

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

June 2, 2025

[REDACTED], OWNER  
PACONA CORPORATION  
1127 KEMMERTOWN ROAD  
STROUDSBURG, PA, 18360

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/17/2025 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: *GLUCO LODGE* License #: *24172* License Expiration: *03/21/2026*  
Address: *1127 KEMMERTOWN ROAD, STROUDSBURG, PA 18360*  
County: *MONROE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *02/19/2009* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *04/17/2025*

**Inspection Dates and Department Representative**

04/17/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
License Capacity: *51* Residents Served: *43*  
Secured Dementia Care Unit  
In Home: *No* Area: Capacity: Residents Served:  
Hospice  
Current Residents: *3*  
Number of Residents Who:  
Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *3* Have Physical Disability: *3*

**Inspections / Reviews**

04/17/2025 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/12/2025*

Inspections / Reviews (*continued*)

## 05/15/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/20/2025

## 05/29/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/03/2025

## 06/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A did not receive fire safety training during the 2024 training year.

Plan of Correction

Accept (█ - 05/29/2025)

The staff member completed the required fire safety training reading material for the 2024 Annual Training year however, they did not attend the required live in person training for the 2024 Annual Training year. Retraining was conducted for staff by a fire safety expert (Please see the attached sign in sheet and training record) in which staff member A completed their training on May 06, 2025. A centralized training tracking system was implemented on May 01, 2025 to flag incomplete mandatory training's at least 30 days before the end of the training year with our eMAR system. Moving forward, any staff member who has not completed the Annual Training Fire Safety Training will be terminated.

Fire Safety Training for seasoned employees will be offered in person every other month for all shifts starting May 2025. The Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/29/2025

Implemented (█ - 06/02/2025)

95 - Furniture and Equipment

2. Requirements

2600.

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

Description of Violation

At 10:30 a.m. the bathroom #2 located in the second-floor hallway, the electrical exhaust ventilation fan was not operable.

Plan of Correction

Accept (█ - 05/29/2025)

The Director of Maintenance was made aware immediately, and the exhaust ventilation fan was corrected at the time of inspection on April 17, 2025 while inspectors were still on site. Although monthly maintenance logs are already in place, as the exhaust ventilation fans were checked two days prior, The Director of Maintenance has been reminded to document all corrective actions related to ventilation equipment in the monthly log, along with response time and resolution. Additionally, staff may document any needed repairs or observed hazards between scheduled audits using a tablet that the Director of Maintenance checks frequently throughout the day. The Administrator will review maintenance logs monthly for the next six months to ensure timely follow-up and documentation of repairs and then randomly after to ensure ongoing compliance. The Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/29/2025

Implemented (█ - 06/02/2025)

131f - Fire Extinguisher Inspection

3. Requirements

2600.

131f - Fire Extinguisher Inspection (continued)

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers located in first-floor hallway # 1 and hallway 3, contained an inspection tag that did not indicate the year and month of last inspection or expiration date.

Plan of Correction

Accept (█ - 05/29/2025)

The Inspection tags are changed by our outside vendor N.D. Fire Protection. Tags are changed annually and replaced with new tags. Unfortunately, the vendor neglected to hole punch the two fire extinguisher tags on the first floor as █ did with the others indicating they were serviced in August of 2024. The vendor was called at the time of inspection. The vendor came the following day on April 18, 2025 and replaced the fire extinguisher tags with new ones( please see attached photo). Moving forward, the Director of Maintenance will have a checklist during the time when the vendor is changing out the fire extinguishes for each one located in the building to ensure that they are all punched accordingly with the type of extinguisher, month, and year (please see attached checklist). The Administrator monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/29/2025

Implemented (█ - 06/02/2025)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 4-17-25 resident #2's medication Latanoprost 0.005 eye drop was in the home's medication cart and did not have a date of opening. According to the manufacturer's instructions the medication expires after 28 days.

Plan of Correction

Accept (█ - 05/29/2025)

Resident #2 was admitted to the facility on █. The Latanoprost eye drops were brought in by the resident at the time of admission. The date of opening was unknown due to the family having private duty at home however, they stated it was recently filled. Due to the high cost of Latanoprost (estimated between \$207.16 and \$288 per 2.5 mL bottle without insurance) and insurance restrictions, the facility was unable to reorder the medication until the resident's insurance allowed.

The primary care provider was notified via Tiger Connect, and a new prescription was ordered as soon as the resident's insurance allowed (April 29, 2025). The medication prescription request was submitted on April 17, 2025 to the pharmacy. Medication Administration staff were reminded to verify and label the date of opening for all time-limited medications upon admission, even when brought in by the resident, by the Director of Nursing (Please see the attached training)A full review of other medications brought in by residents was completed to ensure proper labeling and compliance. Moving forward the Administrator or designee will review all new admissions. The Administrator will monitor to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/29/2025

Implemented (█ - 06/02/2025)

185a - Implement Storage Procedures

## 5. 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

*The home did not properly maintain the Medication Administrator Record (MAR) of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:*

*Resident #1 glucometer documented a reading for 7:00 A.M. on 4-1-25 of 197 but was incorrectly transcribed as 95 on the resident's MAR.*

*Resident #1 glucometer documented a reading for 7:00 A.M. on 4-3-25 of 107 but was incorrectly transcribed as 105 on the resident's MAR.*

*Resident #1 glucometer documented a reading for 7:00 A.M. on 4-4-25 of 103 but was not transcribed on the resident's MAR.*

*The home incorrectly transcribed the blood glucose test results of resident #3. Resident #3's glucometer reading on 4/5/25 at 8:51 a.m. was 227, but the MAR indicated a blood glucose reading of 211.*

### Plan of Correction

Accept (█ - 05/29/2025)

*All appropriate trained staff were re-educated on the importance of accurate transcription from glucometers into the eMAR system by the Director of Nursing ( Please see attached training) on May 07, 2025 and May 08, 2025. An emphasis was placed on double-checking readings against both the glucometer and paper documentation before final entry is typed in. A dual-check system has been implemented beginning on May 09, 2025. The Nurse or medication associate that is entering the data into the eMAR must have a second staff member verify the accuracy of transcribed glucometer readings at the time of entry to prevent future recurrence. The Director of Nursing or designee will audit all blood glucose entries for accuracy against glucometer logs and paper documentation daily for the next 30 days. After the 30-day period, random weekly audits will continue for 3 months to ensure ongoing compliance. The facility's policy on blood glucose monitoring and documentation was reviewed and revised to include procedures for eMAR entry verification (please see attached). The Administrator will monitor for ongoing compliance.*

Licensee's Proposed Overall Completion Date: 05/29/2025

Implemented (█ - 06/02/2025)