

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

June 30, 2025

[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 05/07/2025 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: 12/28/2025
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

Staffing Hours

Resident Support Staff: Total Daily Staff: 98 Waking Staff: 74

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 05/07/2025

Inspection Dates and Department Representative

05/07/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 92 Residents Served: 81

Secured Dementia Care Unit

In Home: Yes Area: SDCU Capacity: 22 Residents Served: 17

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 98
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

05/07/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 06/08/2025

06/06/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 06/18/2025
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 06/13/2025

Inspections / Reviews *(continued)*

06/12/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/19/2025

06/30/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2025

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 or around [REDACTED], Resident [REDACTED] spoke sexually to and rubbed the arm of Staff person A, which made them feel very uncomfortable. This was not reported, and no interventions were implemented to safeguard residents. On [REDACTED], Resident [REDACTED] approached Resident [REDACTED] and grabbed their genitals. Resident [REDACTED] told them to stop and immediately informed staff

Plan of Correction

Directed [REDACTED] - 06/12/2025)

- 1. A resident to staff incident is not reportable. Staff A did report this act to their supervisor. The Executive Director met with staff A and educated [REDACTED] on how to handle these situations if it would occur again, which includes to report it again, at the time of the incident, as [REDACTED] did this incident.
- 2. Wellness Supervisor had a discussion with Resident [REDACTED] and [REDACTED] had no memory of this act. Resident [REDACTED] is under our care for dementia.
- 3. On 05/01/2025 Resident number [REDACTED] reported [REDACTED] had been touched by resident number [REDACTED]. The Wellness staff put resident 1 on 1 supervision while investigating.
- 4. On 05/02/2025 Our Wellness Supervisor checked resident number [REDACTED] was checked for a UTI, on [REDACTED] resident [REDACTED] was placed on an antibiotic for a [REDACTED]. Resident number [REDACTED] then treated with a medication to deter behaviors due to [REDACTED] dementia. Resident number placed on hourly checks to monitor outcome on medication interventions.
- 5. Resident number [REDACTED] has been stable on [REDACTED] new medications as of [REDACTED] and no further incidents had been noted.
- 6. All associates will continue to be trained to report any incidents, which they had in this circumstance. The Executive Director will continue to schedule yearly trainings on reporting any abuse.

Proposed Overall Completion Date: 06/12/2025

(Directed)

In addition to the above plan of correction, all staff will be trained to report inappropriate behaviors whether directed to another resident or staff person. The administrator or designee will then immediately access the behavior and implement safeguards as needed based upon their assessment of the behavior. The administrator or designee will interview 3 residents per week for 4 weeks regarding any concerns of how they are being treated by staff or other residents. These interviews will be documented with the date, resident interviewed, person completing the interview, and any concerns identified.

Directed Completion Date: 06/12/2025

Implemented [REDACTED] 06/30/2025)