

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

October 23, 2024

[REDACTED], ADMINISTRATOR
BFG POCONO MASTER TENENT LLC
329 EAST BROWN STREET
EAST STROUDSBURG, PA, 18301

RE: SPRING VILLAGE AT POCONO
329 EAST BROWN STREET
EAST STROUDSBURG, PA, 18301
LICENSE/COC#: 22704

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2024, 08/07/2024 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: *SPRING VILLAGE AT POCONO* License #: *22704* License Expiration: *06/25/2025*
 Address: *329 EAST BROWN STREET, EAST STROUDSBURG, PA 18301*
 County: *MONROE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *BFG POCONO MASTER TENENT LLC*
 Address: *329 EAST BROWN STREET, EAST STROUDSBURG, PA, 18301*
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *08/01/2013* Issued By: *E. Stroudsburg Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *142* Waking Staff: *107*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/07/2024*

Inspection Dates and Department Representative

08/06/2024 - On-Site: [REDACTED]
 08/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *105* Residents Served: *83*

Secured Dementia Care Unit
 In Home: *Yes* Area: *3rd floor* Capacity: *40* Residents Served: *32*

Hospice
 Current Residents: *14*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *83*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *59* Have Physical Disability: *3*

Inspections / Reviews

08/06/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/01/2024*

09/18/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/17/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2024*

Inspections / Reviews (*continued*)

09/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/01/2024

10/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/17/2024

10/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #2's contract was not signed by the administrator or designee of the facility. The resident signed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/18/2024)

On August 28, 2024, all resident files were audited by the Concierge of Spring Village at Pocono. Any missing signatures were obtained by the Director of Community Relations. The Director of Community Relations is responsible for signing the contract. The Administrator will oversee compliance by reviewing every new executed Residency Contract/Agreement. The outcomes of this plan of correction were discussed at the August quality assurance meeting.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented ([REDACTED] - 10/15/2024)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Staff Person "A" hired [REDACTED] and Staff Person "B" hired [REDACTED] did not receive the required annual training in Medication Self-Administration for the year 2023.

Repeat Violation-6-13-23

Plan of Correction

Accept ([REDACTED] - 09/26/2024)

On September 18, 2024 during our monthly mandatory Care Manager meeting, [REDACTED] the DON will retrain all employees on Self Administration of Medication.

In addition during orientation all new employees are trained in self administration of medication by Lorraine Howey the DON.

Yearly all care managers will be trained by the DON Lorraine Howey again on Self Administration of Medication. On August 23, 2024, the administrator Ryan Lohman revised the staff training topics for the calendar year 2024-2025 to include Self Administration of medication. This in-service will take place on March 6, 2025 and is mandatory for all employees and will remain on our training schedule going forward. After the March 6th training or administrative assistant [REDACTED] will check all sign in sheets and any current staff who has not signed that they attended the training will be called in to go over the training within 10 days. Please see attached staff training calendar, and Self Medication training.

Licensee's Proposed Overall Completion Date: 09/28/2024

Implemented ([REDACTED] - 10/15/2024)

85a - Sanitary Conditions

3. Requirements

85a Sanitary Conditions (continued)

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Blood stains were noted on Resident #1's glucometer.

Plan of Correction

Accept ([redacted] - 09/26/2024)

Sanitary conditions shall be maintained. An in-service will be completed by the Director of Nursing [redacted] by 9/15/2024 with all Med Tech's to re-educate the staff on the importance of maintaining sanitary conditions with blood borne pathogens. Also, DON will audit weekly every glucometer at Spring Village of Pocono for sanitary conditions. Any glucometers out of compliance will be corrected.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented ([redacted] - 10/15/2024)

95 Furniture and Equipment

4. Requirements

2600.
95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On the Secured Dementia floor, the linen room was found unlocked and the door propped open. This room has an open laundry chute that residents can potentially fall down.

Plan of Correction

Accept ([redacted] - 09/26/2024)

Furniture and equipment must be in good repair, clean and free of hazards. On August 14th during our mandatory Direct Care Meetings, the ED [redacted] preemptively discussed the violations that we would be getting for this month's inspection. We discussed a violation for propping open the linen room. Leaving this door propped open could lead to a resident entering said closet and having access to the laundry chute. ED instructed that the linen room door must be always locked and never left propped open. A laminated sign has now been posted on the door.- Please see attached agenda and sign in sheet. Monthly at our mandatory Town Hall Meeting the importance of not probing open doors will be re visited. Personal Care Coordinator [redacted] will monitor the third floor 3 times daily to ensure the door is kept closed. Offenders will be written up

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented ([redacted] - 10/15/2024)

103e Left Overs

5. 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

On the 2nd floor, in the country kitchen, there was an unidentifiable container of food in the freezer with no label or date.

