

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

December 21, 2023

[REDACTED], ESQUIRE
ASBURY LIVING INC.
[REDACTED]

RE: ASBURY GRACE PARK
1170 WEST MAIN STREET
STROUDSBURG, PA, 18360
LICENSE/COC#: 231970

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/19/2023 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: *ASBURY GRACE PARK* License #: *231970* License Expiration:

Address: *1170 WEST MAIN STREET, STROUDSBURG, PA 18360*

County: *MONROE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *ASBURY LIVING INC.*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *11/08/2011* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *93* Waking Staff: *70*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:

Reason: *Incident, Change Legal Entity* Exit Conference Date: *12/19/2023*

Inspection Dates and Department Representative

12/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *73*

Secured Dementia Care Unit

In Home: *Yes* Area: *Garden House* Capacity: *22* Residents Served: *19*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

12/19/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/29/2023*

12/21/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/21/2023*

Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

12/21/2023 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/21/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 Carbon Monoxide (CO) monitor in the library area had batteries in it that were last installed in April 2022. Also the CO monitor in the Great room had batteries installed that were not dated. Both CO monitors are installed near gas fireplaces and are battery operated.

Plan of Correction

Accept [redacted] - 12/21/2023)

All batteries will be dated at the time of installation. All CO Monitors will have the batteries replaced annually and dated. The ED will oversee the completion of this function. All CO Monitors will be checked at the time of the monthly Fire Drill by the ED. See attached pictures of the new batteries.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented [redacted] - 12/21/2023)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bed in resident room 110 had a U shaped enabler bar attached to the bed with no cover over it. There was an approximate 12 inch gap between the bars. Also, the enabler bar was attached to a board that slid between the mattress and box spring but was not attached to the bed frame; the enabler bar was observed slightly askew to the side of the bed, leaving a gap between the bar and the bed and therefore creating a possible entrapment risk.

Plan of Correction

Accept [redacted] 12/21/2023)

Enabler installed by family has been removed. Resident is not in need at this time for an enabler bar. If and when the time comes the resident requires an enabler bar, a department approved enabler will be installed and monitored. The ED will oversee that all requirements are met.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented [redacted] 12/21/2023)

103e - Left Overs

3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The following unlabeled and undated foods were found in the home's kitchen areas:

- 1 small ramekin of yogurt with plastic wrap over it in the refrigerator;
- 3 small plastic bags of frozen hot dogs, carrots, and ham in the freezer;
- 1 block of sliced cheese wrapped in plastic wrap in the memory care refrigerator.

103e - Left Overs (continued)

Plan of Correction

Accept (████ - 12/21/2023)

All unlabeled food has been discarded. A review of the food storage and proper labeling has been implemented by the Food Serve director over the next 30 days to include all staff members in his department. This will insure all staff is properly trained in food storage and labeling of food at Grace Park.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented (████ - 12/21/2023)

105g - Lint Removal and Duct Cleaning

4. 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.

Description of Violation

The large industrial dryer in the main laundry room had an accumulation of lint in the lint trap. Also, the dryer in the memory care unit had a layer of lint in the lint trap.

Plan of Correction

Accept (████ - 12/21/2023)

All dryer vent lint traps have been cleaned 12/19/2023. A training on the requirements and proper removal of lint from the dryer vents by the head housekeeper has been implemented 12-19-2023 for all shifts over the next 30 days. To insure 100% staff trained. The ED will be responsible for spot checking dryer vent vents for 100% compliance.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented (████ - 12/21/2023)

234b - Support Plan Needs Elements

5. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #1 was admitted to the home's secure dementia unit on █████/23. Resident #1 has a fall history and has suffered facial injuries from a fall on 10/26/23. Staff interviews indicate the resident had a bed alarm installed some time after the resident was admitted. The support plan dated █████/23 was not updated to address the frequent falls the resident suffers and the reason the bed alarm was installed on the resident's bed.

Plan of Correction

Accept (████ - 12/21/2023)

Resident #1 Support plan has been reviewed and updated 12/19/2023 to include the bed alarm. The wellness director will insure any and all changes to the resident support equipment is properly added to the existing support plan to ensure 100% compliance.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented (████ - 12/21/2023)