

Department of Human Services  
Bureau of Human Service Licensing

August 29, 2022

[REDACTED], EXECUTIVE DIRECTOR

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 05/17/2022, 05/18/2022, 05/19/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
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: *06/25/2023*  
Address: *329 EAST BROWN STREET, EAST STROUDSBURG, PA 18301*  
County: *MONROE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *BFG POCONO MASTER TENENT LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *09/23/2013* Issued By: *Borough of Stroudsburg*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *126* Waking Staff: *95*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/19/2022*

**Inspection Dates and Department Representative**

05/17/2022 - On-Site: [REDACTED]  
05/18/2022 - On-Site: [REDACTED]  
05/19/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *105* Residents Served: *77*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *0* Capacity: *40* Residents Served: *39*

**Hospice**

Current Residents: *11*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *49* Have Physical Disability: *1*

Inspections / Reviews

05/17/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/26/2022*

07/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/20/2022*

08/29/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

*Residents #2, #3, and #5 didn't sign their contracts. The contracts indicate resident unable to sign due to dementia diagnosis. However, there was no notation indication that the residents were given the opportunity to sign for themselves.*

Plan of Correction

**Accept**

*Spring Village at Pocono contracts shall be signed by the Administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. Resident 2 and Resident 5 reside in the secured memory care unit and were unable to sign. Resident 3 resided in the secured memory care unit with her husband who had signed the contract on their behalf. By May 31, 2022 all resident contracts were audited by the Admissions Director. Any missed signatures were obtained. The Admissions Director is responsible for having the resident sign the contract. If the resident does not want to sign the contract or is unable to sign the contract, the Admissions Director will make a note on the contract. The Administrator will oversee compliance by reviewing every executed Residency Contract/Agreement. Outcomes of this plan of correction were discussed at the June quality assurance meeting and will be followed up on at future QA meetings. Any issues identified will be discussed and a plan implemented for correction. All Contracts were audited on May 31, 2022. On June 30, 2022 all residency agreements executed since May 31, 2022 were audited and found to be in compliance.*

**Completion Date:** 05/31/2022

Document Submission

**Implemented**

*Spring Village at Pocono contracts shall be signed by the Administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. Resident 2 and Resident 5 reside in the secured memory care unit and were unable to sign. Resident 3 resided in the secured memory care unit with her husband who had signed the contract on their behalf. By May 31, 2022 all resident contracts were audited by the Admissions Director. Any missed signatures were obtained. The Admissions Director is responsible for having the resident sign the contract. If the resident does not want to sign the contract or is unable to sign the contract, the Admissions Director will make a note on the contract. The Administrator will oversee compliance by reviewing every executed Residency Contract/Agreement. Outcomes of this plan of correction were discussed at the June quality assurance meeting and will be followed up on at future QA meetings. Any issues identified will be discussed and a plan implemented for correction. All Contracts were audited on May 31, 2022. On June 30, 2022 all residency agreements executed since May 31, 2022 were audited and found to be in compliance.*

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

41e - Signed Statement (continued)

Description of Violation

Resident #4, admitted on [redacted] and Resident #2, admitted on [redacted] did not sign their residents' rights.

Plan of Correction

Accept

A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Resident 2 resides on our [redacted] and is [redacted] of signing. Resident 4 had [redacted] husband sign the contract and only the husband signed the resident rights.

By May 31, 2022 all resident agreements were audited by the Admissions Director. Any missed signatures on the resident rights portion were obtained. The Admissions Director is responsible for having the resident sign the contract along with the resident rights notice. The Administrator will oversee compliance by reviewing every Agreement and making sure a signed copy of the Resident Rights is included. Outcomes of this plan of correction were discussed at the June quality assurance meeting. Future admissions will be audited and reviewed at subsequent quality assurance meetings. Any issues identified will be discussed and a plan implemented for correction. On June 30, 2022 all residency agreements executed since May 31, 2022 were audited and found to be in compliance.

Completion Date: 05/31/2022

Document Submission

Implemented

A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Resident 2 resides on our [redacted] is [redacted] of signing. Resident 4 had [redacted] husband sign the contract and only the husband signed the resident rights.

