

Department of Human Services
Bureau of Human Service Licensing

October 19, 2021

[REDACTED], PRESIDENT/COO
SNH PENN TENANT LLC
400 CENTRE STREET
ATTN LICENSING
NEWTON, MA 2458

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2021, 08/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

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: *01/01/2022*
Address: *242 BALTIMORE PIKE, GLEN MILLS, PA 19342*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *610-358-4900* Email: [REDACTED]

Legal Entity

Name: *SNH PENN TENANT LLC*
Address: *400 CENTRE STREET, ATTN LICENSING, NEWTON, MA, 2458*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *03/19/2020* Issued By: *Concord Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *45* Waking Staff: *34*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/20/2021*

Inspection Dates and Department Representative

08/19/2021 - On-Site: [REDACTED]
08/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *10* Have Physical Disability: *0*

Inspections / Reviews

08/19/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/04/2021*

10/5/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/08/2021*

10/6/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/07/2021*

10/11/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/18/2021*

10/19/2021 - Document Submission

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

60c - Housekeeping/Maintenance

1. Requirements

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

On 8/19/21 and 8/20/21, there was 1 staff person for housekeeping on duty to complete the housekeeping needs of the residents on 3 floors. On 8/19/21 and 8/20/21 the home did not have dining servers in the home to assist with serving meals in the dining room. According to resident council minutes, on 5/27/21 room 121 was not cleaned and on 7/29/21 the bathroom in room 113 was not cleaned due to lack of staff.

Plan of Correction

Accept

- 1. On 8/19/21 and 8/20/21, the dining area was staffed with cooks to assist with serving meals. The Food Service Director was assigned as a server on both days and the residents needs were being meet.
- 2. The community continues to recruit for all open positions. Two additional housekeepers, one server and one cook have recently been hired for additional staff hours.
- 3. Food Service Director /Maintenance Director/designee will review staff scheduling to ensure compliance with regulation 2600.60C weekly until dining and housekeeping departments are staffed based on the needs of the home.
- 4. Food Service Director /Maintenance Director/Designee will report compliance/variance of Regulations 2600.60C to QA committee.

Completion Date: 08/20/2021

Document Submission

Implemented

- On 8/19/21 and 8/20/21, the dining area was staffed with cooks to assist with serving meals. The Food Service Director was assigned as a server on both days and the residents needs were being meet.
- 2. The community continues to recruit for all open positions. Two additional housekeepers, one server and one cook have recently been hired for additional staff hours.
- 3. Food Service Director /Maintenance Director/designee will review staff scheduling to ensure compliance with regulation 2600.60C weekly until dining and housekeeping departments are staffed based on the needs of the home.
- 4. Food Service Director /Maintenance Director/Designee will report compliance/variance of Regulations 2600.60C to QA committee.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The sink located in the second floor television lounge did not have running water due to being clogged. The HVAC system was not in working order as evidence by fans being utilized on the 3rd floor and warm temperature.

95 - Furniture and Equipment *(continued)*

Plan of Correction

Accept

1. The above-mentioned sink was unclogged during the time of inspection. Residents individual room A/C was functional. The PTAC/Heat Pump units in the hallway were already on order as of 7/1/2021 due to the unfortunate delay in the delivery of the PTAC units the community provided temperature comfort in the hallways by utilizing fans since the time of ordering, which meets the regulations.
2. The Maintenance Director will be in serviced by 10/15/2021 on weekly compliance rounds in all areas for compliance of Regulations 2600.95.
3. Executive Director and Maintenance Director will conduct quarterly rounds for compliance.
4. Findings will be reported to the QA ED/designee.
(see attachment)

Completion Date: 10/15/2021

Document Submission

Implemented

1. The above-mentioned sink was unclogged during the time of inspection. Residents individual room A/C was functional. The PTAC/Heat Pump units in the hallway were already on order as of 7/1/2021 due to the unfortunate delay in the delivery of the PTAC units the community provided temperature comfort in the hallways by utilizing fans since the time of ordering, which meets the regulations.
2. The Maintenance Director will be in serviced by 10/15/2021 on weekly compliance rounds in all areas for compliance of Regulations 2600.95.
3. Executive Director and Maintenance Director will conduct quarterly rounds for compliance.
4. Findings will be reported to the QA ED/designee.

(see POC attachment 2)

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the ice cream freezer.

Plan of Correction

Accept

1. Corrected during the time of the inspection.
2. Food Service Director was in-serviced on this Regulation on 8/20/21.
3. Food Service Director /designee will conduct weekly audits for compliance of Regulation 2600.103f.
4. Findings will be reported to QA committee.

