



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to GLENMAURA SENIOR LIVING AT MONTAGE LLC

LEGAL ENTITY

To operate GLENMAURA SENIOR LIVING

NAME OF FACILITY OR AGENCY

Located at 11 GLENMAURA NATIONAL BLVD, MOOSIC, PA 18507

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 6, 2019 until December 6, 2020,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **228450**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 7/19



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

December 6, 2019

Ms. Kristen Angelicola  
Owner  
Glenmaura Senior Living at Montage, LLC  
11 Glenmaura National Boulevard  
Moosic, Pennsylvania 18507

RE: Glenmaura Senior Living  
License #: 228450

Dear Ms. Angelicola:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on November 25, 2019 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

During the inspection, citations on the enclosed Licensing Inspection summary were found. All citations specified on the Licensing Inspection summary must be corrected by the dates specified on the Licensing Inspection summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection summary

# Violation Report

## Facility Information

Name: *GLENMAURA SENIOR LIVING*

License Number: *22845*

Address: *11 Glenmaura National Boulevard, Moosic, Pa 18507*

County: *LACKAWANNA*

Region: *NORTHEAST*

## Administrator

Name: *Janine Starinksky*

Phone: *570-591-5800*

Email: *director@glenmauraliving.net*

## Legal Entity

Name: *Glenmaura Senior Living at Montage, LLC*

Address: *11 Glenmaura National Boulevard, Moosic, PA , 18507*

## Certificate(s) of Occupancy

Type: *I-1*

Date: *10-1-19*

Issued By: *Moosic Borough*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *3*

Waking Staff: *2*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Announced*

Reason: *New - Complaint*

## Inspection Dates and Department Representative

*11/25/2019 - On-Site: Amy Deluca*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *100*

Residents Served: *3*

### Secured Dementia Care Unit

In Home: *Yes*

Area: *1st floor*

Capacity: *24*

Residents Served: *0*

### Hospice

Current Residents: *1*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *3*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

89b - Hot Water Temperature

Regulations

2600.  
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The water temperature in the bathroom of resident room #123 measured 125.4° F.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Water temperature was immediately adjusted and corrected on site to not exceed 120 degrees. Administrator and staff will randomly check water temperature throughout the building and maintenance staff will keep a log in order to monitor and maintain accordingly.

Legal Entity Representative



Janine Starinsky, MHA, Executive Director

12/04/2019

Signature

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12-5-19  
(Date)

Plan of correction implementation status as of 12-5-19  
(Date)

The above plan of correction was approved by MM  
(Initials)

- Fully Implemented
- Partially Implemented
- Not Implemented
- Not Implemented

96c - First Aid Accessible

Regulations

2600.  
96.c. The first aid kit must be in a location that is easily accessible to staff persons.

Description of Violation

The home did not have a portable first aid kit outside of the memory care unit to service the rest of the home. The home's first aid stations are bolted to the wall in the kitchen and in the medication room of the 1st floor.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Portable first aid kits are available in pool, wellness office, kitchen, memory care, second floor common areas. Wellness staff will complete monthly inventory check lists on the kits and will be monitored by administrator.

Legal Entity Representative



Signature

Janine Starinsky, MHA, Executive Director

Printed Name and Title

12/04/2019

Date

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(Date)

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(Initials)

Plan of correction implementation status as of 12-5-19  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

121a - Unobstructed Egress

Regulations

2600.

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

Description of Violation

The doors located in the 1st floor dining area leading to the rear of the home were screwed shut and not able to be opened.

Also, the home has 8 rooms located in the secure dementia unit that face the front parking lot. The 8 rooms had exit doors that were locked with a key pad installed into the doors and could not be opened without a code, therefore blocking immediate egress from the home.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The following doors hardware located in the 1st floor dining area leading to the rear of the home and the eight bedrooms in the secured dementia unit that face the front parking lot were immediately removed and molding was added to create a fixed glass window and not able to open. It is not an exit or an egress from the home. The home will stain, paint and install blinds on the windows.

Legal Entity Representative

*Janine Starinsky*

Signature

Janine Starinsky, MHA, Executive Director

Printed Name and Title

12/04/2019

Date

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(Date)

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- Not Implemented

233a - Lock Approval

Regulations

2600.

233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the 8 rooms in the secure dementia unit that face the front parking lot. The rooms have exit doors leading to the parking lot. The doors were equipped with key pads installed in the doors and could not be opened without entering a code. Also, the locks were not mag locks, so in the event of an emergency, the doors wouldn't release and open when the fire alarm was activated.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Attached is the written approval letter from the local building code enforcer indicating the eight rooms in the secure dementia unit that face the parking lot and the two dining room doors hardware facing the rear parking lot are now removed and molding was added to create a fixed glass windows. There is no access to exit or egress from this particular area.

Legal Entity Representative



Signature

Janine Starinsky, MHA, Executive Director 12/04/2019

Printed Name and Title

Date

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233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The home has 8 rooms in the secure dementia unit that face the front parking lot. The rooms have exit doors leading to the parking lot. The doors were equipped with key pads installed in the doors and could not be opened without entering a code. The codes were not posted by or near the doors.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The key locking devices on the following doors located in the 1st floor dining area leading to the rear of the home and the eight bedrooms in the secured dementia unit that face the front parking lot were immediately removed and molding was added to create a fixed window that does not open and are unable to exit or use as an egress from the home.

Legal Entity Representative

*Janine Starinsky*

Signature

Janine Starinsky, MHA, Executive Director

Printed Name and Title

12/04/2019

Date

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(Initials)

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- Partially Implemented
- In Progress
- Not Implemented