

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

August 9, 2023

[REDACTED], EXECUTIVE DIRECTOR
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 06/13/2023, 06/14/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SPRING VILLAGE AT POCONO* License #: *22704* License Expiration: *06/25/2024*
 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: *329 EAST BROWN STREET, EAST STROUDSBURG, PA, 18301*
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *1 1* Date: *08/01/2013* Issued By: *East Stroudsburg Brough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *137* Waking Staff: *103*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [Redacted]
 Reason: *Renewal, Complaint* Exit Conference Date: *06/14/2023*

Inspection Dates and Department Representative

06/13/2023 On Site [Redacted]
 06/14/2023 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *105* Residents Served: *81*

Secured Dementia Care Unit
 In Home: *Yes* Area: *3rd floor* Capacity: *40* Residents Served: *37*

Hospice
 Current Residents: *13*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *56* Have Physical Disability: *6*

Inspections / Reviews

06/13/2023 - Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *07/20/2023*

07/27/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: *08/04/2023*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *07/31/2023*

Inspections / Reviews *(continued)*

08/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/07/2023

08/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65f - Training Topics

1. 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 "A" DOH [REDACTED] did not have proof that they received required annual training in topics utilizing the Department forms to meet the resident's needs and personal care service needs of the residents for staff training year 2022.

Plan of Correction

Accept [REDACTED] - 08/03/2023)

The Inspection on June 13 and 14, 2023 alerted Spring Village at Pocono to the fact that their training program did not cover mandatory topics that the State required. The training schedule has been in place and unchanged since 2015. More specifically, the missing topic was the instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan. All other aspects of the training schedule were satisfactory.

To address and fix this issue going forward, the Executive Director immediately updated the training topics to cover the missing topic. New training schedules were updated on July 17th and are attached. The updated training schedule that did not specifically include this topic, now includes this topic. This schedule and content of this training is to be overseen by the Executive Director. The topic will be covered annually in our May mandatory meetings going forward.

We hold mandatory monthly meetings with care staff. The July meeting scheduled for Thursday July 20, 2023 went over meeting the resident needs and personal care service needs of the residents to account for the 65f violation. The attendance sheet for the inservice will be submitted along with the Notes/Minutes from this meeting onto the Sanswrite portal after the meeting on 7/20/23. The topic will be covered annually in our May mandatory meetings going forward, per the new training schedule. The Executive Director to oversee ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/01/2023

Implemented [REDACTED] - 08/09/2023)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff "B" DOH [REDACTED] did not have proof that they had received annual staff training in Emergency Preparedness procedures for the training year for 2022.

Plan of Correction

Accept [REDACTED] - 08/03/2023)

Direct Care worker "B" did not have proof that they had received annual staff training in Emergency Preparedness procedures. Emergency Preparedness is an annual training topic, however this particular employee did not have the training complete. The Executive Director is responsible for making sure employees have mandatory trainings completed.

The Care Supervisor contacted the employee saying [REDACTED] would have to complete Emergency Preparedness training before we could have [REDACTED] back on the schedule working as a direct care worker. Worker "B" came in and reviewed the Emergency Preparedness Plan for Spring Village at Pocono and completed a quiz on the specifics of our

65g - Annual Training Content (continued)

Emergency Preparedness Plan. The Quiz answers had to be all correct to ensure compliance with understanding our Emergency Preparedness procedures. The employee completed this quiz on 7/6/2023. Created new in house procedure that if someone misses the Inservice training that month they will be taken off schedule until the training is complete. This new policy was communicated to staff in the 7/20 Care meeting and will be reinforced at the August 3rd Town hall meeting. The Executive Director will oversee training schedule and attendance by staff to ensure compliance.

Licensee's Proposed Overall Completion Date: 08/01/2023

Implemented (████) - 08/09/2023)

101i - Access to Bedroom

3. Requirements

2600. 101.i. A resident shall have access to his bedroom at all times.

Description of Violation

The home's third floor secured unit was found to have the residents' bedrooms locked while on site for annual inspection. The staff report that the residents had to ask to open their door to allow entry into their rooms. The residents were observed gathered in the dining area and staff reported that the residents all want their rooms locked. The residents suffered from significant dementia and were not aware that they needed to request staff to allow them in their rooms. Residents did not have immediate access to their rooms.

Plan of Correction

Accept (████) - 07/27/2023)

Spring Village at Pocono is not currently locking doors for third floor residents. Care staff for our third floor Memory Care unit were made immediately aware on 6/14/23 and 6/15/23. This was again addressed at Town Hall meetings to all staff (including Care again) on July that that all resident doors need to remain unlocked. If a resident has their door locked by choice, this is fine.

Dementia residents are currently allowed access to all resident rooms on third floor. Supply closets and non-resident rooms will be kept locked to ensure safety. Care Supervisor and Administrator to oversee compliance by observing staff procedures, checking resident doors while daily walk through's, and ongoing education.

Licensee's Proposed Overall Completion Date: 07/20/2023

Implemented (████) - 08/09/2023)

132e - Fire Drill Sleeping Hours

4. Requirements

2600. 132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home did not conduct a sleep hour fire drills during the past 12 months. The home conducted one overnight fire drill on 8/30/22 at 11:15PM.

Plan of Correction

Accept (████) - 07/27/2023)

Spring Village at Pocono did not conduct a fire drill during sleep hours since August of 2022. These drills need to

132e - Fire Drill Sleeping Hours (continued)

occur once every six months at a minimum. Spring village at Pocono conducted a fire drill on Thursday July 6th at 5:40 am. The fire drill was documented in the fire drill record and is attached. Spring Village at Pocono to conduct another unannounced fire drill during overnight sleeping hours by January of 2024. Executive Director and Maintenance Director to oversee compliance.

Licensee's Proposed Overall Completion Date: 07/20/2023

Implemented (████) - 08/09/2023

233c - Key-Locking Devices

5. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The third-floor secured unit keypads were missing the codes posted for the two emergency stairs exits.

Plan of Correction

Accept (████) - 08/03/2023

The third floor secured dementia unit keypads were missing the codes posted for the two emergency stairs exits. (North and West Wings).

The code was conspicuously posted at each keypad in two separate areas to ensure ongoing compliance meets 233c. Two areas help ensure compliance- if one of the codes falls off or is taken off, there will still be another code displayed. This was done on the day of the inspection once notified of the violation, the date completed was 6/13/2023. This follows the procedures we had been doing for the Elevator keypad and have had no issues with meeting compliance for 233C for the elevator exit. Administrator and Resident Services Coordinator to oversee compliance through daily walk throughs and no issues noted through 47 days. Photos are attached.

Licensee's Proposed Overall Completion Date: 08/01/2023

Implemented (████) - 08/09/2023