



**Sent via e-mail: [director@glenmauraliving.net](mailto:director@glenmauraliving.net)  
MAILING DATE: April 1, 2020**

Ms. Krisen 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) review on February 19, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *GLENMAURA SENIOR LIVING*

License Number: *22845*

Address: *11 Glen Maura National Boulevard, Moosic, Pa 18507*

County: *LACKAWANNA*

Region: *NORTHEAST*

## Administrator

Name: *Janine Starinksky*

Phone: *570-591-5800*

Email: *director@glenmauraliving.net*

## Legal Entity

Name: *Glen Maura Senior Living at Montage, LLC*

Address: *11 Glen Maura National Boulevard, Moosic, PA , 18507*

## Certificate(s) of Occupancy

Type: *I-1*

Date:

Issued By:

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *31*

Waking Staff: *23*

## Inspection

Type: *Partial*

BHA Docket #: *1409*

Notice: *Unannounced*

Reason: *Complaint - Incident*

## Inspection Dates and Department Representative

*02/19/2020 - On-Site: Pamela Harris*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *100*

Residents Served: *23*

### Secured Dementia Care Unit

In Home: *Yes*

Area: *NA*

Capacity: *24*

Residents Served: *8*

### Hospice

Current Residents: *1*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *23*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *8*

Have Physical Disability: *0*

234a - Admission Support Plan

Regulations

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 12/20/2019. The resident's initial support plan was completed on 10/17/2019. Resident #1 didn't have an RASP completed within 72 hours prior to admission to the SDCU.

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 date assessment finalized was transcribed from the prescreening assessment date. The administrator will mentor the Wellness Manager, LPN, to complete the assessment within 72 hours of admission to the Secured Dementia Care Unit and be sure to have the RASP completed within 72 hours prior to admission to the SDU.

Legal Entity Representative

*Janine Starinsky*

Janine Starinsky

03/27/20

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 3-30-2020  
(Date)

Plan of correction implementation status as of 3-30-2020  
(Date)

Implemented

Not Implemented

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