was observed on the floor.

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.)

Spring Village at Pocono is a pet friendly community.
The Director of Maintenance and Housekeeping is responsible for ensuring that sanitary conditions are maintained in all areas of the community.
Room #226 is on a daily cleaning checklist for the housekeeping department to ensure that the room regularly checked for any need of cat litter disposal, as well as cleanliness. Completed 3-17-20.
The administrator will oversee compliance. Outcomes of this plan of correction will be discussed at the upcoming Quality Assurance meeting scheduled for 4-22-20. Any issues identified will be discussed and a plan implemented for correction.

Legal Entity Representative

 Signature
Chris Behm Senior Executive Director Printed Name and Title
4-17-20 Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4-22-20 (Date) Plan of correction implementation status as of 4-22-20 (Date)
 Implemented
 Not Implemented
The above plan of correction was approved by MM (Initials)

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The refrigerator located on the third floor dementia unit had a container of pudding that was not labeled and dated when opened.


The main kitchen had a container of whipped cream and a container of pureed food that was not labeled and dated when opened.

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.)

Spring Village at Pocono labels and dates all leftover food.
The Dining Services Director is responsible for ensuring that all leftover food is labeled and dated.
The Dining Services Director has, and will continue, spot checking food labels in the kitchen and on the floors.
The administrator will oversee compliance. Outcomes of this plan of correction will be discussed at the upcoming Quality Assurance meeting scheduled for 4-22-20. Any issues identified will be discussed and a plan implemented for correction.

Legal Entity Representative


Signature

Chris Behn Senior Executive Director
Printed Name and Title

4-17-20
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4-22-20
(Date)

Plan of correction implementation status as of 4-22-20
(Date)

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

Implemented
 Not Implemented

131f - Fire Extinguisher Inspection

Regulations

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

On the date of inspection, not all fire extinguishes, in the home were inspected by a fire safety expert during 2019. The home had 2 fire extinguishes on the 2nd floor and 1 fire extinguisher on the third floor with an expiration date of October 2018.

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.)

Spring Village at Pocono's fire safety expert company missed checking 3 extinguishers in the community in 2019. The Fire safety company/expert has inspected and approved all fire extinguishers at Spring Village at Pocono. All fire extinguishers are in compliance. Completed 4-6-20 The Maintenance Director is responsible for ensuring that all extinguishers are inspected and approved annually by a fire safety expert. The administrator will oversee compliance. Outcomes of this plan of correction will be discussed at the upcoming Quality Assurance meeting scheduled for 4-22-20. Any issues identified will be discussed and a plan implemented for correction.

Legal Entity Representative

Signature: [Handwritten Signature] Printed Name and Title: Chris Behm Senior Executive Director Date: 4-17-20

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4-22-20 (Date) Plan of correction implementation status as of 4-22-20 (Date) [X] Implemented [] Not Implemented The above plan of correction was approved by MM (Initials)

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2's B-12 injection solution did not have a pharmacy label attached.

Plan of Correction (POC)

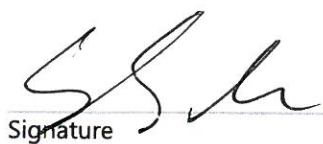
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Upon finding Resident #2's B12 injection incorrectly labeled, Spring Village Immediately removed it from the med cart.

Spring Village at Pocono nursing staff audited the med carts for any prescriptions without a pharmacy label. No issues Identified. Completed 4-6-20

The Director of Nursing/Designee is responsible for ensuring that all medications are labeled correctly. The administrator will oversee compliance. Outcomes of this plan of correction will be discussed at the upcoming Quality Assurance meeting scheduled for 4-22-20. Any issues identified will be discussed and a plan implemented for correction.

Legal Entity Representative



Chris Belum Senior Executive Director

4-17-20

Signature

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4-22-20
(Date)

Plan of correction implementation status as of 4-22-20
(Date)

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

Implemented
 Not Implemented

231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the home's memory care unit on 1/23/20. The cognitive pre-admission screening was completed on 2/4/20.

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.)

Spring Village at Poconos nursing staff audited the memory care preadmission screenings to ensure that all screenings were completed in the correct timeframe. All current residents are in compliance. Completed 4-5-20. (Attachment 1)

The Director of Nursing/Designee is responsible for ensuring that the preadmission screening is completed correctly.

The administrator will oversee compliance. Outcomes of this plan of correction will be discussed at the upcoming Quality Assurance meeting scheduled for 4-22-20. Any issues identified will be discussed and a plan implemented for correction.

Legal Entity Representative

Signature:  Printed Name and Title: Chris Behm Senior Executive Director Date: 4-17-20

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4-22-20 (Date) Plan of correction implementation status as of 4-22-20 (Date)

Implemented
 Not Implemented

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