

Department of Human Services  
Bureau of Human Service Licensing

January 12, 2022

[REDACTED]  
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 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,  
Michele Moskalczyk

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: *GLENMAURA SENIOR LIVING* License #: *22845* License Expiration: *12/06/2022*  
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**

Type: *I-1* Date: *10/01/2019* Issued By: *Moosic borough*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *65* Waking Staff: *49*

**Inspection Information**

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

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *42*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *1st floor* Capacity: *24* Residents Served: *16*

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *23* Have Physical Disability: *0*

**Inspections / Reviews**

**09/02/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/15/2021*

**Inspection Dates and Department Representative (*continued*)****11/10/2021 - POC Submission**Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/17/2021***12/12/2021 - POC Submission**Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/17/2021***01/12/2022 - Document Submission**Reviewer: [REDACTED] Follow-Up Type: *Not Required*

132h - Designated Meeting Place

1. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The home's fire alarm activated on 9/2/2021 at approximately 10:00am. Resident 1's room was identified as the source of the alarm and did not evacuate from their room into a fire safe area.

Plan of Correction

Do Not Accept

Our maintenance staff happened to be in the hallway outside of the resident room when the alarms sounded, [redacted] was able to identify that the residents private aide had burnt toast. [redacted] immediately unplugged the toaster and opened windows and doors, there was no smoke just a smell, because [redacted] witnessed the source and our sensor alarms activated due to the particles from the burnt toast, [redacted] did not require the resident to evacuate because there was no immediate danger. The fire dept did come and investigate the area and determined it was safe to resume normal activities. In the future when the alarms sound, residents will evacuate to fire safe areas until fire dept comes to give the all clear.

Update: 11/10/2021

Who will be responsible for monitoring and ongoing compliance? 11-10-2021 MM

Plan of Correction

Accept

Our maintenance staff happened to be in the hallway outside of the resident room when the alarms sounded, [redacted] was able to identify that the residents private aide had burnt toast. [redacted] immediately unplugged the toaster and opened windows and doors, there was no smoke just a smell, because [redacted] witnessed the source and our sensor alarms activated due to the particles from the burnt toast, [redacted] did not require the resident to evacuate because there was no immediate danger. The fire dept did come and investigate the area and determined it was safe to resume normal activities. In the future when the alarms sound, residents will evacuate to fire safe areas until fire dept comes to give the all clear. Administrator will monitor for ongoing compliance.

Update: 12/12/2021

Please send/Attach proof of staff training. 12-12-2021 MM

Document Submission

Implemented

Administrator will monitor for ongoing compliance.

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

Resident 2 eloped from the facility on [redacted] through a window from which [redacted] were able to remove the safety locks. [redacted] were also documented as having previously broken window locks and was able to fully open [redacted] window on 7/22/2021. Nursing notes identified them as exit seeking on 7/20/2021, 7/24/2021, 7/25/2021, & 7/26/2021. RASP of Resident 2 dated [redacted], indicates that [redacted] requires hourly checks and passively wanders. This is not reflective of [redacted] documented exit seeking behavior and ability to remove window safety locks. An addendum was added [redacted] after

227d - Support Plan Medical/Dental (continued)

the elopement, stating that staff will provide frequent checks, but no specific time frame for the checks were indicated.

**Plan of Correction**

**Accept**

Director of Wellness will update RASP to identify any changes in residents needs, if necessary a specific timeframe to conduct certain checks will be identified in the RASP. Administrator will randomly audit charts to ensure ongoing compliance.

**Update:** 11/10/2021

Please send/Attach updated RASP for resident #2 for review. 11-10-2021 MM

**Document Submission**

**Implemented**

RASP was already sent