

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

May 6, 2024

[REDACTED], OWNER
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 03/26/2024 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]
Human Services Licensing Supervisor

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: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 02/19/2009 **Issued By:** DLI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 43 **Waking Staff:** 32

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 03/26/2024

Inspection Dates and Department Representative

03/26/2024 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 51	Residents Served: 39		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 39		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 4	Have Physical Disability: 3		

Inspections / Reviews

03/26/2024 - Full
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/25/2024

Inspections / Reviews *(continued)*

05/06/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

05/06/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103i - Outdated Food

1. Requirements

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- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was a container of coriander that expired 3-8-24.

Plan of Correction

Accept (████) 05/06/2024)

The container of Coriander Spice was immediately disposed of at the time of inspection to correct the deficiency. The Kitchen Staff was re-educated the same day and again on March 28, 2024 (See Attached). Moving forward, the Kitchen Manager or designee will complete a Monthly Kitchen Checklist (See Attached) to ensure compliance that all products are within the manufacturers recommended shelf life and other duties assigned. The Administrator has since enrolled in ServSafe to ensure that the kitchen is monitored properly. The Administrator will review the Monthly Checklist and monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (████) - 05/06/2024)

141a 1-10 Medical Evaluation Information

2. 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 # 1 's section 3 on the Documentation of Medical Evaluation (DME) dated (████), Medical Information pertinent to diagnosis or treatment. The section was blank, making it appear missed.

Plan of Correction

Accept (████) - 05/06/2024)

Resident # 1 's section 3 on the Medical Evaluation was completed by an out of state Physician prior to admission. The Resident, Family, Director Of Nursing, and Administrator were unsuccessful with working with this Physician to meet requirement. On April 12, 2024, the Resident and Family decided to change to a local Physician who completed the DME in the proper format. Please see the updated DME (see attached). Moving forward, The Director of Nursing and Administrator will review all DME's prior to admission. The Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (████) - 05/06/2024)

141a 1-10 Medical Evaluation Information (continued)

171b5 - First Aid Kit

3. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the vehicle does not contain eye covering.

Plan of Correction

Accept ([redacted] - 05/06/2024)

The First Aid Kit on the Omni Bus did have an eye covering however, it was an incorrect eye covering for only one eye and was corrected at the time of inspection with goggles and a face shield. All staff was educated on what goes into the First Aid Kits and their locations on March 28, 2024 (See Attached). A location of all First Aid Kits was created and posted for all staff in several locations and are reviewed during Orientation and other training throughout the training year. An Audit Tool (see attached) was created which will be reviewed monthly to ensure compliance of all contents in the First Aid Kits are up to date and compliant. The Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented [redacted] - 05/06/2024)

187a - Medication Record

4. Requirements

2600.

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

Description of Violation

Resident #3's glucometer had a reading of [redacted]. The reading was incorrectly recorded on the Medication Administration Record (MAR) as [redacted].

Repeat 3-21-23

Plan of Correction

Accept [redacted] - 05/06/2024)

Resident #3 blood sugar was taken within the correct time frame, however was transcribed incorrectly on the MAR. All staff members were re-educated on March 28, 2024 (See Attached). The Director of Nursing re-educated all nursing and medications associates on March 27, 2024 (See Attached). Staff were individually observed by the Director of Nursing on 03/27/24, 03/28/24, 04/19/24, 04/22/24, and 04/23/24. Moving forward glucometers will be downloaded to the computer every night and a nightly MAR audit will occur for all residents who require Accuchecks to ensure accuracy with transcribed results by the Charge Person on duty. Results will be printed out monthly for review by the Director Of Nursing for audit. The Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented [redacted] - 05/06/2024)