

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

May 18, 2026

[REDACTED], ADMINISTRATOR  
BFG POCONO SPRINGING, LLC  
[REDACTED]

RE: SPRING VILLAGE AT POCONO  
329 EAST BROWN STREET  
EAST STROUDSBURG, PA, 19301  
LICENSE/COC#: 23293

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2026 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:** SPRING VILLAGE AT POCONO **License #:** 23293 **License Expiration:** 04/21/2027  
**Address:** 329 EAST BROWN STREET, EAST STROUDSBURG, PA 19301  
**County:** MONROE **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

**Name:** BFG POCONO SPRINGING, LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-1 **Date:** 04/09/2026 **Issued By:** Stroudsburg Borough

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 131 **Waking Staff:** 98

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal, Incident **Exit Conference Date:** 04/09/2026

**Inspection Dates and Department Representative**

04/09/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 105 **Residents Served:** 81

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** Memory Care **Capacity:** 40 **Residents Served:** 37

**Hospice**

**Current Residents:** 13

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 81  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 50 **Have Physical Disability:** 1

**Inspections / Reviews**

**04/09/2026 Full**

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/02/2026

**05/05/2026 - POC Submission**

**Submitted By:** [REDACTED] **Date Submitted:** 05/18/2026  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/12/2026

Inspections / Reviews *(continued)*

05/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/18/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At 2:30 p.m., Resident #1 had a bed enabler that was held in place only by the weight of the mattress and was not securely fastened to the bed frame.

Plan of Correction

Accept ( ) - 05/05/2026

Regulation 2600.81.b states all Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards. A bed enabler was found in room [redacted] only secured by the weight of the mattress. Upon inspection it was found that the family of resident #1 had installed a bed enabler without the approval or notice given to Spring Village at Pocono. Upon notification the family was contacted on 4/10/26 and educated on the guidelines for the use of enablers. Upon further discussion the enabler was removed immediately from the bed. The Personal Care Coordinator will conduct monthly room checks identifying if a room is in possession of bed enablers. Outcomes will be reviewed at monthly QA meetings continued need for checks will be re-evaluated at 3 months.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented ( ) - 05/18/2026

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

2. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, handrail or assist bar in the toilet area in room 307.

Plan of Correction

Accept ( ) - 05/05/2026

Regulation 2600.102.d states the toilet and bath areas must have grab bars, handrails or assist bars. Upon inspection it was identified that there were no grab bars, handrail or assist bars in the toilet area in room 307. The maintenance department installed the appropriate handrails on 4/23/26. Picture attached. The maintenance dept. will conduct monthly room checks identifying if a room is in possession of proper assist bars. Outcomes will be reviewed at monthly QA meetings, need to continue room checks will be re-evaluated at 3 months.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented ( ) - 05/18/2026

107a - Emergency Preparedness

3. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

107a - Emergency Preparedness (continued)

Description of Violation

The local municipality's emergency procedures was not posted in the home.

Plan of Correction

Accept ( ) - 05/05/2026

Regulation 2600.107.a states the administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located. Administrator contacted municipality and obtained a copy of the emergency preparedness plan for East Stroudsburg and posted it in common area of the home as well as in the emergency preparedness binder in administration office.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ( ) - 05/18/2026

121a - Unobstructed Egress

4. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 10:06 a.m., on the patio located outside the dining room there was a table and 4 chairs positioned approximately 27 inches in front of the fire exit door that were obstructing egress.

Repeat Violation: 1/15/26.

Plan of Correction

Accept ( ) - 05/05/2026

Regulation 2600.121.a states all stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. On the patio outside the dining room there was a table and 4 chairs positioned approximately 27inches in front of the fire exit door that were obstructing egress. Upon notification of violation the table and 4 chairs were moved from current location. The maintenance dept. will conduct monthly checks identifying if all egresses are free from obstruction. Outcomes will be reviewed at monthly QA meetings, need to continue checks will be re-evaluated at 3 months.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented ( ) - 05/18/2026

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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 #2 's initial medical evaluation dated [REDACTED] did not include an evaluation for their ability to self-administer medications.

Plan of Correction

Accept ( [REDACTED] - 05/05/2026)

Regulation 2600.141.a states 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. Initial medical evaluation dated [REDACTED] did not include an evaluation for their ability to self-administer medications. DME by physician was corrected immediately. Director of Nursing will audit all DME's prior to admission. Outcomes will be reviewed at monthly QA meetings, need to continue checks will be re-evaluated at 3 months.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented ( [REDACTED] - 05/18/2026)

181c - Self-administration Assessment

6. Requirements

- 2600.
- 181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3's annual medical assessment dated [REDACTED] states the resident cannot self-administer medications or have medications at bedside. At 2:47 p.m., the resident had a bottle of Tums and Calcium Fiber stored on a shelf in their bathroom. Staff stated that they were unaware that the resident had the medications.

Plan of Correction

Accept ( [REDACTED] - 05/05/2026)

Regulation 2600.181.c states the resident's assessment shall identify if the resident is able to self-administer medications. Resident #3's annual medical assessment dated [REDACTED] states the resident cannot self-administer medications or have medications at bedside. Tums were removed from resident's room. Letter explaining that medications cannot be kept in rooms without assessment from physicians was sent to all families on 4/28/2026. The nursing dept will continue to educate residents and families on the over-the-counter medication policy upon admission. Outcomes will be reviewed at monthly QA meetings, need to continue checks will be re-evaluated at 3 months.

