

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

July 8, 2024

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

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/22/2024 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: 87 Waking Staff: 65

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 05/22/2024

Inspection Dates and Department Representative

05/22/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 92 Residents Served: 70

Secured Dementia Care Unit

In Home: Yes Area: The Garden Capacity: 22 Residents Served: 17

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

05/22/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/09/2024

06/05/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/05/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/10/2024

Inspections / Reviews (*continued*)

07/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/05/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/06/2024

07/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/05/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. 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] staff person A observed staff person B holding resident #1's nose and forcing a spoon full of food into the resident's mouth. Resident #1 was attempting to refuse to eat.

Repeat Violation 2/14/24.

Plan of Correction

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

1. [REDACTED] The Executive Director is responsible for the education of all associates/departments to be educated on resident rights and what constitutes abuse.
2. [REDACTED] will hold 2 mandatory abuse prevention and awareness in-services through the month of June 2024 for extra training and education
3. Asbury has yearly abuse prevention in-services that will remain mandatory yearly in-services
4. We moved our Well-being supervisor's office to our secured unit in May to help oversee our secured unit more closely to help with daily education or support.
5. [REDACTED] terminated associate B immediately following the incident.
6. [REDACTED] our executive Director will follow up on on-going compliance, understanding, education and support to all associates to keep residents safe.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented ([REDACTED]) - 07/01/2024)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A container of scalp conditioner was found in the drawer of a console table located in a common area of the home's secure dementia unit.

Plan of Correction

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

1. The conditioner was removed at the time it was found and locked up.
2. [REDACTED] The well-being Director did a walk through on the day of the inspection to be sure no other items had been left out. All items were locked up.
3. [REDACTED] will do a weekly walk through of the home to check all items are locked up in the appropriate locked closet or locked cabinet.
4. All associates will attend a mandatory in-service on where to store poisonous materials by June 30th 2024
5. [REDACTED] the Executive Director will follow up on on-going compliance

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented ([REDACTED]) - 07/01/2024)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident #2 has a bed enabler bar with an opening approximately 8 inches by 12 inches. The bed enabler was not covered, to reduce the risk of injury.

Plan of Correction

Accept () - 06/05/2024)

1. Resident number 2 was assisted in purchasing a cover for [redacted] bed cane.
2. The therapy group that sees our residents were instructed to tell [redacted] or [redacted] if they feel a resident needs a bed cane so we can be sure all items are appropriate size, covered and care planned to ensure we are compliant.

Licensee's Proposed Overall Completion Date: 06/12/2024

Implemented () - 07/08/2024)

103g - Storing Food

4. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of frozen sausage patties was found in the home's kitchen freezer opened and not securely tied.

Plan of Correction

Accept () - 06/05/2024)

1. The sausage patties were thrown out on the day of inspection.
2. The kitchen staff were educated on the day of inspection on proper food storage. See attached training sheet
3. [redacted] our Dining Director will do weekly checks on all stored food.
4. [redacted] will follow up monthly to ensure on- going compliance with this regulation.

Licensee's Proposed Overall Completion Date: 06/04/2024

Implemented () - 07/01/2024)

103i - Outdated Food

5. Requirements

2600.

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

Description of Violation

A dented can containing sliced strawberry topping was found in the kitchen pantry.

Plan of Correction

Accept () - 06/05/2024)

1. The can of strawberries was thrown out on 05/22/2024
2. The kitchen staff were educated on 05/22/2024 on proper storage of all food items along with general kitchen topics to maintain compliance. Attached to previous violation.
3. [redacted] our dining Director will do weekly checks for on- going compliance.
4. [redacted] our Executive Director will check regularly in the kitchen to ensure on-going compliance.

103i - Outdated Food (continued)

Licensee's Proposed Overall Completion Date: 06/04/2024

Implemented () - 07/01/2024)

182c - Medication Administration

6. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 1. Identify the correct resident.
- 5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
- 7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

During physical site inspection, Advil was found in a medicine cup on a windowsill, located in second floor unlocked laundry room, which is utilized by residents. The home does not currently have residents who self-administer medications. Therefore, the staff person administering medications did not ensure that the resident took the medication given.