103e - Left Overs (continued)

Plan of Correction

Accepted [redacted] - 09/26/2024)

Food served and returned from an individual's plate may not be served again or used in preparation of other dishes. Leftover food shall be labeled and dated. On August 14th during our mandatory Direct Care Meetings, the ED preemptively discussed the violations that we would be getting for this month's inspection. We discussed the importance of labeling food leftovers and what should and should not be left in the fridge. Staff were instructed that staff food is not to be placed in the resident refrigerator. We discussed the proper type of labeling for food to include type of food, dated food put in fridge, and name - Please see attached agenda and sign in sheet. Personal Care Coordinator Li Juan Zhou will monitor daily for unapproved food in refrigerator, Un labeled items will be thrown out

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented [redacted] - 10/15/2024)

103i - Outdated Food

6. Requirements

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

Description of Violation

The refrigerator to the right of main entrance contained 2 bottles of condiments that were not labeled with open dates.

Plan of Correction

Accepted [redacted] - 09/26/2024)

Outdated or spoiled food or dented cans may not be used. During our inspection 2 bottles of condiments were found in the refrigerator not labeled with open dates. The Director of the Dining Room conducted an in-service with the kitchen employees on 8/28/2024 on food labeling, The How's and Whys. Attached is a copy of the in-service. During in-service the importance of dating food was explained so everyone understood it minimizes the spread of food born illnesses. [redacted], Dining Room Director will monitor dates daily.

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented [redacted] - 10/15/2024)

132b - Safety Inspection/Fire Drill

7. Requirements

- 2600.
- 132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent supervised fire drill by a fire safety expert was held on 8/6/24. The previous supervised drill was held on 1/14/2022.

Plan of Correction

Accepted [redacted] - 09/26/2024)

A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept. On day of survey our supervised drill by a fire safety expert was conducted. The previous drill was held on 1/14/22. I have attached documentation of the supervised drill by [redacted] from Fire & Life Safety Solutions, LLC.

[redacted] the Executive Director will be scheduling all fire drills both supervised by staff as well as the yearly one done by [redacted]. [redacted] will also monitor monthly for compliance.

132b - Safety Inspection/Fire Drill (continued)

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented [REDACTED] - 10/15/2024)

132c - Fire Drill Records

8. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

Review of the home's fire drill logs indicate a "sleeping hour" drill was held on 12/21/23 at 4:00 am and 9 staff participated. Based on staff interviews, it was determined that only 5 staff are scheduled on the 11:00 pm to 7:00am shift.

Plan of Correction

Accept [REDACTED] - 09/26/2024)

A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Review of fire drill logs noted that on 12/21/23 at 4am 9 employees participated in the drill. Upon further investigation it was determined that only 5 employees participated in the drill. At our August 14th mandatory Direct Care Meetings, the ED preemptively discussed the violations that we would be getting for this month's inspection. During this meeting we discussed that it is mandatory to hold 2 sleeping drills per year. The Fire Drill log has been updated and attached to reflect the 2 sleeping drills. The Executive Director also discussed the importance of listing the correct number of staff participants. Failure to falsify documentation is grounds for termination.

[REDACTED] the Executive Director will be scheduling all fire drills both supervised by staff as well as the yearly one done by [REDACTED]. [REDACTED] will monitor the logs monthly for compliance

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented [REDACTED] - 10/23/2024)

132d - Evacuation

9. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The most recent fire safety inspection conducted by a fire safety expert was conducted 8/6/24. The last fire safety inspection was completed on 7/1/2022.

Plan of Correction

Accept [REDACTED] - 09/26/2024)

Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

132d Evacuation (continued)

A fire safety inspection and fire drill were conducted by a fire safety expert on 8/6/24. This should be done annually. The last fire safety inspection was held on 7/1/22. I have attached documentation of the supervised drill and inspection by [REDACTED] from Fire & Life Safety Solutions, LLC.

