

Department of Human Services
Bureau of Human Service Licensing

March 19, 2021

██████████ ADMINISTRATOR
PACONA CORPORATION
1127 KEMMERTOWN ROAD
STROUDSBURG, PA 18360

RE: GLUCO LODGE
1127 KEMMERTOWN ROAD
STROUDSBURG, PA, 18360
LICENSE/COC#: 24172

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: GLUCO LODGE **Licence #:** 24172 **Licence Expiration Date:** 03/21/2021
Address: 1127 KEMMERTOWN ROAD, STROUDSBURG, PA 18360
County: MONROE **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5709927270 **Email:** [REDACTED]

Legal Entity

Name: PACONA CORPORATION
Address: 1127 KEMMERTOWN ROAD, STROUDSBURG, PA, 18360
Phone: 5709927270 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 03/18/2018 **Issued By:** Hamilton Twp

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 37 **Waking Staff:** 28

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/03/2021

Inspection Dates and Department Representative

02/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 51 **Residents Served:** 34

Secured Dementia Care Unit

In Home: No	Area:	Capacity:	Residents Served:
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Hospice

Current Resident: 0

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 34
Diagnosed with Mental Illness: 8	Diagnosed with Intellectual Disability: 2
Have Mobility Need: 3	Have Physical Disability: 0

Inspections / Reviews

02/03/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/04/2021*

3/17/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/17/2021*

3/19/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85c - Trash

1. Requirements

2600.

85.c. Trash shall be removed from the premises at least once a week.

Description of Violation

The trash receptacle in the kitchen was observed without a cover. The trash can was not being actively used and there were no staff members in the immediate area of the receptacle.

Plan of Correction

Accept

The lid was next to the garbage can. The new kitchen staff has been re-educated as to the importance of covering the trash receptacles when they are not in use.

Completion Date: 02/03/2021

Update - 03/07/2021

Document Submission

Implemented

Lead Inspector came for an unannounced onsite visit to follow up and verify if the POC's were indeed being followed through.

3-17-2021--MM

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Repeat Violation

There was a sealed bag of frozen chicken observed on the floor of the walk in freezer.

Plan of Correction

Accept

The bag of frozen chicken slipped off of something underneath it. It was immediately picked up off of the floor once noticed. To resolve future potential drops we purchased a plastic bin to put foods that are stored in the freezer that could possibly drop if shifted.

Completion Date: 02/16/2021

Update - 03/07/2021

Document Submission

Implemented

Lead Inspector came for an unannounced onsite visit to follow up and verify if the POC's were indeed being followed through.

3-17-2021--MM

141a - Medical Evaluation

1. Requirements

2600.

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.

141a - Medical Evaluation (continued)

Description of Violation

The Documentation of Medical Evaluation for Resident 1 was signed by a medical professional but not dated by the professional as required.

Plan of Correction

Accept

The nurses will do a final check of the DME's prior to submitting them into the resident's record to ensure that all areas are completed. the DME will then be submitted into our new, Tabulapro program, which then the program itself will alert/prompt us if there is a blank spot.

Completion Date: 03/03/2021

Update - 03/07/2021

Document Submission

Implemented

Lead Inspector came for an unannounced onsite visit to follow up and verify if the POC's were indeed being followed through.

3-17-2021--MM

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 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 Repeat Violation

The Documentation of Medical Evaluation dated 10/15/2020 for Resident 2 does not indicate if the resident has any special or dietary needs. This section of the DME was left blank. The DME section for Body positioning/movement was also left blank.

Plan of Correction

Accept

The nurses will do a final check of the DME's prior to submitting them into the resident's record to ensure that all areas are completed. the DME will then be submitted into our new, Tabulapro program, which then the program itself will alert/prompt us if there is a blank spot.

Completion Date: 03/03/2021

Update - 03/07/2021

141a 1-10 Medical Evaluation Information (continued)

Document Submission

Implemented

Lead Inspector came for an unannounced onsite visit to follow up and verify if the POC's were indeed being followed through.

