

Department of Human Services
Bureau of Human Service Licensing

October 8, 2021

[REDACTED]

RE: TRUEWOOD BY MERRILL, GLEN
RIDDLE
263 GLEN RIDDLE ROAD
MEDIA, PA, 19063
LICENSE/COC#: 14582

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/04/2021, 07/07/2021, 04/08/2021, 07/13/2021, 07/17/2021, 07/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Sandi Wooters

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: *TRUEWOOD BY MERRILL, GLEN RIDDLE* License #: *14582* License Expiration Date: *02/08/2022*
Address: *263 GLEN RIDDLE ROAD, MEDIA, PA 19063*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *610-358-9933* Email: [REDACTED]

Legal Entity

Name: *MG MEDIA SUBTENANT LLC*
Address: *ONE SEAGATE, SUITE 1500, TOLEDO, OH, 43604*
Phone: *6103589933* Email: [REDACTED] M

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *111* Waking Staff: *83*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/04/2021*

Inspection Dates and Department Representative

08/04/2021 - On-Site: [REDACTED]
07/07/2021 - Off-Site: [REDACTED]
04/08/2021 - Off-Site: [REDACTED]
07/13/2021 - Off-Site: [REDACTED]
07/17/2021 - Off-Site: [REDACTED]
07/15/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *153* Residents Served: *74*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st* Capacity: *41* Residents Served: *39*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *37* Have Physical Disability: *1*

Inspections / Reviews

08/04/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/23/2021*

9/14/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/24/2021*

10/8/2021 - Document Submission

Lead 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

The home admitted a resident with a history of suicide and the staff were not trained on how to meet the residents needs.

Plan of Correction

Accept

Above stated resident's chart audited. Upon review no notes prior to or upon admission noted indicating that the resident was suicidal, neither was this information conveyed during the pre-admission assessment or interviews with resident/resident's brother.

-Charts audited for diagnosis of Depression/ Suicidal Ideation and Care Plans updated as needed to reflect interventions

- Geri psych partnership has been developed to allow for consult/follow-up as needed.

-Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually on the following:

- Signs and symptoms of major depression
- Supportive treatment
- Identification and warning signs of suicidal ideations and immediate reporting

This training will be done by the Health Services Director or designee and will be incorporated into the annual mental illness training. (August 30th, 2021)

Records will be kept on such training.

Completion Date: 08/30/2021

Document Submission

Implemented

Above stated resident's chart audited. Upon review no notes prior to or upon admission noted indicating that the resident was suicidal, neither was this information conveyed during the pre-admission assessment or interviews with [REDACTED].

-Charts audited for diagnosis of Depression/ Suicidal Ideation and Care Plans updated as needed to reflect interventions

- Geri psych partnership has been developed to allow for consult/follow-up as needed.

-Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually on the following:

- Signs and symptoms of major depression
- Supportive treatment
- Identification and warning signs of suicidal ideations and immediate reporting

This training will be done by the Health Services Director or designee and will be incorporated into the annual mental illness training. (August 30th, 2021)

Records will be kept on such training.

201 - Positive Interventions

1. Requirements

2600.

201 - Positive Interventions (continued)

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #1 has a past history of attempted suicide prior to admission to the home on [REDACTED]. The home did not implemented positive interventions to modify or eliminate the behavior. On [REDACTED] the resident attempted suicide and the staff did not provide positive interventions to prevent this behavior.

Plan of Correction

Accept

HSD or designee shall audit chart consult reports to ensure that necessary interventions have been input onto the resident care plan.

HSD or designee shall audit physicians notes and DME to check for diagnosis of depression/suicidal ideations and update care plan with interventions. Outside Provider Notes implemented to allow prompt notification from physician when there are any noted changes in residents mental status.

Interventions shall include supplemental staff training as indicated above, positive reinforcement, de-escalation, monitoring resident for signs/symptoms of depression/suicide.

Resident care plan will reflect diagnosis, history, and interventions.

Geri psych partnership has been developed to allow for consult/follow-up as needed.

Completion Date: 08/30/2021

Document Submission

Implemented

HSD or designee shall audit chart consult reports to ensure that necessary interventions have been input onto the resident care plan.

HSD or designee shall audit physicians notes and DME to check for diagnosis of depression/suicidal ideations and update care plan with interventions. Outside Provider Notes implemented to allow prompt notification from physician when there are any noted changes in residents mental status.

Interventions shall include supplemental staff training as indicated above, positive reinforcement, de-escalation, monitoring resident for signs/symptoms of depression/suicide.

Resident care plan will reflect diagnosis, history, and interventions.

Geri psych partnership has been developed to allow for consult/follow-up as needed.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [REDACTED], did not indicate the resident has a need for suicide prevention due to past medical history described in the residents physician notes dated 5/18/21. The resident's support plan, dated [REDACTED] does not document how this need will be met.

227d - Support Plan Medical/Dental *(continued)***Plan of Correction****Accept**

Consultant and physicians' reports shall be read upon receipt by HSD or designee and all necessary interventions shall be promptly implemented.

HSD or designee shall audit chart consult reports to ensure that necessary interventions have been input onto the resident care plan.

HSD or designee shall audit physicians notes and DME to check for diagnosis of depression/suicidal ideations and update care plan with interventions.

Interventions shall include supplemental staff training as indicated above, positive reinforcement, de-escalation, monitoring resident for signs/symptoms of depression/suicide.

Resident care plan will reflect diagnosis, history, and interventions.

Geri psych partnership has been developed to allow for consult/follow-up as needed.

Completion Date: 08/30/2021

Document Submission**Implemented**

Consultant and physicians' reports shall be read upon receipt by HSD or designee and all necessary interventions shall be promptly implemented.

HSD or designee shall audit chart consult reports to ensure that necessary interventions have been input onto the resident care plan.

HSD or designee shall audit physicians notes and DME to check for diagnosis of depression/suicidal ideations and update care plan with interventions.

Interventions shall include supplemental staff training as indicated above, positive reinforcement, de-escalation, monitoring resident for signs/symptoms of depression/suicide.

Resident care plan will reflect diagnosis, history, and interventions.

Geri psych partnership has been developed to allow for consult/follow-up as needed.