By May 31, 2022 all resident agreements were audited by the Admissions Director. Any missed signatures on the resident rights portion were obtained. The Admissions Director is responsible for having the resident sign the contract along with the resident rights notice. The Administrator will oversee compliance by reviewing every Agreement and making sure a signed copy of the Resident Rights is included. Outcomes of this plan of correction were discussed at the June quality assurance meeting. Future admissions will be audited and reviewed at subsequent quality assurance meetings. Any issues identified will be discussed and a plan implemented for correction. On June 30, 2022 all residency agreements executed since May 31, 2022 were audited and found to be in compliance.

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The window in the 2nd floor common area was open and the window did not have a screen.

Plan of Correction

Accept

Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open. The window observed did not have a screen, it was on the ground outside. It was promptly picked up and reinserted by our Maintenance Director on the day of the Inspection. All window frames were checked from the outside to ensure a screen was in place. In our June Town Hall meeting, we discussed the regulation concerning

92 - Windows (continued)

windows (92) and the work order process. If any staff realizes a screen is missing, they should fill out a work request to make sure the Maintenance Director knows to fix it.

**Completion Date:** 05/18/2022

**Update:** 07/14/2022

Please send picture of compliance.

**Document Submission**

**Implemented**

Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open. The window observed did not have a screen, it was on the ground outside. It was promptly picked up and reinserted by our Maintenance Director on the day of the Inspection. All window frames were checked from the outside to ensure a screen was in place. In our June Town Hall meeting, we discussed the regulation concerning windows (92) and the work order process. If any staff realizes a screen is missing, they should fill out a work request to make sure the Maintenance Director knows to fix it.

103i - Outdated Food

1. Requirements

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

**Description of Violation**

On 5/19/21, Located in the kitchen walk in refrigerator was 2 bags of greens without an expiration date, a large bag of coleslaw that expired on 5/12/22.

**Plan of Correction**

**Accept**

Outdated food may not be used. All dietary staff attended a training inservice on 5/20/22 by the Dining Director and Executive Director on food labeling. Trainings were signed off by staff so that they understand the importance of food labeling. The walk-in refrigerator and pantry areas were audited on 5/31/22 and 6/30/22 with no issues. The Dining Director will oversee compliance and issues identified will be discussed and a plan implemented for correction. Administrator to follow-up with Dining Director at Quality Assurance meetings to keep in compliance.

**Completion Date:** 05/31/2022

**Document Submission**

**Implemented**

Outdated food may not be used. All dietary staff attended a training inservice on 5/20/22 by the Dining Director and Executive Director on food labeling. Trainings were signed off by staff so that they understand the importance of food labeling. The walk-in refrigerator and pantry areas were audited on 5/31/22 and 6/30/22 with no issues. The Dining Director will oversee compliance and issues identified will be discussed and a plan implemented for correction. Administrator to follow-up with Dining Director at Quality Assurance meetings to keep in compliance.

132b - Safety Inspection/Fire Drill

1. Requirements

- 2600.
- 132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

The last available documented fire safety inspection completed by a fire safety expert was completed on 9/9/16. The home did not have any other documentation available.

132b - Safety Inspection/Fire Drill (continued)

Plan of Correction

Accept

A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept. The last time Spring Village had a fire safety inspection was in 2016. State Inspections in 2017, 2018, 2019, 2020, and 2021 did not alert the community to the need for these specific fire safety inspections. A fire safety inspection was scheduled for July 1, 2022 with [REDACTED], the gentlemen that the state had recommended we use on a yearly basis. Maintenance Director walked around with [REDACTED] and Executive Director met with [REDACTED] to review 2022 fire drills. [REDACTED] set up a follow-up email to be sent in June of 2023 to schedule the 2023 inspection- Executive Director to oversee that this gets scheduled for 2023. The Executive Director and Maintenance Director to oversee compliance that this is done on an annual basis and provide any issues or follow-ups to the Quality Assurance meeting. The report from 7/1/22 had not been sent to the community as of today's date. Email communication included.

