



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
September 12, 2022

[REDACTED]
Administrator
Glencrest Manor, Inc.
P.O. Box 1204
Coatesville, PA 19320

RE: Glencrest Manor
115 Glencrest Road
Coatesville, PA 19320
License #: 19780

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 29, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

Regional Licensing Director

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *GLENCREST MANOR* License #: *19780* License Expiration Date: *06/17/2021*
 Address: *115 GLENCREST ROAD, COATESVILLE, PA 19320*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] *nez* Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *GLENCREST MANOR INC*
 Address: *P.O. BOX 1204, COATESVILLE, PA, 19320*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *10/18/1996* Issued By: *Valley Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/19/2021*

Inspection Dates and Department Representative

04/29/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *13* Residents Served: *13*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>2</i>	Are 60 Years of Age or Older: <i>10</i>
Diagnosed with Mental Illness: <i>13</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>2</i>	Have Physical Disability: <i>2</i>

Inspections / Reviews

04/29/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/21/2021*

7/1/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/08/2021*

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident 1. However, the quarterly financial statement has a discrepancy for the month of [REDACTED]. During the month of [REDACTED] it was notated on the quarterly statement that \$50.00 was deposited into the residents account instead of [REDACTED] personal needs allowance of \$85.00. The resident received the full \$85.00.

Plan of Correction

Accept

Money logs are created for certain residents if assistance is required. Each month if the resident receives money or takes money it is logged on the form and signed by the resident and staff. On [REDACTED] the wrong amount was written for resident 1 by accident and signed off on. Resident 1 did receive [REDACTED] correct amount of \$85.00. The error was corrected during our inspection [REDACTED]. Designated staff along with the resident signing off will double check all information logged onto the form. The logs will be checked at the end of each month by the administrator for any errors.

Completion Date: 04/29/2021 Licensee's proposed date of proposed implementation

Implemented PA

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

Staff A did not have a copy [REDACTED] HS diploma in [REDACTED] staff folder. Staff A is the child of the owner/administrator and has grown up and worked in the home. [REDACTED] had just relocated back to [REDACTED] and all belongings are still in storage. The document had gotten misplaced from [REDACTED] over the years. Staff member A has contacted [REDACTED] to get a copy of proof of [REDACTED] The documents requested will take some time to arrive. To ensure this does not happen in the future staff will make 2 copies of each document required and keep one in the staff folder and one in a overflow staff folder

Completion Date: 06/18/2021 Licensee's proposed date of proposed implementation

Implemented PA

65a - FS Orientation 1st Day

1. Requirements

2600.

65a - FS Orientation 1st Day (continued)

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was [REDACTED] did not receive orientation on the following topics: smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, telephone use and notification of emergency services until [REDACTED]

Plan of Correction

Accept

Staff person B did receive all proper training during [REDACTED] first 40 hours. All required trainings were done on [REDACTED] with one area missed and done the following day [REDACTED] Staff B had to leave [REDACTED] first day early due to a emergency [REDACTED] child so we were not able to complete training till her next day training. Training staff will always be trained yearly on what is required on the first day and what is required in the first 40 hours.

Completion Date: 01/09/2021 Licensee's proposed date of proposed implementation

Implemented PA

86b - Bathroom

1. Requirements

2600.

- 86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The men's bathroom, does not have an operable window or ventilation fan. The fan is inoperable and there is no window in the bathroom.

Plan of Correction

Accept

The home will have Lowery Electrical provide the service for installation. Picture has been taken of the old model number [REDACTED] to where the new fan can be purchased from Home depot. Once the new fan come in we will have the company come in to install. To prevent this from happening again the maintenance staff will check exhaust fan is operable. This should be fully completed by 7/7/21

Completion Date: 07/07/2021 Licensee's proposed date of proposed implementation

Implemented PA

101j6 - Mirror

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
6. A mirror.

Description of Violation

There is no mirror in the bedrooms of residents 1, 2, 3, and 4.