[REDACTED] the Executive Director will be scheduling all fire drills both supervised by staff as well as the yearly one done by [REDACTED]. [REDACTED] will monitor the logs monthly for compliance

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented ([REDACTED] - 10/15/2024)

132e - Fire Drill Sleeping Hours

10. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent "sleeping hour" fire drill was held on 12/21/2023 at 4:00am. A second "sleeping hour drill" was not conducted by 6/20/24 as required under this regulation.

Repeat Violation 6 13 23

Plan of Correction

Accept ([REDACTED] - 09/26/2024)

A fire drill shall be held during sleeping hours once every 6 months. Review of fire drill logs noted that on 12/21/23 at 4am 9 employees participated in the drill. Upon further investigation it was determined that only 5 employees participated in the drill. At our August 14th mandatory Direct Care Meetings, the ED preemptively discussed the violations that we would be getting for this month's inspection. During this meeting we discussed that it is mandatory to hold 2 sleeping drills per year. The Fire Drill log has been updated and attached to reflect the 2 sleeping drills. The Executive Director also discussed the importance of listing the correct number of staff participants. Failure to falsify documentation is grounds for termination.

[REDACTED] the Executive Director will be scheduling all fire drills both supervised by staff as well as the yearly one done by [REDACTED]. [REDACTED] will monitor the logs monthly for compliance

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented ([REDACTED] - 10/15/2024)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

An enabler bar was observed in the following Residents' rooms on 8/6/24. The Residents' support plan does not include risks associated with use of the bed enabler, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used, and whether a cover is required to meet FDA guidelines.

227d Support Plan Medical/Dental (continued)

Resident #2 RASP dated [redacted]
Resident #3 RASP dated [redacted]
Resident #4 RASP dated [redacted]
Resident #5 RASP dated [redacted]
Resident #6 RASP dated [redacted]

Resident #5's DME, dated [redacted], assesses the need for a mechanical soft diet. Resident #5's RASP, dated [redacted] does not contain information about a mechanical soft diet.

Resident #7's most recent RASP, dated [redacted], does not contain information about a bed shaker being utilized for fire drills and evacuation.

Plan of Correction

Accept [redacted] - 09/26/2024)

Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. The DON will hold an in service with the nursing staff at Spring Village at Pocono. The in service materials used were provided by the licensing representative. The topic is "Use of Mobility Devices in Personal Care Homes". This will be completed by October 15, 2024. Once this in service is completed addendums for the support plans will be completed for the residents who currently have bed enablers. Included in these addendums will be the risk associated with the use of enablers, the resident's ability to use the enabler safely for the purpose it was intended, and the specific device used. If it is determined the resident cannot use the enabler safely it will be removed.

The DON will review with the nursing dept the importance of making sure the DME and the Rasp coincide. Resident #5 Rasp will be updated to reflect the mechanical soft diet reflected on the DME. Resident #7 Rasp will be updated to reflect the utilization of a bed shaker for fire drills and evacuations. These changes will be completed by October 15, 2024

An audit of all the Rasps were done by DON Lorraine and her nursing staff. Lorraine will be in charge of monitoring any needs of Bed Enablers in the future and will have nursing staff obtain the proper documentation prior to enablers being added to the beds. Audits of Rasps will be done annually or when there is a Significant Change.

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented [redacted] - 10/23/2024)

231b - Medical Evaluation

12. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #6's most recent DME, dated [redacted], does not document the need for Secured Dementia.

231b Medical Evaluation (continued)

Plan of Correction

Accept [REDACTED] - 09/26/2024)

A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit. Spring Village at Pocono is a personal care residence that has 2 floors. The 2nd floor is Personal Care, and the 3rd floor is an enhanced secured memory care floor. The DON will have an in service with the nursing department to go over the regulations for a resident to be admitted to a secured unit by 9/4/2024. Nurses will be instructed to check all DME's for residents who will be residing on the 3rd floor for an Alzheimer's or Dementia diagnosis.

Resident #6 resides in the secured memory care neighborhood at Spring Village at Pocono. Resident #6 most recent DME does not list Alzheimer's or Dementia as a medical diagnosis allowing for this resident to reside on the secured unit. The director of Nursing has requested the DME be updated to reflect a qualifying diagnosis. This will be completed by 9/4/2024

An audit of all the DME's were done by DON Lorraine and her nursing staff and completed 9/4/2024. [REDACTED] will be in charge of monitoring any DME's going forward. They will be checked yearly and or upon a significant change

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented ([REDACTED]/23/2024)