

Department of Human Services  
Bureau of Human Service Licensing

July 29, 2021

[REDACTED], ADMINISTRATOR  
BFG POCONO MASTER TENENT LLC  
329 EAST BROWN STREET  
EAST STROUDSBURG, PA 18301

RE: SPRING VILLAGE AT POCONO  
329 EAST BROWN STREET  
EAST STROUDSBURG, PA, 18301  
LICENSE/COC#: 22704

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2021, 04/21/2021, 04/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY

Facility Information

Name: *SPRING VILLAGE AT POCONO* License #: *22704* License Expiration Date: *06/25/2021*  
Address: *329 EAST BROWN STREET, EAST STROUDSBURG, PA 18301*  
County: *MONROE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *570 426-4006* Email: [REDACTED]

Legal Entity

Name: *BFG POCONO MASTER TENENT LLC*  
Address: *329 EAST BROWN STREET, EAST STROUDSBURG, PA, 18301*  
Phone: *5704264000* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *08/23/2013* Issued By: *Borough of East Stroudsburg*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *107* Waking Staff: *80*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *04/22/2021*

Inspection Dates and Department Representative

04/20/2021 - On-Site: [REDACTED]  
04/21/2021 On Site [REDACTED]  
04/22/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* Resident Served: *64*

Secured Dementia Care Unit

In Home: *Yes* Area: *3rd Floor* Capacity: *40* Residents Served: *33*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *43* Have Physical Disability: *1*

## Inspections / Reviews

04/20/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/21/2021*

5/26/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/02/2021*

7/29/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The current Licensing Inspection Summary dated 3/13/2020, was not displayed in a public place.

Plan of Correction

Accept

On the day of Inspection, the Inspection Summary from 2020 was printed and placed in binder displayed in our lobby. We have since received our Inspection Summary from April 2021 and have placed it in the binder and also have it displayed on the Bulletin Board in the lobby. The Administrator will be responsible to visually monitor these two areas and replace copies as needed to ensure its availability to residents, staff, family, and the public.

Completion Date: 05/12/2021

Update - 05/26/2021

Upon receipt of this plan of correction:

The administrator or designee shall monitor compliance with this regulation weekly X's 4 months.

Document Submission

Implemented

The correction was fixed on site in the presence of the Inspector. We also added the Summary to a second area to ensure compliance. These two areas are in our main lobby, easily accessible, and are checked weekly.

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The 1st floor laundry room has 3 gas dryers. Per the Care Facility Carbon Monoxide Alarms Standards Act, A CO2 detector is required to be in close proximity but not less than 15 feet of the dryers. There was no CO2 detector located near the laundry room.

Plan of Correction

Accept

Spring Village at Pocono has installed Carbon Monoxide detectors in the first floor laundry room. Other areas needing CO2 detectors have been checked and are compliant.

The Administrator is responsible for understanding and complying with Federal, State, and local laws, ordinances, and regulations. The Administrator will oversee Compliance of this Regulation.

Completion Date: 05/18/2021

Update - 05/26/2021

Please send/Attach proof (photo) of compliance.

Document Submission

Implemented

We had CO2 detectors installed in the laundry room within days of the violation. Photos attached

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was 1 garbage can in the kitchen area that was not covered and was not being actively used by the staff.

Plan of Correction

Accept

A lid was immediately placed on Trash Can in the Kitchen. All other Trash Cans had lids. New trash cans were ordered that have lids connected to them to be used in the Kitchen. The Dining Services Director will be responsible for ensuring lids remain on trash receptacles daily. Kitchen staff were given an inservice on the importance of trash can lids. Administrator to oversee Compliance. Any issues to be discussed at next Quality Assurance meeting.

Completion Date: 04/21/2021

Update - 05/26/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

Trash receptacle lid inservice attached. Infection Control Town Hall Meeting in July also touched on this regulation.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was 1 refrigerator in the kitchen that did not have a thermometer to determine if the food was being stored at the proper temperature.

Plan of Correction

Accept

A thermometer was immediately placed inside the refrigerator the day the Violation was noticed. Every other refrigerator had a thermometer. To ensure compliance, the refrigerator will be checked by the Dining Director and Cooks on a daily basis to ensure thermometers are working and have not been removed. Administrator to oversee compliance.

Completion Date: 04/21/2021

Update - 05/26/2021

Please send/Attach proof (picture) of compliance.

Document Submission

Implemented

Thermometer was placed in refrigerator. Refrigerator is currently not in use. See attached photos.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

105g - Lint Removal and Duct Cleaning (*continued*)**Description of Violation**

*There was about ¼ inch of lint found in the lint trap of an empty dryer in the 1st floor laundry room.*

**Plan of Correction****Accept**

*Lint was removed from Dryer immediately. Lint Log will be kept in our Laundry room on first and second floor. Adding Signage as well that states, "Please empty lint after each use." The Maintenance Director will be responsible for checking Lint Logs daily to ensure they are being emptied and cleaned. Administrator to oversee Compliance.*

**Completion Date:** 05/10/2021

**Document Submission****Implemented**

*satisfied*

## 185a - Implement Storage Procedures

**1. Requirements**

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 Glucometer of Resident 1 indicated 2 blood sugar levels at 7:50 pm on 4/20/21. The 1st reading was 469 (which seemed high and was retaken) and the 2nd reading was 195. Only the 195 reading was documented in the MAR. Both readings should have been recorded in the MAR per the home's policy.*

**Plan of Correction****Accept**

*Medication Techs and Licensed Staff will be reeducated regarding glucometer use and documentation of results on the medication administration record. Mandatory Med Tech meeting was held on 5/18/2021. Glucometer results to be audited weekly for four weeks. The Director of Nursing is responsible for continually educating staff on glucometer use and proper documentation.*

**Completion Date** 05/18/2021

**Update** 05/26/2021

*Please send/Attach proof of staff training. 5-26-2021 -MM*

**Document Submission****Implemented**

*See attached inservice and audit documentation*

## 227g -Support Plan Signatures

**1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

*The Resident Assessment and Support Plan dated 3/13/2021 for Resident 2 was not signed by the resident and the boxes which indicate that the resident refused to sign or was unable to sign were also blank.*

## 227g -Support Plan Signatures (continued)

**Plan of Correction****Accept**

*A resident shall have the opportunity to participate in the Support Plan. Resident 2 did not sign the Support Plan. We also did not know whether the resident refused to sign or was unable to sign. The Director of Nursing/designee will do an audit to identify completeness of care plans with signatures of all current residents up to and including 5/12/2021. Director of Nursing/designee will audit new admission Support Plans on a monthly basis to ensure compliance. The Administrator will oversee compliance.*

**Completion Date:** 05/12/2021

**Document Submission****Implemented**

*satisfied*