

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

July 18, 2024

[REDACTED]
ASBURY LIVING INC.
[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 06/12/2024 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: 11/08/2008 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 83 Waking Staff: 62

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 06/12/2024

Inspection Dates and Department Representative

06/12/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 92 Residents Served: 68

Secured Dementia Care Unit
 In Home: Yes Area: NA Capacity: 22 Residents Served: 15

Hospice
 Current Residents: 7

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 15 Have Physical Disability: 1

Inspections / Reviews

06/12/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/18/2024

07/18/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/18/2024
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

07/18/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] has not had an updated annual Medical Evaluation. The last DME completed for resident [redacted] was [redacted]. The resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Accept [redacted] - 07/18/2024)

1. The Director of Wellness updated resident [redacted] on 06/12/2024 at the time of the inspection.
2. The Director of Wellness went through all charts to check for compliance on all Medial Evaluations.
3. The Executive Director will monitor monthly for on-going compliance
4. Asbury Grace Park will be installing a program late in 2024 that also tracks compliance and sends reminders when Medical Evaluations are due. This program is called PCC

Licensee's Proposed Overall Completion Date: 07/18/2024

Implemented [redacted] - 07/18/2024)

231f - Assessed Annually

2. Requirements

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

Resident [redacted] was assessed for the need for Secure Dementia Care Unit (SDCU) on [redacted] and has not had an updated assessment.

Plan of Correction

Accept [redacted] - 07/18/2024)

1. Director of Wellness updated the assessment on 06/12/2024 at the time of the inspection.
2. The Executive Director will monitor for on-going compliance with the completion of the behavioral section of the support plans.
3. See attached support plans.

Licensee's Proposed Overall Completion Date: 07/18/2024

Implemented [redacted] - 07/18/2024)

234d - Support Plan Revision

3. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident [redacted] last support plan was completed on [redacted]. The prior support plan was completed [redacted].

Plan of Correction

Accept [redacted] - 07/18/2024)

1. The Director of Wellness updated resident [redacted] support plan on [redacted] at the time of the inspection.
2. The Director of Wellness went through all charts to be sure all support plans were correct and updated.
3. The Executive Director will monitor on-going compliance with completing support plans timely.

234d - Support Plan Revision (continued)

Licensee's Proposed Overall Completion Date: 07/18/2024

Implemented [REDACTED] 07/18/2024)