

Department of Human Services
Bureau of Human Service Licensing

February 8, 2022

[REDACTED]
GLENMAURA SENIOR LIVING AT MONTAGE LLC
11 GLENMAURA NATIONAL BLVD
MOOSIC, PA, 18507

RE: GLENMAURA SENIOR LIVING
11 GLENMAURA NATIONAL BLVD
MOOSIC, PA, 18507
LICENSE/COC#: 22845

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/16/2021, 06/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: *GLENMAURA SENIOR LIVING* License #: *22845* License Expiration: *12/06/2021*
Address: *11 GLENMAURA NATIONAL BLVD, MOOSIC, PA 18507*
County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5705915800* Email: [REDACTED]

Legal Entity

Name: *GLENMAURA SENIOR LIVING AT MONTAGE LLC*
Address: *11 GLENMAURA NATIONAL BLVD, MOOSIC, PA 18507*
Phone: *5705915800* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *08/27/2021*

Inspection Dates and Department Representative

06/16/2021 - On-Site: [REDACTED]
06/24/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *55*

Secured Dementia Care Unit

In Home: *Yes* Area: *NA* Capacity: *24* Residents Served: *16*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *28* Have Physical Disability: *0*

Inspections / Reviews

06/16/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/24/2021*

06/16/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/22/2021*

12/21/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/28/2021*

02/08/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] 2021 Hospice [redacted] began [redacted] wound care to resident 1's [redacted] On [redacted] /21 at approximately [redacted] am resident #1 was seen by Hospice nurse for an assessment and shower. The Hospice nurse observed [redacted]. Based on interviews with the attending nurses from Hospice [redacted] the resident did not receive wound care from hospice from [redacted] /21 until [redacted] /21 when resident #1 was sent to the hospital. Interviews with Glenmaura medication technicians indicated that the home was treating the resident's [redacted] with cream and did not see [redacted] on resident #1's [redacted] until [redacted] /21 even though the resident was treated for [redacted] wound [redacted] on [redacted] /21. The home neglected to provide wound care for resident #1.

Plan of Correction

Accept

Glenmaura Senior Living does not agree with this violation that the home neglected to provide wound care to resident #1. Resident # 1 was referred to us from [redacted] at [redacted] and admitted on [redacted] /21. On [redacted] /21 there was no documentation from hospice or from Glenmaura Senior Living that there was a [redacted] wound [redacted] Hospice [redacted] refused to enter Glenmaura Senior Living's facility from [redacted] /21- [redacted] /21 due to COVID, during their absence Glenmaura Senior Living staff was in contact with Hospice [redacted] on [redacted] /21, [redacted] /21, [redacted] /21 & [redacted] /21 for new orders and telehealth visits. The communication between Glenmaura staff and H [redacted] is recorded in tabula pro notes (our electronic medical record). All wellness staff are able to access Tabula to review resident care information and the home also has daily shift reports to communicate information on resident needs from shift to shift. Glenmaura staff did provide wound care to resident # 1 even during hospices absence. On [redacted] /21 resident #1 was sent to [redacted] for evaluation of the [redacted] [redacted] On [redacted] /21 the home faxed an Act 13 report to AAA. All Wellness staff were also in-serviced on Wound Care and the Older Adult Protective Services Act (see attached). If this situation would occur in the future, staff know to follow the appropriate chain of command and report any concern's in residents needs to supervisor. Staff are also aware that they are mandated reporters, and must report any suspected neglect within the home. Director of Wellness would monitor that wound care treatments are administered as prescribed. Administrator would monitor all staff are trained in OAPSA upon hire and annually and would monitor for ongoing compliance.

Document Submission

Implemented

completed