

Department of Human Services  
Bureau of Human Service Licensing

October 1, 2021

[REDACTED], GENERAL MANAGER  
MG MEDIA SUBTENANT LLC  
ONE SEAGATE, SUITE 1500  
TOLEDO, OH 43604

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 09/01/2021, 09/02/2021 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**

**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]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *07/01/1996* Issued By: *COPA L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *113* Waking Staff: *85*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/02/2021*

**Inspection Dates and Department Representative**

*09/01/2021 - On-Site:* [REDACTED]  
*09/02/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *153* Residents Served: *76*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Garden House* Capacity: *41* Residents Served: *31*

**Hospice**

Current Residents: *14*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*  
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *37* Have Physical Disability: *1*

Inspections / Reviews

09/01/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/24/2021*

9/24/2021 - POC Submission

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

10/1/2021 - Document Submission

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

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 5/12/21, at approximately 7:20pm, Resident #1 fell in their room and sustaining a head injury. The resident was sent to the Emergency Room for further evaluation and treatment. The home did not report this incident to the department until 5/14/21 at 11:00am.

Plan of Correction

Accept

Wellness staff will receive training from Health Services Director instructing them to report incidents to BHS within 24 hours rather than wait for the report to come back from the hospital. Follow-up reporting will be done upon return from the hospital when necessary.

Completion Date: 09/30/2021

Document Submission

Implemented

Wellness staff will receive training from Health Services Director instructing them to report incidents to BHS within 24 hours rather than wait for the report to come back from the hospital. Follow-up reporting will be done upon return from the hospital when necessary.

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired [redacted] did not have a criminal background check completed prior to or by their first day of work in the home.

Plan of Correction

Accept

Staff A had receipt of criminal background check from the Commonwealth in [redacted] folder, but the actual report was missing.

The Business Office Manager will audit employee files to be sure that we have the actual report in addition to the receipt for all current employees. If report is missing, a new background check will be completed.

Completion Date: 09/30/2021

Document Submission

Implemented

Staff A had receipt of criminal background check from the Commonwealth in [redacted] folder, but the actual report was missing.

The Business Office Manager will audit employee files to be sure that we have the actual report in addition to the receipt for all current employees. If report is missing, a new background check will be completed.

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A Lady Speedstick deodorant, with a manufacture's label indicating "if swallowed get medical help or contact poison control right away", and a container of Tucks medicated pads, with a manufacture's label indicating "if swallowed get medical help or contact poison control right away" were unlocked, unattended, and accessible in resident #2's room in the SDCU. Not all the residents of the home, including resident #2 and all residents for the SDCU, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

The above-mentioned items were immediately removed from the room day of inspection. Resident rooms were audited the day of inspection and anything that indicated "call poison control" was immediately removed from residents in SDCU and other residents deemed incapable of recognizing and using poisons safely or locked up in the resident room so that the resident does not have unsupervised access to such items. Locks and baskets were purchased to be used for this purpose. Resident rooms were audited date of inspection to be sure that there were no poisonous items accessible to residents. Midnight shift will do a weekly check for items that indicate "call poison control" and will remove such items or lock them in a cabinet. Families of residents in SDCU are all provided with paperwork informing them not to bring poisonous items in prior to move-in.

Completion Date: 09/02/2021

Document Submission

Implemented

The above-mentioned items were immediately removed from the room day of inspection. Resident rooms were audited the day of inspection and anything that indicated "call poison control" was immediately removed from residents in SDCU and other residents deemed incapable of recognizing and using poisons safely or locked up in the resident room so that the resident does not have unsupervised access to such items. Locks and baskets were purchased to be used for this purpose. Resident rooms were audited date of inspection to be sure that there were no poisonous items accessible to residents. Midnight shift will do a weekly check for items that indicate "call poison control" and will remove such items or lock them in a cabinet. Families of residents in SDCU are all provided with paperwork informing them not to bring poisonous items in prior to move-in.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/2/21 at approximately 10:15am, there was a strong odor of feces in the hallway near the memory care common area restroom. Upon entering the restroom, there was feces on the floor in front of the sink and toilet, the toilet was overflowing with water and fecal matter and there was a used white cloth towel resting on the lid of the toilet tank.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept

Restroom was immediately cleaned on date of inspection.

Resident bathrooms shall be kept clean and sanitary. Common area bathrooms in SDCU shall be kept locked, and caregivers will immediately unlock and assist residents with bathroom needs upon request and as needed.

Clogged toilets shall be reported immediately to maintenance.

Bathrooms will be checked by caregivers. Any unsanitary conditions will be immediately corrected by team member assigned to the resident area.

Completion Date: 09/03/2021

Document Submission

Implemented

Restroom was immediately cleaned on date of inspection.

Resident bathrooms shall be kept clean and sanitary. Common area bathrooms in SDCU shall be kept locked, and caregivers will immediately unlock and assist residents with bathroom needs upon request and as needed.

Clogged toilets shall be reported immediately to maintenance.

Bathrooms will be checked by caregivers. Any unsanitary conditions will be immediately corrected by team member assigned to the resident area.

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 9/2/21 at approximately 10:00am, [redacted] medication, prescribed for resident #2 was unlocked, unattended, and accessible in the medicine cabinet above the sink in resident #2's bathroom. Resident is not assessed capable of administering their own medications and resides in the SDCU.

Plan of Correction

Accept

The above-mentioned items were immediately removed from the room on date of inspection. Resident rooms were checked on day of inspection to be sure that no prescription medications, OTC medications were present.

Caregiver shall be assigned to conduct weekly resident room checks for continued compliance.

Completion Date: 09/02/2021

Document Submission

Implemented

The above-mentioned items were immediately removed from the room on date of inspection. Resident rooms were checked on day of inspection to be sure that no prescription medications, OTC medications were present.

Caregiver shall be assigned to conduct weekly resident room checks for continued compliance.

183f - Discontinued Medications

1. Requirements

2600.

183f - Discontinued Medications (continued)

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

A bottle of [redacted] with a use by date of 7/13/21 printed on the pharmacy label and a bottle of [redacted] with a use by date of 10/21/20 printed on the pharmacy label, both prescribed to resident #3, were observed in the 1st floor Memory Care Unit cart. The medications were not removed from the cart and destroyed after their expiration dates.

A bottle of [redacted] belonging to resident #4 with an expiration date of 12/2020 stamped on the bottle, was present in the 1st floor memory care cart.

Plan of Correction

Accept

Medication carts shall only contain medication of current residents and all medication shall be within code and not expired.

Expired medication was immediately removed from the cart on day of inspection.

Health Service Director or designee shall conduct weekly cart audits to ensure continued compliance.

Completion Date: 09/02/2021

Document Submission

Implemented

Medication carts shall only contain medication of current residents and all medication shall be within code and not expired.

Expired medication was immediately removed from the cart on day of inspection.

Health Service Director or designee shall conduct weekly cart audits to ensure continued compliance.

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #5 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident's medical evaluation was completed on [redacted]

Plan of Correction

Accept

This resident was an emergency admission thru Protective Services. All residents admitted to SDCU shall have their medical evaluation completed within 60 days prior to admission to this community. All charts were audited by Health Services Director for compliance. Records of future residents shall be reviewed by Health Services Director and General Manager for continued compliance.

Completion Date: 09/02/2021

231b - Medical Evaluation *(continued)***Document Submission****Implemented**

*This resident was an emergency admission thru Protective Services. All residents admitted to SDCU shall have their medical evaluation completed within 60 days prior to admission to this community. All charts were audited by Health Services Director for compliance. Records of future residents shall be reviewed by Health Services Director and General Manager for continued compliance.*