3-17-2021--MM

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident 1 is prescribed 60mg of Furosemide daily. The Medication Administration Record indicates that [REDACTED] receives 1 20 mg tablet and 1 40 mg tablet of Furosemide at 8am. The pharmacy label on the Furosemide bottle of 40mg tablets indicates a dosage of 1/2 a tablet daily. The pharmacy label on the Furosemide bottle of 20mg tablets indicates 1 tablet daily. There were no other Furosemide medications for Resident 1 found on the Medical cart.

Plan of Correction

Accept

The original order was for 20mg of furosemide and the family had it filled at an outside pharmacy. The bottle obtained from the family through an outside pharmacy contained 40mg tablets and stated to give 1/2 tablet daily. The order was also received through our pharmacy and they sent a card of 20mg daily. Later the order was changed to 60mg per day. The staff used the card of 20mg which was written in the MAR and the bottle of 40mg which was written in the MAR to ensure the 60mg dosage was given correctly. They failed to put a sticker on the bottle stating that the order was changed and to look at the MAR. A sticker was placed on the bottle on 2/3/2021 indicating that the order had been changed. The Med Techs are reminded that when an order changes and we are still able to use the medication that we have in house that they MUST put a sticker on the label indicating that a change has been made. After this occurrence we had the pharmacy deliver 1 card with the 60mg dose inside. The error was corrected immediately.

In addition we are implementing a monthly med tech stand up meeting between shifts with our Licensed Nurses.

Completion Date: 02/03/2021

Document Submission

Implemented

Lead Inspector came for an unannounced onsite visit to follow up and verify if the POC's were indeed being followed through.

3-17-2021--MM

Update - 03/19/2021

185a - Implement Storage Procedures

1. 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 Repeat Violation

Resident 3 is prescribed a PRN medication of Acetaminophen 325mg tablets every six hours as needed. The medication was not available for Resident 3 if needed.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

The resident did not have a bottle of over the counter Acetaminophen that was labeled for [REDACTED] There is, however a bottle of Acetaminophen for House use. This could have been used for the resident had the resident needed it prior to getting their own Acetaminophen. In the future the staff will reserve a bottle of Acetaminophen to be labeled for a resident should they have a problem obtaining the OTC medication. This violation was corrected the same day and a bottle of Tylenol was obtained and labeled with the resident's name.

In addition we are implementing a biweekly audit that will be done by two med techs to assure we have appropriate medications in building.

FYI, we are actively working on implementing an EMAR system through our Tablula program in these next few months).

Completion Date: 02/03/2021

Document Submission

Implemented

Lead Inspector came for an unannounced onsite visit to follow up and verify if the POC's were indeed being followed through.

3-17-2021--MM

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The Medication Administration Record indicates that Resident 1 received Benefiber SF Powder and Reguloid Powder S/F on 2/3/2020. The current order is for the Reguloid Powder. There is no current order for Benefiber Powder and there is no Benefiber Powder for Resident 1 on the Medical cart. The MAR was incorrectly documented as having administered the discontinued Benefiber Powder.

Plan of Correction

Accept

Reguloid Powder is the generic form of Benefiber. The pharmacy made an error by leaving the Benefiber on the MARS, once they switched to the generic form, and so the staff was signing for both powders being given. This is a documentation error.

The Med Techs were re-educated on the importance of performing the appropriate checks during medication administration so that they are only signing for what they are giving. This was corrected the same day.

In addition we are implementing a biweekly audit that will be done by two med techs to assure that the MAR and Meds are copacetic.

FYI, we are actively working on implementing an EMAR system through our Tablula program in these next few months).

Completion Date: 02/03/2021

Document Submission

Implemented

Lead Inspector came for an unannounced onsite visit to follow up and verify if the POC's were indeed being followed through.

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