Completion Date: 07/01/2022

Update: 07/14/2022

Please send proof of current fire safety drill and inspection conducted by a fire safety expert..

Document Submission

Implemented

A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept. The last time Spring Village had a fire safety inspection was in 2016. State Inspections in 2017, 2018, 2019, 2020, and 2021 did not alert the community to the need for these specific fire safety inspections. A fire safety inspection was scheduled for July 1, 2022 with [REDACTED], the gentlemen that the state had recommended we use on a yearly basis. Maintenance Director walked around with [REDACTED] and Executive Director met with [REDACTED] to review 2022 fire drills. [REDACTED] set up a follow-up email to be sent in June of 2023 to schedule the 2023 inspection- Executive Director to oversee that this gets scheduled for 2023. The Executive Director and Maintenance Director to oversee compliance that this is done on an annual basis and provide any issues or follow-ups to the Quality Assurance meeting. The report from 7/1/22 had not been sent to the community as of today's date. Email communication included.

141a 1-10 Medical Evaluation Information

1. Requirements

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 #2's most recent medical evaluation was completed on [REDACTED] The medical evaluation did not contain resident's height.

141a 1-10 Medical Evaluation Information (continued)

**Plan of Correction**

**Accept**

*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.*

*Medical Evaluation did not contain the resident's height. Prior to filing the DME in the clinical record, the Director of Nursing/Designee will review the document to ensure the record is complete. Any issues identified will be corrected prior to filing the DME.*

*An Audit will be used to identify any incomplete DME's of current residents, and any new DME's for 2 months. Any concerns identified will be addressed at the Quality Assurance Meetings in July and beyond. Audit progress was shared with team at June quality assurance meeting.*

**Completion Date:** 05/31/2022

**Document Submission**

**Implemented**

*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.*

*Medical Evaluation did not contain the resident's height. Prior to filing the DME in the clinical record, the Director of Nursing/Designee will review the document to ensure the record is complete. Any issues identified will be corrected prior to filing the DME.*

*An Audit will be used to identify any incomplete DME's of current residents, and any new DME's for 2 months. Any concerns identified will be addressed at the Quality Assurance Meetings in July and beyond. Audit progress was shared with team at June quality assurance meeting.*

141a 1-10 Medical Evaluation Information (continued)

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

In the secured dementia unit, the home did not have posted in a public and conspicuous area the home's menu for the current week and upcoming week's menu.

Plan of Correction

Accept

Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home. Menus were available in the main lobby and the elevator but not on the secured dementia unit. Menus were immediately placed onto the secured dementia unit so the residents can see what their meals will be the following week. The Concierge and Executive Director have already overseen compliance of this regulation for the lobby and elevator menus and will now do so for the secured dementia unit. At the June Town Hall meeting we asked staff to let the Concierge know if there is not a menu posted for the appropriate weeks and we will fix as soon as possible. Ongoing compliance of this regulation was reviewed at our June quality assurance meeting and will continue to monitor ongoing compliance and share outcomes at future quality assurance meetings.

Completion Date: 05/31/2022

Update: 07/14/2022

Please send picture of compliance.

Document Submission

Implemented

Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home. Menus were available in the main lobby and the elevator but not on the secured dementia unit. Menus were immediately placed onto the secured dementia unit so the residents can see what their meals will be the following week. The Concierge and Executive Director have already overseen compliance of this regulation for the lobby and elevator menus and will now do so for the secured dementia unit. At the June Town Hall meeting we asked staff to let the Concierge know if there is not a menu posted for the appropriate weeks and we will fix as soon as possible. Ongoing compliance of this regulation was reviewed at our June quality assurance meeting and will continue to monitor ongoing compliance and share outcomes at future quality assurance meetings.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #5's assessment and support plan, dated [redacted] indicates that the resident is mobile. Resident #6 is a resident in the [redacted]