Plan of Correction

Accept () - 06/05/2024)

- 1. The cup with the Advil was thrown out on the day it was found.
- 2. () the Well Being Director will in-service all med techs on the 5 rights of medication administration by June 30th 2024.
- 3. Asbury has annual mandatory trainings on medication administration that will continue yearly.
- 4. () The Executive Director will follow up to ensure on-going compliance

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 07/01/2024)

183b - Meds and Syringes Locked

7. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

During physical site inspection, Advil was found in a medicine cup on a windowsill, located in second floor unlocked laundry room, which is utilized by residents.

Plan of Correction

Accept () - 06/05/2024)

- 1. The Advil was thrown out on 05/22/2024
- 2. () Well-Being Director will have an in-service with all med techs on the proper storage of medications.
- 3. () The Executive Director will do a monthly audit of the med room to ensure compliance with medication storage.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 07/01/2024)

183e - Storing Medications

8. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #3's Breo inhaler was not dated and initialed by the staff person who initially removed the inhaler for use.

Plan of Correction

Accept (█ - 06/05/2024)

- 1. █ conducting a mandatory in-service training on properly dating all medications by 06/30/2024
- 2. Our Pharmacy IPPC conducts monthly cart audits and education
- 3. █ our Executive Director will ensure on-going compliance and education is followed up on.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (█ - 07/08/2024)

185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #4 requires blood glucose monitoring four times daily. On 5/15/24 at 5:15pm the blood glucose reading was 392 but was documented as 399. On 5/14/24 at 4:30pm the blood glucose reading was 373 but was documented as 372.

Resident #5 requires blood glucose monitoring once daily in the morning. On 5/9/24 at 5:02am the blood glucose reading was 118 but was documented as 113.

The home's medication storage policy requires that staff perform narcotic drug counts at each shift change. On the following dates the twelve hour shift verification of controlled substances sheet was not signed by on coming and/or off going staff members who performed the counts:

5/18/24 the on coming staff person did not sign at 6pm

5/19/24 the on coming staff person did not sign at 6am and did not sign at 6pm when leaving.

Resident #6 has an order for Lactase 3,000 units caplet every four hours as needed. The medication was not on hand to be administered if needed.

Plan of Correction

Accept (█ - 06/05/2024)

- 1. █ is conducting a mandatory in-service training for med techs by June 30th 2024.
- 2. █ wellbeing supervisor is responsible to check glucose machines weekly and compare to the MAR to ensure accuracy.
- 3. █ will do weekly checks for narcotic sheets that they are being done properly and signed.
- 4. █ the Executive Director will do audits to ensure on going compliance with these regulations

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 07/08/2024)

187a - Medication Record

10. 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 #7 has an order for Potassium CL 10% 15ml once per day. The medication was available in the cart for administration but was not being initialed as administered by staff from 5/10/24 through 5/22/24.

Plan of Correction

Accept () - 06/05/2024)

- 1. () will pull daily reports for missed signatures on the MAR.
- 2. () our Executive Director will review the reports () prints out weekly to ensure compliance in proper documentation on the MARs.

Licensee's Proposed Overall Completion Date: 06/12/2024

Implemented () - 07/08/2024)

187d - Follow Prescriber's Orders

11. Requirements

2600.

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

Description of Violation

Resident #7 has an order for Calcium Antacid 500 mg twice per day. On 5/13/24 the medication was not administered at 8am. Resident #7 also has an order for Metoprolol 25mg two times per day, to be held if the systolic blood pressure (SBP) is less than 110 and heart rate less than 60. On the following dates and times the medication was administered when it should have been withheld due to parameters:

- 5/1/24 at 8am the SBP was 109.
- 5/4/24 at 8pm the SBP was 107.

Resident #6 has an order for Acetaminophen 325mg three times daily. On 5/18/24 the medication was not administered at 8pm.

Resident #8 has an order for Haloperidol 5mg 1 tablet three times daily. On 5/1/24 at 8am the medication was not administered.

Plan of Correction

Accept () - 06/05/2024)

- 1. Med Techs with the above errors were educated for these medication errors.
- 2. () has a mandatory in-service set up for all med techs to review regulations.
- 3. () will monitor that associates are attending their mandatory trainings and follow a med pass monthly. to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/30/2024

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

Implemented (█ - 07/08/2024)