

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

March 27, 2024

[REDACTED]
ASBURY LIVING INC.
[REDACTED]
[REDACTED]

RE: ASBURY GRACE PARK
1170 WEST MAIN STREET
STROUDSBURG, PA, 18360
LICENSE/COC#: 23197

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/14/2024 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: ASBURY GRACE PARK License #: 23197 License Expiration: 12/28/2024
 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: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 02/14/2024

Inspection Dates and Department Representative

02/14/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 92 Residents Served: 73

Secured Dementia Care Unit

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

Hospice

Current Residents: 5

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

02/14/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/07/2024

03/11/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/06/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/15/2024

Inspections / Reviews (*continued*)

03/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/01/2024

03/27/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] the home's staff reported that staff person A used their phone to record resident [REDACTED] while resident [REDACTED] was wearing only a brief and a pajama top and being combative during care. The home did not report the incident to the Area Agency on Aging as required.

Plan of Correction

Accept [REDACTED] - 03/20/2024)

1. The Executive Director ([REDACTED]) will report any form of abuse to the agency on aging immediately after being notified of abuse.
2. On [REDACTED] [REDACTED] notified agency on Aging during this inspection of the suspected abuse.
3. [REDACTED] (The Executive Director) educated my leadership team on [REDACTED] about proper notification to AAA
4. [REDACTED] is notified of all incidents and will assure compliance.

Proposed Overall Completion Date: 03/14/2024

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [REDACTED] - 03/27/2024)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 6am staff person A used their phone to record resident [REDACTED] wearing only a brief and a pajama top and being combative with staff during care. Staff person A was reprimanding resident [REDACTED] for having been incontinent. Staff person A was told by staff person B to stop recording resident [REDACTED] but they continued and resident [REDACTED] was visibly upset by being recorded. Staff person A showed the video to staff person C, who reported the incident immediately on [REDACTED].

Plan of Correction

Directed [REDACTED] 03/20/2024)

1. [REDACTED] The Executive Director terminated the associate on the same day as the incident.
2. [REDACTED] will continue to educate all associates on regulation 42.b on hire and yearly along with the extra 6 hours of yearly training that is required on a secured unit on how to properly handle our population with memory issues.
2. The Executive Director check all associates training records for compliance.

Proposed Overall Completion Date: 03/14/2024.

Administrator will train all staff in residents rights by 3/29/2024. The administrator will monitor violations of resident's rights for ongoing compliance.

42b - Abuse (continued)

Directed Completion Date: 04/01/2024

Implemented [REDACTED] - 03/27/2024)

231c - Preadmission Screening

3. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED] and then transferred to the home's secure dementia unit on [REDACTED]. The home did not complete a cognitive screening in conjunction with a physician or geriatric assessment team within 72 hours prior to, or on the day of the resident's admission to the secure dementia unit.

Plan of Correction

Directed [REDACTED] - 03/20/2024)

1. The Director of Wellness ([REDACTED]) completed a pre-screening on [REDACTED] due to the previous company did not complete it before this resident moved.
2. The Executive Director will check all admission pre-screening meet the timeline before an admission for on-going compliance.

Proposed Overall Completion Date: 03/14/2024.

The administrator will audit all resident's preadmission screening by 3/29/2024.

The administrator will be responsible for maintaining ongoing compliance.

Directed Completion Date: 04/01/2024

Implemented [REDACTED] 03/27/2024)