101j6 - Mirror (continued)

Plan of Correction

Accept

There are missing mirrors missing for 2 bedrooms that sleep 4 total residents. The mirrors have hung in the rooms in the past and have somehow disappeared or taken down by the residents. Mirrors will be hung in both of the rooms by 7/1/21. To ensure all proper items are in each room, maintenance staff and housekeepers will do monthly room checks and let administrator know of any missing items.

Completion Date: 07/01/2021 Licensee's proposed date of proposed implementation

Implemented PA

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 4/29/21, the home served 13 residents, requiring 39 gallons of emergency drinking water. However, the home had only 15 gallons. The home does not have a contract with a local bottled water supplier that includes the remaining water needed for an emergency.

Plan of Correction

Accept

The home will have all the water replaced in the home to have all the emergency supply required. The home will have all amounts by 7/1/21. Kitchen staff that handles the ordering will monitor all supplies monthly, if the supplies get low or are below proper amounts, staff will inform the administrator to replenish the supplies

Completion Date: 07/01/2021 Licensee's proposed date of proposed implementation

Implemented PA

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Repeat Violation

The home's dinner menu for the month of April was posted. However, the breakfast and lunch menu posted were from March.

Repeat Violation - 1/2/2020

Plan of Correction

Accept

The current up to date menu for the month were placed on the day of inspection on 4/29/21. As this being a repeat violation the current staff that is in charge of the menus will be removed from the job and will now be done by the administrative assistant monthly to ensure the menus are current and up to date. The administrator will follow up at the end of each month to make sure all menus are done and ready to be posted for the new month. The staff will do 3 main monthly menus and rotate them quarterly.

Completion Date: 04/29/2021 Licensee's proposed date of proposed implementation

Implemented PA

185a - Implement Storage Procedures

1. Requirements

2600.

185a - Implement Storage Procedures (*continued*)

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.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

I would like to dispute part of this violation, the missing documentation was not missing from the MAR, it was missing from the homes provided log for resident [REDACTED]. The MAR was signed off on 4/28/21. Resident 5 and [REDACTED] doctors have stated that [REDACTED] is to handle her own [REDACTED] when [REDACTED] moved into Glencrest. The home does document [REDACTED] to ensure [REDACTED] taking the correct steps to live a healthy life and to send documentation [REDACTED] monthly. The med trained staff has since inspection [REDACTED] with us present and then staff documents the readings. Med trainer will also check [REDACTED] weekly compared against [REDACTED]. Home also suggested to resident 5 to see a [REDACTED] to improve [REDACTED] to [REDACTED] [REDACTED], which the resident did follow thru with on [REDACTED].

Completion Date: 04/29/2021 Licensee's proposed date of proposed implementation

Implemented PA

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 5 is prescribed [REDACTED]. This medication was administered during the month of [REDACTED], the bed time [REDACTED] is not included on resident 5's medication administration record.

Plan of Correction

Accept

The [REDACTED] was not on the MAR for resident 5 during the inspection. The med trainer clarified with the homes pharmacist regarding the [REDACTED] per the pharmacist, [REDACTED] does not add [REDACTED] personal care homes because staff does not administer [REDACTED] or [REDACTED]. As of [REDACTED] the [REDACTED] was added to the MAR and the pharmacy will add it to the MARs every month.. All med trained staff was trained on how to document [REDACTED] [REDACTED]. The trainer will check the MARs monthly at the start of each month to ensure all info is correct and accurate for each resident.

Completion Date: 04/30/2021 Licensee's proposed date of POC implementation

Implemented PA

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident 1, admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. The home could not provide signed documentation.

Plan of Correction

Accept

Resident 1 at one time had the refusal form in [redacted] chart done at the time of admission. A new form was signed at time of inspection and showed to the inspector, and added to [redacted] chart. The home does chart checks monthly that designated staff check for all required forms and signatures. The assistant will also check all charts monthly for all required information.

Completion Date: 04/29/2021 Licensee's proposed date of POC implementation

Implemented PA