

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

May 10, 2023

[REDACTED]  
PACONA CORPORATION  
1127 KEMMERTOWN ROAD  
STROUDSBURG, PA, 18360

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 03/21/2023, 03/22/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *GLUCO LODGE* License #: *24172* License Expiration: *03/21/2024*  
 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: *C-2 LP* Date: *02/19/2009* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *03/22/2023*

**Inspection Dates and Department Representative**

03/21/2023 - On-Site: [REDACTED]  
 03/22/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *51* Resident Served: *37*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Resident Served:

**Hospice**  
 Current Resident : *2*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *11* Have Physical Disability: *1*

**Inspections / Reviews**

03/21/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/13/2023*

Inspections / Reviews *(continued)*

04/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/21/2023

04/25/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/02/2023

05/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

28e - Death of a Resident

3. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #2 passed away on [redacted]/2023. Resident 2's date of discharge from the facility was listed as [redacted]/2023. The resident was refunded \$ [redacted] based on a discharge date of [redacted]/23. The resident was entitled to a refund amount of \$ [redacted] based on a discharge date of [redacted] 23.

Plan of Correction

Accept ([redacted] - 04/25/2023)

Please see attached forms. One is a discharge letter as mentioned in our initial response. The second is the resident discharge policy and form that includes the discharge date, the resident's designee's signature, and the date of removal of personal belongings. The community will use this form to aid in completing the refunds according to regulations.

Resident #2 is still alive and well, residing in our community.

The resident that this refers to is not mentioned in the privacy coding.

This was a transcription error of the home entering the data into the computer. The administrator investigated this further; a refund was issued within 30 days as required. The administrator reached out to the family and confirmed that they came on [redacted] to collect a few items and left it upon themselves to donate the rest. Technically the room was not cleared as of [redacted] 2023. As a courtesy Gluco Lodge did honor the additional refund day of \$ [redacted] Please see the attached statement. Moving forward we are sending a letter of passing that informs families of the refund policy. In addition, we are creating a discharge form to ensure all contents are removed from the unit to avoid future confusion on refunds. The discharge form will be completed by 4/17/2023. The Administrator or Designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ([redacted] - 05/10/2023)

28f - Resident's Funds and 30-day Refund

4. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #2's date of discharge was [redacted]/23. The home did not issue a refund to the resident's estate until [redacted] 23. The resident's refund was due to be issued by no later than [redacted]/23.

Plan of Correction

Accept ([redacted] - 04/25/2023)

Please see attached forms. One is a discharge letter, as mentioned in our initial response. The second is the resident discharge policy and form that includes the discharge date, the resident's designee's signature, and the date of removal of personal belongings. The community will use this form to aid in completing the refunds according to regulations.

Resident #2 is still alive and well residing in our community.

**28f - Resident's Funds and 30-day Refund (continued)**

The resident that this refers to is not mentioned in the privacy coding. This was a transcription error of the home entering the data into the computer. The administrator investigated this further; a refund was issued within 30 days as required. The administrator reached out to the family and confirmed that they came on [REDACTED] to collect a few items and left it upon themselves to donate the rest. Technically the room was not cleared as of [REDACTED]/2023. As a courtesy Gluco Lodge did honor the additional refund day of \$ [REDACTED]. Please see the attached statement. Moving forward we are sending a letter of passing that informs families of the refund policy. In addition, we are creating a discharge form to ensure all contents are removed from the unit to avoid future confusion on refunds. The discharge form will be completed by 4/17/2023. The Administrator or Designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ([REDACTED] - 05/10/2023)

**51 - Criminal Background Check**

**5. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

Staff person A, date of hire [REDACTED] 22, was a resident of the state of Pennsylvania for less than 2 years upon date of hire which required the home obtain an FBI clearance for Staff person A within 90 days of hire. The FBI clearance for Staff person A was not obtained until [REDACTED]/23, 107 days after the staff person's date of hire.

**Plan of Correction**

Accept ([REDACTED] - 04/25/2023)

A policy and procedure form has been prepared to explain the federal background check process. In addition, we included frequently asked questions from IdentoGO website, a copy of the service code and identification requirements, and the locations of the fingerprint sites. Please see attached forms. Every employee of Gluco Lodge has a criminal background check completed to ensure the safety and security of our residents. The administration did complete a state criminal background check on 10/27/2022, in addition to informing Staff person A upon hire that they would need to complete additional clearance for their background check due to not residing in the State of PA for at least two years. This required the staff person to access an offsite location. Staff person A informed administration that they made multiple attempts to do so but were confused by the process. That is when Administration stepped in to help guide Staff Person A to complete the check successfully. Unfortunately, this was done beyond the regulated time. The administration will manage all IdentoGO appointments from now on. The administrator or designee will continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ([REDACTED] - 05/10/2023)

**65f - Training Topics**

**6. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

**Description of Violation**

Direct care staff person B did not receive training in infection control during training year 2022 until [REDACTED] 23. Staff

65f - Training Topics (continued)

person B's annual training was due to be completed by [REDACTED]/23.

Plan of Correction

Accept (RY 04/17/2023)

This training was originally scheduled within the appropriate time period, however, due to circumstances out of our control this training was rescheduled for [REDACTED] 23 which was one day passed the regulation deadline. Moving forward to prevent this potential recurrence, all training for the annual year will be available to staff in a pamphlet form that they would have complete access to in addition to our scheduled in-person monthly education meetings. All staff will have their training completed five days prior to the annual training year to prevent a recurrence. The administrator or designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented ([REDACTED] - 05/10/2023)

89b - Hot Water Temperature

7. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature in the home's 1st floor shower room measured at 127.6 degrees Fahrenheit. The hot water temperature in the home's 2nd floor shower room measured at 124 degrees Fahrenheit.

