

Department of Human Services
Bureau of Human Service Licensing

November 30, 2020

JENNIFER FRANCIS , PRESIDENT
SNH PENN TENANT LLC
255 WASHINGTON STREET,SUITE 300
TWO NEWTON PLACE
NEWTON, MA 2458

RE: GLEN MILLS SENIOR LIVING
242 BALTIMORE PIKE
GLEN MILLS, PA, 19342
LICENSE/COCC#: 14511

Dear Ms. FRANCIS ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/08/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *GLEN MILLS SENIOR LIVING* License #: *14511* License Expiration Date: *01/01/2021*
 Address: *242 BALTIMORE PIKE, GLEN MILLS, PA 19342*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: *Sue Haines* Phone: *610-358-4900* Email: *SHaines@5ssl.com*

Legal Entity

Name: *SNH PENN TENANT LLC*
 Address: *255 WASHINGTON STREET, SUITE 300, TWO NEWTON PLACE, NEWTON, MA, 2458*
 Phone: Email: *LICENSING@5SSL.COM*

Certificate(s) of Occupancy

Type: *I-2* Date: *03/19/2020* Issued By: *CONCORD TOWNSHIP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *10/08/2020*

Inspection Dates and Department Representative

10/08/2020 - On-Site: Natasha Braswell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *42*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *41*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *1*

Inspections / Reviews

10/08/2020 - Partial

Lead Inspector: *Natasha Braswell* Follow-Up Type: *POC Submission* Follow-Up Date: *11/13/2020*

Inspections / Reviews *(continued)*

11/17/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *11/20/2020*

11/30/2020 - Document Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and Assisted Living homes must post the required influenza information in a public place in the home year- round as required by the Influenza Awareness Act (HB 1785). The home did not have an Influenza poster posted anywhere.

Plan of Correction

Accept

The influenza information was posted on the West Wing Hallway bulletin board and the main lobby vestibule area on the day of the inspection 10/8/2020. The Maintenance Director/designee will ensure the placement of the notices during weekly environmental rounds.

Completion Date: 10/08/2020

Document Submission

Implemented

The influenza information was posted on the West Wing Hallway bulletin board and the main lobby vestibule area on the day of the inspection 10/8/2020. The Maintenance Director/designee will ensure the placement of the notices during weekly environmental rounds.

88a - Surfaces

1. Requirements

2600.

- 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The following surfaces were not in good repair or free of hazards:

- The dining room rugs had rips and a sticky substance covering om it.*
- The wall located on the second floor of the west wing was not in good repair.*
- The floor in the second floor North Wing exit stairwell was not clean, stained with coffee spills and dirt.*
- The floor in the kitchen had puddles of water from an unknown leak in the floor.*

Plan of Correction

Accept

The area carpet was repaired and 2nd floor wall was repaired on 10/24/2020. The water on the floor in the kitchen was identified as a leak from the sink and was repaired on 10/9/2020. The exit stairwell was cleaned on 10/9/2020. The Maintenance Director/designee will conduct weekly environmental rounds to include inspection of walls, carpet, and stairwells. The common area carpet was commercially cleaned on 10/24/2020. The carpet will be maintained by the community as needed for soiled area and commercially cleaned quarterly to comply with regulation 2600.88a. See Attachment A 2600.88a

Completion Date: 10/24/2020

88a - Surfaces (continued)

Document Submission

Implemented

The area carpet was repaired and 2nd floor wall was repaired on 10/24/2020. The water on the floor in the kitchen was identified as a leak from the sink and was repaired on 10/9/2020. The exit stairwell was cleaned on 10/9/2020. The Maintenance Director/designee will conduct weekly environmental rounds to include inspection of walls, carpet, and stairwells. The common area carpet was commercially cleaned on 10/24/2020. The carpet will be maintained by the community as needed for soiled area and commercially cleaned quarterly to comply with regulation 2600.88a. See Attachment A 2600.88a

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/8/20, there was an approximate 1/2 inch accumulation of lint in the lint trap of the industrial dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept

The lint trap was cleaned by the Maintenance Director on 10/8/2020. The duct/vent system was commercially cleaned on 10/14/2020. Staff will sign a log after each dryer use. The Maintenance Director/designee will audit lint trap and task log weekly x 4 weeks, monthly x 2 months, then monthly for compliance. Results will be reported at the quarterly QA meeting. See Attachment B. 2600.105g

Completion Date: 10/14/2020

Document Submission

Implemented

The lint trap was cleaned by the Maintenance Director on 10/8/2020. The duct/vent system was commercially cleaned on 10/14/2020. Staff will sign a log after each dryer use. The Maintenance Director/designee will audit lint trap and task log weekly x 4 weeks, monthly x 2 months, then monthly for compliance. Results will be reported at the quarterly QA meeting. See Attachment B. 2600.105g

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The following medications Gentamicin Ointment 15g 0.1% USP belonging to resident #1 was discontinued on 3/5/20, was observed on the medication cart. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

183f - Discontinued Medications (continued)

Plan of Correction

Accept

Resident #1's Gentamicin ointment was properly destroyed on 10/8/2020 by the charge nurse. All medications carts were audited on 10/8/2020 to ensure all discontinued medications were removed and properly destroyed. Medication administration staff were re-educated on proper destruction of medications on 10/22/2020 and 11/11/2020 by the Director of Resident Care & Reg. Director of Health. The Director of Resident Care/designee will audit medication carts weekly x 4 weeks, then monthly until compliant. Results will be reported at the quarterly QA committee. See Attachment C 2600.183f