Completion Date: 08/20/2021

103f - Refrigerator/Freezer Temps *(continued)*

Document Submission **Implemented**

1. *Corrected during the time of the inspection.*
2. *Food Service Director was in-serviced on this Regulation on 8/20/21.*
3. *Food Service Director /designee will conduct weekly audits for compliance of Regulation 2600.103f.*
4. *Findings will be reported to QA committee.*

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The ice cream containers, located in the freezer were opened and unsealed.

Plan of Correction **Accept**

1. *Corrected during the time of inspection. The ice cream container was discarded.*
2. *Food Service Director/Designee will audit all refrigerator and freezer weekly x4 weeks to ensure compliance of this regulation by 10/15/2021.*
3. *Dining staff will be in-serviced on this regulation by 10/15/2021.*
4. *Food Service Director/designee will conduct monthly audits for compliance of Regulation 2600.103g.*

Completion Date: 10/15/2021

Document Submission **Implemented**

1. *Corrected during the time of inspection. The ice cream container was discarded.*
2. *Food Service Director/Designee will audit all refrigerator and freezer weekly x4 weeks to ensure compliance of this regulation by 10/15/2021.*
3. *Dining staff will be in-serviced on this regulation by 10/15/2021.*
4. *Food Service Director/designee will conduct monthly audits for compliance of Regulation 2600.103g.*

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 8/19/21, there was an approximate 1/2 inch accumulation of lint in the lint trap of the dryer located in the third floor laundry room. There were no clothes in the dryer at the time.

105g - Lint Removal and Duct Cleaning *(continued)*

Plan of Correction

Accept

1. Housekeeping and Maintenance Director in-serviced on fire hazard and the importance of keeping the dryer lint free.
2. All staff will be in-serviced on removing lint from dryer after use by 10/15/2021.
3. Housekeeping and Maintenance Director will check lint trap 3 times a day and document x 4 weeks
4. Maintenance Director /Designee will ensure compliance of this regulation on daily rounds.

Completion Date: 10/15/2021

Document Submission

Implemented

1. Housekeeping and Maintenance Director in-serviced on fire hazard and the importance of keeping the dryer lint free.
2. All staff will be in-serviced on removing lint from dryer after use by 10/15/2021.
3. Housekeeping and Maintenance Director will check lint trap 3 times a day and document x 4 weeks
4. Maintenance Director /Designee will ensure compliance of this regulation on daily rounds.

(See POC attachment #5)

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation did not include component 1 General Physical Examination which includes; blood pressure, height, weight, pulse rate, and temperature.

Resident #2's medical evaluation did not include component 4 Special Health or Dietary Needs. Resident #2's dietary needs were not listed.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept

- 1. DRC will complete an audit of all medical evaluation by 10/15/2021 for compliance of this regulation.
- 2. Executive Director/DRC or designee will review evaluations monthly for compliance.
- 3. Finding will be reported to QA committee

Completion Date: 10/15/2021

Document Submission

Implemented

DRC will complete an audit of all medical evaluation by 10/15/2021 for compliance of this regulation.

- 2. Executive Director/DRC or designee will review evaluations monthly for compliance.
- 3. Finding will be reported to QA committee

184b - Resident's Meds Labeled

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 8/19/21, a tube of [REDACTED] belonging to resident # 3, was not labeled with the resident's name.

Plan of Correction

Accept

- 1. Corrected on 8/19/2021 during the time of inspection.
- 2. DRC will complete medication audits weekly 4 weeks starting on 8/28/2021 then monthly for compliance of this regulation.
- 3. Nurses and Medication Technician will be in serviced by10/15/2021 on this regulation and the rights of medication administration.
- 4. Executive Director will conduct a random audit quarterly for compliance of this regulation.

Completion Date: 10/15/2021

Document Submission

Implemented

1. Corrected on 8/19/2021 during the time of inspection.

2. DRC will complete medication audits weekly 4 weeks starting on 8/28/2021 then monthly for compliance of this regulation.

3. Nurses and Medication Technician will be in serviced by10/15/2021 on this regulation and the rights of medication administration.

4. Executive Director will conduct a random audit quarterly for compliance of this regulation. (see POC attachment #6)

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

Resident #3 is prescribed [redacted] as needed. On 8/19/21, the Ketoconazole 2% cream was not located on the medication cart.

Resident #4 is prescribed [redacted]. However, the medication was not available in the home.

Plan of Correction

Accept

- 1. DRC will complete medication cart audits weekly x4 and then monthly for compliance of this regulation
- 2. Nurses and Medication Technician will be in serviced by 10/15/2021 on medication storage and medication ordering.
- 3. Executive Director /Designee will conduct random audits quarterly for compliance of this regulation.

