

Department of Human Services
Bureau of Human Service Licensing

May 27, 2022

[REDACTED], PRESIDENT
[REDACTED]
[REDACTED]

RE: GLUCO LODGE
1127 KEMMERTOWN ROAD
STROUDSBURG, PA, 18360
LICENSE/COC#: 24172

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/17/2022, 02/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *GLUCO LODGE* License #: *24172* License Expiration: *03/21/2023*
Address: *1127 KEMMERTOWN ROAD, STROUDSBURG, PA 18360*
County: *MONROE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *PACONA CORPORATION*
Address: *1127 KEMMERTOWN ROAD, STROUDSBURG, PA, 18360*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *03/18/2018* Issued By: *Hamilton Twp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *02/18/2022*

Inspection Dates and Department Representative

02/17/2022 - On-Site: [REDACTED]
02/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *51* Residents Served: *44*

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: *44*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/17/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/01/2022*

05/09/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/13/2022*

05/16/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/20/2022*

05/27/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

The carpet area near exit #1 had an abundance of dead flies covering it near the exit door.

Plan of Correction

Accept

The location of the flies where in the exterior fire escape stairwell/hallway. It is rarely visited unless there is a fire drill, or an actual emergency. It is also located right next to the dumpster site. We double checked with our professional exterminator, and he expressed that they were simple dumpster flies that found their way into the building. To correct this, we implemented the housekeeper to vacuum/attend to all the fire escape hallways once a week. And to make maintenance aware if there is a concern.

Completion Date: 02/18/2022

Update: 05/09/2022

Who will monitor and be responsible for ongoing compliance?

Please include this information in your POC.

5-9-2022 MM

Document Submission

Implemented

The Administrator will monitor for ongoing compliance.

125a - Combustible Storage

1. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Approximately 12 cigarette butts were observed in the mulch area to the right of the back porch deck.

Plan of Correction

Accept

Administration spoke with the resident who was an active smoker residing with us at the time of inspection on 2/18/22 the same day we received the violation. As well as reminded all staff about disposing their cigarette butts appropriately in the provided dispensers at shift change stand up meetings. We also address this at every monthly staff meeting. In addition to verbally reminding and educating, we added a sign to the smoking section for a visual reminder on how to dispose of their cigarette butts appropriately, done 5/03/22. Maintenance will continue to scan for any littered cigarette butts when inspecting the property weekly.

Completion Date: 05/03/2022

Document Submission

Implemented

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 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

The Documentation of Medical Evaluation (DME) form dated 12/1/21 for resident #1 did not include a list of the resident’s medications.

Plan of Correction

Accept

We have obtained the medication list from the physician, please see attached. In the future we will be using the DME form generated in our web-based charting system which has a current med list automatically attached.

Completion Date: 05/03/2022

Update: 05/09/2022

Who will monitor and be responsible for ongoing compliance?

Please include this information in your POC.

5-9-2022 MM

Document Submission

Implemented

The Administrator will monitor for ongoing compliance.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2 did not have an annual DME completed for 2022. The resident’s most current DME was dated [REDACTED].

Plan of Correction

Do Not Accept

This document was scheduled to be completed in January of 2022; however, the resident was positive for Covid 19 at the time, so the appointment had to be rescheduled. She had a visit scheduled for 2/17/2022 and the documentation was completed then. Please see attached.

Completion Date: 02/17/2022

Update: 05/09/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen - (date).

141b1 - Annual Medical Evaluation (continued)

Who will monitor ongoing compliance?
 All POC's at a minimum must include the above information.
 5-9-2022 MM

Plan of Correction **Accept**

The Director of Nursing corrected this by rescheduling the visit and had the DME completed at that time, 2/17/2022.
 The Director of Nursing will monitor ongoing compliance on a quarterly basis moving forward.
 The Administrator will be responsible in monitoring for ongoing compliance.

Completion Date: 05/13/2022

Document Submission **Implemented**

183d - Prescription Current

1. Requirements

2600.
 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

██████████ spray was found in the medication cart for resident #2. The Medication Administration Record (MAR) indicates the medication was discontinued on 2/11/22.

Plan of Correction **Accept**

The medication was immediately removed from the med cart when found at the time of inspection. The Med Tech's were re-educated the same day of the violation at our change of shift stand up meetings on the importance of removing a discontinued medication from the cart as soon as we receive a discontinuation order. The third shift med techs have been assigned the task of doing a nightly med cart audit. This task is documented on our web-based charting program.

Completion Date: 05/04/2022

Update: 05/09/2022

Please send proof of staff education. 5-9-22 MM

Document Submission **Implemented**

Please see attached file for staff education.

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

Resident #2 has a PRN order for ██████████. The medication was not available in the medication cart to be administered if needed.

Plan of Correction **Accept**

This medication was located in the medication cabinet in the med room which is a space for medication storage.

185a - Implement Storage Procedures (continued)

The resident had 8 tablets remaining. The med techs were re-educated the same day of the violation at our change of shift stand up meetings on the importance of keeping all active medications in the medication cart. The third shift med techs have been assigned the task of doing daily med cart audits. This was added to our web-based program that they must sign for nightly. We also have an RN from our pharmacy assigned to do bi-monthly med cart audits.

Completion Date: 05/04/2022

Document Submission

Implemented

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 has a sliding scale order for [REDACTED] insulin; 5 units are to be administered before breakfast and lunch if the blood sugar reading is greater than 151. On the following dates and times 5 units of Novolog insulin were administered when the resident's blood sugar readings were less than 151:

- 02/12/22—the blood sugar reading before breakfast was [REDACTED]
- 02/13/22—the blood sugar reading before breakfast was [REDACTED]
- 02/15/22—the blood sugar reading before breakfast was [REDACTED]
- 02/16/22—the blood sugar reading before breakfast was [REDACTED]

Also, on 2/14/22 there was no blood sugar reading documented or found in the resident's glucometer. The MAR indicates that 5 units of insulin were administered at this time.

Resident #4 has an order for [REDACTED] to be administered twice daily but held if the systolic blood pressure (SBP) is less than 120. The MAR indicates that the medication is administered at 8am and 8pm, however, staff were not taking the resident's blood pressure prior to the 8pm administration of the medication. The MAR indicates that the medication was administered at 8pm from 2/1/22 through 2/17/22 with no blood pressure reading.

Plan of Correction

Accept

Upon review of this situation, it was discovered that there was a discrepancy with the way our staff was documenting the blood sugar readings in our web-based charting system. The IT departments on both our pharmacy and the web-based program are monitoring this to come up with a solution. In the meantime, we immediately reinstated the use of paper documentation for blood sugar readings as well as for sliding scale insulin coverage. A copy of the form was given to the inspector on 2/18/22 the morning she returned to complete the inspection. The Nursing staff will monitor this documentation weekly to ensure that it is being completed appropriately. The nurses will sign for this task on our web-based charting program.

Completion Date: 05/04/2022

Document Submission

Implemented