Plan of Correction

Accept ([REDACTED] 04/17/2023)

Maintenance was immediately notified of the warm water temperature readings on the day of inspection. We have a thermometer permanently placed at the hot water source. Maintenance made a mild adjustment and checked the water temperature in the same location as the inspector on the 1st floor and it measured 101.1-degree Freiheit. An audit tool (see attached) is now in place along with an updated policy and procedure to prevent a recurrence. The administrator or designee will continue to monitor at random monthly for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/13/2023

Implemented ([REDACTED] - 05/10/2023)

184a - Resident's Meds Labeled

8. Requirements

2600.

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

Description of Violation

The pharmacy label for resident #3's [REDACTED] does not include the parameters to hold the medication if the resident's systolic blood pressure is less than 110, or the resident's pulse is less than 60bpm.

Plan of Correction

Accept ([REDACTED] - 04/25/2023)

The DON immediately on, 3/23/2023 corrected the issue by applying a sticker on the bottle that referred the reader to the chart. The DON then retrained each med tech on 3/23/2023. The 3rd shift med techs will do nightly med cart audits. The Administrator or Designee and or DON will do random med cart audits at least biweekly to ensure compliance.

This relatively new resident came with a bottle of [REDACTED] from home. The bottle did not state the parameters. The parameters had been added by a SNF prior to [REDACTED] admission to Gluco Lodge. The parameters were

184a - Resident's Meds Labeled (continued)

correct in the computer. The DON immediately corrected the issue by applying a sticker to the bottle that referred the reader to the chart. The DON then addressed this individually with each med tech. The Administrator or Designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ( ) - 05/10/2023

187a - Medication Record

9. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 has a current order for [redacted] to be applied to [redacted] twice daily. Per staff interviews this medication has been applied daily but Resident #3's medication administration record (MAR) was not initialed by staff to indicate that this medication was administered [redacted]/23 at [redacted] pm; [redacted]/23 at [redacted] am or [redacted] pm; [redacted]/23 at [redacted] am or [redacted] pm; and [redacted] 23 at [redacted] am or [redacted] pm.

Resident #3 has a current order for [redacted] to be administered 1x daily. Per staff interviews this medication has been administered daily but Resident #3's MAR was not initialed by staff to indicate that this medication was administered from [redacted] 23 through [redacted] /23.

Plan of Correction

Accept ( ) - 04/25/2023

The Administrator or Designee and/or DON will do random med cart audits at least biweekly to ensure compliance. The DON contacted both the pharmacy and our charting program administrator on 2/22/2023 and found that there was an issue with stop dates being applied automatically by the system. The 2 companies found and fixed the problem by 2/23/2023 so orders will not stop in the future unless a discontinued order is physically received. The charting agency will be doing periodic audits of our system to ensure that this does not recur. The Administrator or Designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ( ) - 05/10/2023

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted] and [redacted], to be held if the resident's systolic blood pressure is under 110 or pulse is under 60bpm. Both medications are administered at 8am. Staff are not measuring the resident's blood pressure before the 8am administration of this medication and therefore are not able to accurately administer/hold this medication.

Resident #2 is also prescribed [redacted], with parameters to hold if systolic blood pressure is under 170. Staff

**187d - Follow Prescriber's Orders (continued)**

are not measuring the resident's blood pressure before the 2pm and 10pm administration of this medication and therefore are not able to accurately administer/hold this medication.

Resident #2's [REDACTED] was administered when the resident's systolic blood pressure was under 170 on the following dates/times:

- 3/3/23 at 10pm blood pressure [REDACTED]
- 3/9/23 at 6am blood pressure [REDACTED]
- 3/10/23 at 6am blood pressure [REDACTED] and 10pm blood pressure [REDACTED]
- 3/11/23 at 6am blood pressure [REDACTED]
- 3/15/23 at 10pm blood pressure [REDACTED]
- 3/19/23 at 10pm blood pressure [REDACTED]
- 3/20/23 at 6am blood pressure [REDACTED]
- 3/21/23 at 6am blood pressure [REDACTED]

Resident #4 is prescribed [REDACTED], to be held if the resident's systolic blood pressure is less than 110. Staff are not measuring the resident's blood pressure before the 10pm administration of this medication and therefore are not able to accurately administer/hold this medication.

Resident #4 is prescribed [REDACTED], to be held if the resident's systolic blood pressure is less than 110. On [REDACTED]/23, Resident #4's blood pressure was recorded as [REDACTED], and the resident's MAR indicates that this medication was administered when it should have been held.

Resident #4 is prescribed [REDACTED] and [REDACTED], to be held if the resident's systolic blood pressure is less than 110. Both medications are scheduled to be administered at 8am. Staff are not measuring Resident #4's blood pressure before the 8am administration, and therefore are not able to accurately administer/hold this medication.

**Plan of Correction**

Accept ( [REDACTED] - 04/25/2023)

The DON contacted both the pharmacy and our charting company on 3/23/2023 and had them review all orders for parameters and ensure they are being charted appropriately from now on to alert the staff and not allow them to pass a medication without putting in the readings. The alert was added on 3/24/2023. The Administrator or Designee and/or DON will do random med cart audits at least biweekly to ensure compliance.

The DON reported the med errors to the DHS, families, and the PCPs. The PCP removed the parameters for these medications after reviewing the collected data. The DON contacted both the pharmacy and our charting company and had them review all orders for parameters and make sure that they are being charted appropriately going forward to alert the staff and not allow them to pass a medication without putting in the readings. A paper form was also created for any future parameters. The Administrator or Designee will monitor for ongoing compliance.

**Licensee's Proposed Overall Completion Date:** 04/24/2023

Implemented ( [REDACTED] - 05/10/2023)