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept

Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health, or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant, or certified registered nurse practitioner, determine the necessity of these services. The assessment and Support Plan for resident 5 was reviewed and corrected. Resident 5's Support Plan did not mention they were totally immobile, it only said the resident was partially immobile. The Resident Services Coordinator, in conjunction with the Support plan team will coordinate and ensure that each resident's support plan includes dental, vision, hearing, mental health, and behavioral care services that each resident receives as well as outside services as ordered by the resident's physician, PA, or CRNP. Resident information will be obtained from resident records, physician orders, progress notes, care manager communication logs, Daily Stand-Up Meetings and Shift Walk Throughs. The Support Plan Team will conduct a random audit of resident support plans weekly to ensure the inclusion of necessary information and interventions as needed. Any issues identified will be corrected and updated immediately. Outcomes of this audit will be reviewed at the June quality assurance meeting. We will follow-up on compliance in July quality assurance meetings and monthly afterwards as needed.

Completion Date: 05/31/2022

Document Submission

Implemented

Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health, or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant, or certified registered nurse practitioner, determine the necessity of these services. The assessment and Support Plan for resident 5 was reviewed and corrected. Resident 5's Support Plan did not mention they were totally immobile, it only said the resident was partially immobile. The Resident Services Coordinator, in conjunction with the Support plan team will coordinate and ensure that each resident's support plan includes dental, vision, hearing, mental health, and behavioral care services that each resident receives as well as outside services as ordered by the resident's physician, PA, or CRNP. Resident information will be obtained from resident records, physician orders, progress notes, care manager communication logs, Daily Stand-Up Meetings and Shift Walk Throughs. The Support Plan Team will conduct a random audit of resident support plans weekly to ensure the inclusion of necessary information and interventions as needed. Any issues identified will be corrected and updated immediately. Outcomes of this audit will be reviewed at the June quality assurance meeting. We will follow-up on compliance in July quality assurance meetings and monthly afterwards as needed.

231e - No Objection Statement

1. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #7 was admitted to the [redacted] of the home on [redacted]. The home did not have documentation that Resident #2 and their designee did not object to the resident's transfer to the [redacted].

Plan of Correction

Accept

Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit. Resident #7 and #2 reside in the [redacted], but did not sign off on the no objection statement. As of May 31, 2022, all of our residency agreements for residents residing on the [redacted] were audited. An Audit will be completed on June 30, 2022 to cover any new admissions for the month of June. Outcomes of these audits were reviewed at

231e - No Objection Statement (continued)

June quality assurance meetings and will share future progress at quality assurance meetings.

Completion Date: 05/31/2022

Document Submission

Implemented

Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit. Resident #7 and #2 reside in the [REDACTED] but did not sign off on the no objection statement. As of May 31, 2022, all of our residency agreements for residents residing on the [REDACTED] were audited. An Audit will be completed on June 30, 2022 to cover any new admissions for the month of June. Outcomes of these audits were reviewed at June quality assurance meetings and will share future progress at quality assurance meetings.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #7's picture contained in their record was more than 2 years old. Resident #7's picture was dated [REDACTED]

Plan of Correction

Accept

Each resident record must contain a photograph of the resident that is no more than 2 years old. Resident 7's picture was taken in [REDACTED]. As of [REDACTED], all of our resident records contain resident photos that were all taken after [REDACTED] which satisfies the two year requirement. An Audit was completed on June 30, 2022 to cover any new admissions for the month of June and to ensure no other resident photos were now over 2 years old. The Director of Admissions and the Director of Nursing will ensure that all resident records contain a resident photo that is within two years. We will follow-up on our resident photos in July QA meeting and address any concerns.

Completion Date: 05/31/2022

Document Submission

Implemented

Each resident record must contain a photograph of the resident that is no more than 2 years old. Resident 7's picture was taken in [REDACTED]. As of [REDACTED], all of our resident records contain resident photos that were all taken after [REDACTED] 020 which satisfies the two year requirement. An Audit was completed on June 30, 2022 to cover any new admissions for the month of June and to ensure no other resident photos were now over 2 years old. The Director of Admissions and the Director of Nursing will ensure that all resident records contain a resident photo that is within two years. We will follow-up on our resident photos in July QA meeting and address any concerns.