Completion Date: 10/15/2021

Document Submission

Implemented

- 1. DRC will complete medication cart audits weekly x4 and then monthly for compliance of this regulation
- 2. Nurses and Medication Technician will be in serviced by 10/15/2021 on medication storage and medication ordering.
- 3. Executive Director /Designee will conduct random audits quarterly for compliance of this regulation.

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.

187a - Medication Record (continued)

- 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 #3 is prescribed an [REDACTED]. However, resident's 8/2021 medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

Plan of Correction

Accept

- 1. Corrected on 8/19/2021 during the time of inspection.
- 2. DRC will conduct MAR audits weekly x 4 then monthly for compliance of this regulation
- 3. Nurses and Medication Technicians will be in-serviced by 10/15/2021 on medication documentation
- 4. Executive Director/designee will conduct random MAR audits quarterly for compliance of this regulation

Completion Date: 10/15/2021

Document Submission

Implemented

- 1. Corrected on 8/19/2021 during the time of inspection.
- 2. DRC will conduct MAR audits weekly x 4 then monthly for compliance of this regulation
- 3. Nurses and Medication Technicians will be in-serviced by 10/15/2021 on medication documentation
- 4. Executive Director/designee will conduct random MAR audits quarterly for compliance of this regulation (see POC attachment #7)

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.

187b - Date/Time of Medication Admin. (continued)

Description of Violation

Resident #3 is prescribed an [REDACTED]. Resident #3's 08/2021 medication administration record does not include the initials of the staff person who put on the ace wrap on 8/8/21 at 6:00 am and who removed the [REDACTED] on 8/10/21 and 8/11/21 at 6:00 pm.

Resident #3 is prescribed [REDACTED] [REDACTED]. Resident #3's 08/2021 medication administration record does not include the initials of the staff person who administered the [REDACTED] on 8/10/21 and 8/11/21 at 8:00 pm.

Plan of Correction

Accept

1. DRC will conduct MAR audits weekly x4 then monthly for compliance of this regulation
2. Nurses and Medication Technician in-service on medication documentation by 10/15/21
3. Executive Director/designee random MAR audits quarterly for compliance of this regulation

Completion Date: 10/15/2021

Document Submission

Implemented

DRC will conduct MAR audits weekly x4 then monthly for compliance of this regulation

2. Nurses and Medication Technician in-service on medication documentation by 10/15/21
3. Executive Director/designee random MAR audits quarterly for compliance of this regulation

(see POC attachment #8)

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed [REDACTED]. However, this medication was not administered to resident #3 on 8/19/21 at 8:00 am because the medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

The physician ordered the medication on 8/18/ 21 for prophylaxis's use., the community ordered the medication from the pharmacy on 8/18/2021 and received the medication on 8/19/2021, in the evening in time for the 8 pm dose.

- 1. The resident remains safe in community .
- 2. Medication Technician and Nurses will be in-serviced on the follow up of medication orders from pharmacy by 10/15/2021. importance of
- 3. The community will utilize the 24 hour report for tracking and receipt of new medication. reporting
- 4. DRC/designee will review the 24 hour report daily for compliance.

Completion Date: 10/15/2021

Document Submission

Implemented

The physician ordered the medication on 8/18/ 21 for [REDACTED] use., the community ordered the medication from the pharmacy on 8/18/2021 and received the medication on 8/19/2021, in the evening in time for the 8 pm dose.

- 1. The resident remains safe in community .
- 2. Medication Technician and Nurses will be in-serviced on the follow up of medication orders from pharmacy by 10/15/2021. importance of
- 3. The community will utilize the 24 hour report for tracking and receipt of new medication. reporting
- 4. DRC/designee will review the 24 hour report daily for compliance.

(see POC attachment #9)

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.

191 - Resident Right to Refuse (continued)

Description of Violation

Resident #5 , 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

1. Corrected on 8/20/21 during the time of inspection. Resident remains safe in community and signed on 8/20/2021.
2. Resident education added to the admission packet for compliance of this regulation.
3. Business Office Manager will audit all charts by 8/30/2021 for compliance of this regulation.
4. Executive Director / Designee will audit all new admission charts with 24 hours of admission to the community.

Completion Date: 08/30/2021

Document Submission

Implemented

1. Corrected on 8/20/21 during the time of inspection. Resident remains safe in community and signed on 8/20/2021.
2. Resident education added to the admission packet for compliance of this regulation.
3. Business Office Manager will audit all charts by 8/30/2021 for compliance of this regulation.
4. Executive Director / Designee will audit all new admission charts with 24 hours of admission to the community.