

Department of Human Services
Bureau of Human Service Licensing

January 18, 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 09/29/2021 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: *84* Waking Staff: *63*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/29/2021*

Inspection Dates and Department Representative

09/29/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *57*

Secured Dementia Care Unit

In Home: *Yes* Area: *Bridges* 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: *57*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *27* Have Physical Disability: *0*

Inspections / Reviews

09/29/2021 - Partial

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

Inspection Dates and Department Representative (*continued*)

12/12/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/15/2021*

01/18/2022 - Document Submission

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

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 11/28/20 the home received a concerned phone call from a family member of resident #1 regarding the resident being transferred in a rough manner from wheelchair to bed by staff person A. The family member had viewed the resident being transferred on a video surveillance camera installed in the resident's room by the family of the resident. The home conducted an investigation of the incident. The home did not report this incident of suspected abuse to the area agency on aging.

Plan of Correction

Accept

The home received a complaint from family, after investigating incident and speaking with family it was concluded that no abuse took place, family at that time was in agreement. After reviewing the Older Adult Protective Services Act we did not feel this incident corresponded with any of the categories of abuse. In the future we will contact DHS if any suspected abuse is in question and then report to Aging Office. Administrator will continue to monitor for ongoing compliance.

Update: 12/12/2021

Document Submission

Implemented

completed

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 11/28/20 the home received a concerned phone call from a family member of resident #1 regarding the resident being transferred in a rough manner from wheelchair to bed by staff person A. The family member had viewed the resident being transferred on a video surveillance camera installed in the resident's room by the family of the resident. The home conducted an investigation of the incident. The home did not report this incident of suspected abuse to the department's regional office.

Plan of Correction

Accept

The home received a complaint from family, after investigating incident and speaking with family it was concluded that no abuse took place, family at that time was in agreement. After reviewing the Older Adult Protective Services Act we did not feel this incident corresponded with any of the categories of abuse. In the future we will contact DHS if any suspected abuse is in question and then report to Aging Office. Administrator will continue to monitor for ongoing compliance.

Update: 12/12/2021

Document Submission

Implemented

completed

234d - Support Plan Revision

1. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1 was admitted to the home on [REDACTED] and a support plan was completed [REDACTED]. The support plan was never updated to reflect resident #1's numerous aggressive behaviors towards staff and residents, as well as behavioral issues such as urinating in inappropriate areas of the home. The resident's ability to ambulate also declined to the point the resident could not bear weight and required a 2-3 person assist for transfers and toileting. This was also not reflected in the support plan dated [REDACTED] with a plan to address those behaviors and changes to the resident's needs.

Plan of Correction**Accept**

Director of Wellness will update RASPs to identify any changes in residents conditions with a plan to address the residents needs. Director of Wellness will audit charts for ongoing compliance.

Document Submission**Implemented**

completed