181c - Self-administration Assessment (continued)

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented ( ) - 05/18/2026

183d - Prescription Current

7. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 4/9/26 at approximately 3:27 p.m., a medication card containing Ferrous Sulfate 325 mg tablets prescribed for Resident #4 were in the home's third floor medication cart; however, the medication was discontinued on 4/03/26.

Plan of Correction

Accept ( ) - 05/05/2026

Regulation 2600.183.d states only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. Discontinued medications for resident #4 were found on the cart. All discontinued medications are to be taken immediately off the cart. DC'd meds were removed on 4/9/2026. Additional education was provided to all Med Techs immediately. Additional inservice with nursing and medtech was conducted on 4/28/2026. Nursing will audit the carts monthly. Outcomes will be reviewed at monthly QA meetings, need to continue checks will be re-evaluated at 3 months.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented ( ) - 05/18/2026

185a - Implement Storage Procedures

8. 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

At 9:56 a.m., in room 218 there were 14 oxygen tanks that were lined up against the wall. The oxygen tanks were not properly secured or held in a storage container or stand.

Plan of Correction

Accept ( ) - 05/05/2026

Regulation 2600.185.a states 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. Oxygen tanks in room 218 were not all secured in storage stands. Director of nursing obtained additional storage stands for all rooms containing oxygen tanks. The Nursing Dept will conduct monthly checks identifying if all Oxygen tanks are secured safely. Outcomes will be reviewed at monthly QA meetings, need to continue checks will be re-evaluated at 3 months.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented ( ) - 05/18/2026

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

**Description of Violation**

Resident #5 has a physician's order for Novolog to be administered on a sliding scale three times daily. On 4/04/26 at 11:53 a.m., the resident's blood sugar reading was 207 requiring 4 units of insulin. The Medication Administration Record indicates that 2 units of insulin were administered.

**Plan of Correction**

Accept ( ) - 05/05/2026

Regulation 2600.187.d states the home shall follow the directions of the prescriber. Resident #5 had a physician's order for Novolog to be administered on a sliding scale three times daily. On 4/04/26 at 11:53 a.m., the resident's blood sugar reading was 207 requiring 4 units of insulin. The Medication Administration Record indicates that 2 units of insulin were administered. Upon notification a medication error report was filed with the Department of Human Services. Additional education was provided to all Med Techs immediately. Inservice with nursing and medtech was conducted on 4/28/2026. Nursing will audit the carts monthly. Outcomes will be reviewed at monthly QA meetings, need to continue checks will be re-evaluated at 3 months.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented ( ) - 05/18/2026

224a - Preadmission Screen Form

**10. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident #6's Preadmission screening form dated ( ) indicates that the resident needs cannot be met by the Personal Care Home.

**Plan of Correction**

Accept ( ) - 05/05/2026

Regulation 2600.224.a states a determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the residents can be met by the services provided by the home. Resident #6's Preadmission screening form dated ( ) indicates that the resident needs cannot be met by the Personal Care Home. Upon identification of error, it was immediately fixed. This Personal Care Home can meet all needs of the residents. Additional education was provided to all Nurses on 4/28/2026. Nursing will audit all pre-admission screenings. Outcomes will be reviewed at monthly QA meetings, need to continue checks will be re-evaluated at 3 months.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented ( ) - 05/18/2026

225c - Additional Assessment

**11. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

225c Additional Assessment (continued)

Description of Violation

Resident #1's annual assessment dated [REDACTED] does not include the need or use of an enabler bar.

Plan of Correction

Accept ([REDACTED] - 05/05/2026)

Regulation 2600.225.c states all residents will receive an annual assessment. Resident #1's annual assessment dated [REDACTED] does not include the need for or use of an enabler bar. Upon inspection it was found that the family of resident #1 had installed a bed enabler without the approval or notice given to Spring Village at Pocono. Upon notification the family was contacted on 4/10/26 and educated on the guidelines for the use of enablers. Upon further discussion the enabler was removed immediately on 4/10/26 from the bed. Personal Care Coordinator will conduct monthly room checks identifying if a room is in possession of bed enablers. Outcomes will be reviewed at monthly QA meetings, need to continue checks will be re evaluated at 3 months.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented ([REDACTED] - 05/18/2026)

234e - Involvement/Participation

12. Requirements

2600.

234.e. The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

Description of Violation

Resident # 1's annual Assessment and Support Plan dated [REDACTED] was not signed or marked indicating the resident was unable or refused to sign or participate.

Plan of Correction

Accept ([REDACTED] - 05/05/2026)

Regulation 2600.234.e states the resident or the resident's designated person shall be involved in the development and the revisions of the support plan. Resident # 1's annual Assessment and Support Plan dated [REDACTED] was not signed or marked indicating the resident was unable or refused to sign or participate. Nurse was immediately educated on 4/9/2026 on the regulation. Director of Nursing will audit all annual Support Plans to make sure resident or family members was presented with opportunities to sign. Outcomes will be reviewed at monthly QA meetings, need to continue checks will be re evaluated at 3 months.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented ([REDACTED] - 05/18/2026)