Completion Date: 11/11/2020

Document Submission

Implemented

Resident #1's Gentamicin ointment was properly destroyed on 10/8/2020 by the charge nurse. All medications carts were audited on 10/8/2020 to ensure all discontinued medications were removed and properly destroyed. Medication administration staff were re-educated on proper destruction of medications on 10/22/2020 and 11/11/2020 by the Director of Resident Care & Reg. Director of Health. The Director of Resident Care/designee will audit medication carts weekly x 4 weeks, then monthly until compliant. Results will be reported at the quarterly QA committee. See Attachment C 2600.183f

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 Violation

On 10/8/20, at 3:30 pm, wide foam antibiotic bandages were not documented on the medication administration record for resident #1 however they were observed on the medication cart.

On 10/8/20, at 3:30 pm, the glucometer for resident #2 was not calibrated to the correct time. The time on the glucometer was 4:57 pm.

Plan of Correction

Accept

Resident #1's wide foam antibiotic bandages were removed from the medication cart on 10/8/2020 by the charge nurse. Medication administration staff were re-educated on the proper storage of medication on 10/22/2020 and 11/11/2020 by the Director of Resident Care and Reg. Director of Health. The Director of Resident Care/designee will audit medication/treatment carts weekly x 4 weeks, the monthly until compliant. Resident #2 was provided a new calibrated glucometer on 11/7/2020. The Director of Resident Care/designee will audit glucometers weekly x 4 weeks, the monthly until compliant to assure accurate calibrated times. Results will be reported at the quarterly QA committee. See Attachment D 2600.185a

Completion Date: 11/11/2020

185a - Implement Storage Procedures (continued)

Document Submission

Implemented

Resident #1's wide foam antibiotic bandages were removed from the medication cart on 10/8/2020 by the charge nurse. Medication administration staff were re-educated on the proper storage of medication on 10/22/2020 and 11/11/2020 by the Director of Resident Care and Reg. Director of Health. The Director of Resident Care/designee will audit medication/treatment carts weekly x 4 weeks, the monthly until compliant. Resident #2 was provided a new calibrated glucometer on 11/7/2020. The Director of Resident Care/designee will audit glucometers weekly x 4 weeks, the monthly until compliant to assure accurate calibrated times. Results will be reported at the quarterly QA committee. See Attachment D 2600.185a

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed Ammonium Lac Lotion 12%. Resident #1's October 2020 medication administration record does not include the initials of the staff person who administered Ammonium Lac Lotion 12% on 10/7/20 at 5:00 pm.

Plan of Correction

Accept

Medication Administration staff were re-educated on 6 rights of medication administration on 10/22/2020 and 11/11/2020 by the Director of Resident Care & Reg. Director of Health. The Director of Resident Care/designee will audit MARS daily x 4 weeks, bi-weekly x 4 weeks until compliant. Results will be reported at the quarterly QA committee. See attachment E 2600.187b

Completion Date: 11/11/2020

Document Submission

Implemented

Medication Administration staff were re-educated on 6 rights of medication administration on 10/22/2020 and 11/11/2020 by the Director of Resident Care & Reg. Director of Health. The Director of Resident Care/designee will audit MARS daily x 4 weeks, bi-weekly x 4 weeks until compliant. Results will be reported at the quarterly QA committee. See attachment E 2600.187b

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 participated in the development of his support plan on 7/10/20. However, the resident did not sign the support plan.

227g -Support Plan Signatures (continued)

Plan of Correction

Accept

Resident #3's support plan has been signed by the resident on 10/8/2020. Effective immediately and ongoing, the Director of Resident Care/designee will review and obtain signature of the support plan if the resident chooses. The Director of Resident Care/designee will perform quarterly audits on all support plans to assure compliance. Results will be reported at the quarterly QA committee.

Completion Date: 10/08/2020

Document Submission

Implemented

Resident #3's support plan has been signed by the resident on 10/8/2020. Effective immediately and ongoing, the Director of Resident Care/designee will review and obtain signature of the support plan if the resident chooses. The Director of Resident Care/designee will perform quarterly audits on all support plans to assure compliance. Results will be reported at the quarterly QA committee. See attachment 2600.227g Resident #3 Signed RASP.

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #3, participated in the development of his support plan on 7/10/20. The home did not make a notation regarding the resident's inability or refusal to sign.

Plan of Correction

Accept

Resident #3's support plan was signed on 10/8/2020. Effective immediately and ongoing, the Director of Resident Care/designee will document on the support plan the resident's inability or refusal to sign as applicable. The Director of Resident Care/designee will perform quarterly audits on all support plans for signatures and documentation of refusal/inability to sign. Results will be reported at the quarterly QA committee.

Completion Date: 10/08/2020

Document Submission

Implemented

Resident #3's support plan was signed on 10/8/2020. Effective immediately and ongoing, the Director of Resident Care/designee will document on the support plan the resident's inability or refusal to sign as applicable. The Director of Resident Care/designee will perform quarterly audits on all support plans for signatures and documentation of refusal/inability to sign. Results will be reported at the quarterly QA committee.