

Department of Human Services
Bureau of Human Service Licensing

November 29, 2021

[REDACTED], AUTHORIZED PERSON
BH GLEN MILLS MANAGEMENT PA LLC
2100 3RD AVE NORTH, SUITE 600
BIRMINGHAM, AL 35203

RE: MERRILL GARDENS AT GLEN MILLS
52 BALTIMORE PIKE
GLEN MILLS, PA, 19342
LICENSE/COC#: 14670

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/20/2021 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**

Facility Information

Name: *MERRILL GARDENS AT GLEN MILLS* License #: *14670* License Expiration Date: *10/16/2022*
Address: *52 BALTIMORE PIKE, GLEN MILLS, PA 19342*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6103585220* Email: [REDACTED]

Legal Entity

Name: *BH GLEN MILLS MANAGEMENT PA LLC*
Address: *2100 3RD AVE NORTH, SUITE 600, BIRMINGHAM, AL, 35203*
Phone: *6103585220* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *11/20/2019* Issued By: *Chester Heights Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/20/2021*

Inspection Dates and Department Representative

10/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* Residents Served: *33*

Secured Dementia Care Unit

In Home: *Yes* Area: *Garden House* Capacity: *19* Residents Served: *15*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *28* Have Physical Disability: *0*

Inspections / Reviews

10/20/2021 - Full

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

11/16/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/29/2021*

11/29/2021 - Document Submission

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

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #3 was not signed by the administrator or a designee.

Plan of Correction

Accept

A complete audit of all contracts was completed to determine any contract not signed by the Administrator. Any contracts identified during this inspection and the audit will be reviewed and signed by the Administrator.

Completion Date: 11/30/2021

Document Submission

Implemented

Audit has been completed and all contracts signed by the Administrator. The Administrator or designee will continue to review contracts after signing to confirm that all signatures are present.

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

- 28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #4 was discharged on [REDACTED]. The home did not issue a refund until [REDACTED].

Plan of Correction

Accept

A complete audit was completed to determine if any other residents had not yet received a timely refund and found no other resident affected. Discharged residents will have the accounting refund issued by the BOD immediately through Yardi at the time of discharge. The Administrator or designee will audit all discharges one week post discharge to ensure the accounting refund was processed in the system so the check can be cut immediately for a period of 60 days.

Completion Date: 10/11/2021

Document Submission

Implemented

All files audited and all refunds made. Administrator or designee to continue auditing discharged resident for a period of 60 days to determine refunds continue to be timely

41e - Signed Statement

1. Requirements

2600.

- 41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

41e - Signed Statement (*continued*)**Plan of Correction****Accept**

A complete audit of all business office files was completed to determine any statement acknowledging receipt of residents right and complaint procedures not signed by the resident. Any statements identified during this inspection and the audit will be reviewed with the resident and signed or marked "refused to sign" or "unable to sign."

Completion Date: 11/30/2021

Document Submission**Implemented**

Audits completed and resident signatures obtained or documented refusal or inability to sign for Resident Rights and Complaint Procedures. Files will be checked at the time of signing to ensure that all documents were signed prior to filing in business office chart.

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 10/15/21, from 11:00pm to 7:00am, 33 residents were present in the home. During this time 2 staff members were present in the home. Neither staff member was certified in obstructed airway techniques and CPR.

Plan of Correction**Accept**

A complete audit of care staff files completed to compile a list of staff that need to complete CPR training. Two CPR classes were held to ensure we are now compliant with the regulation. BOD has created a spreadsheet of all staff with their CPR documentation and expirations to review with Administrator and RCD. RCD or designee will schedule classes as needed to remain compliant with certification renewals.

Completion Date: 11/11/2021

Document Submission**Implemented**

Audit completed. Two CPR classes have been held and staff certified. An excel spreadsheet was created to track certified and newly hired team members certification and RCD will schedule classes based off this tracking.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/20/21 at 11:38am, there was spilled sticky substance such as ice cream or juice on the bottom of the freezer in the memory care unit.

Plan of Correction**Accept**

The area found with a sticky substance on the bottom of the freezer was cleaned immediately. An inspection of the remainder of the area found no other sanitary issues. GHD or designee to assign care staff daily inspection and cleaning of any debris or spilled items in the memory care freezer and dining area.

Completion Date: 11/11/2021

Document Submission**Implemented**

Area was cleaned and remains cleaned with increased monitoring.

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 10/20/21 at 10:55am, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident room 408.

On 10/20/21 at 11:15am, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident room 212.

Plan of Correction

Accept

A complete audit of all offices, common areas and resident rooms was done and if there was a telephone present a sticker was applied. The Administrator or designee will audit each floor of the community's common areas, office and resident rooms once per month. Housekeeping staff to be given stickers on their carts and assigned to monitor resident rooms weekly during their standard housekeeping.

Completion Date: 11/11/2021

Document Submission

Implemented

Audit completed. Magnets with the phone numbers ordered and received. All resident rooms, offices and common areas received a magnet so numbers are present. Housekeeping staff equipped with the magnets on their carts and when cleaning will replace any missing magnets.

96a - First Aid Kit

1. Requirements

2600.

- 96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit at the 2nd floor nurses station does not include eye coverings and a thermometer

Plan of Correction

Accept

A complete audit of all first aid kits was completed and all kits were stocked appropriately per regulations. RCD or designee will audit the first aid kit weekly and replace any missing items.

Completion Date: 11/11/2021

Document Submission

Implemented

Audit completed of all kits. The RCD or designee to audit the kit weekly and replace any missing items.

103i - Outdated Food

1. Requirements

2600.

- 103.i. Outdated or spoiled food or dented cans may not be used.

103i - Outdated Food (continued)

Description of Violation

On 10/20/21 at 11:17am, there was potato salad dated use by 9/13/21 in the 2nd floor fridge.
On 10/20/21 at 11:38am, there were 2 jars of Grape Jelly dated best by 8/11/21 in the memory care fridge.
On 10/20/21 at 11:45am, there were 2 containers of rice dated use by 2/10/21 in dry food storage

Plan of Correction

Accept

All outdated food was removed immediately. The Chef or designee will be assigned daily to review the dates on all food and discard those expiring that day.

Completion Date: 11/11/2021

Document Submission

Implemented

No outdated food is present in any area at this time. Training was done with staff on daily review of all labels and date to remove expired or expiring food.

171b5 - First Aid Kit

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 10/20/21 at 12:00pm, the first aid kit in the bus used to transport residents does not include Antiseptic, thermometer, eye coverings, and tweezers

Plan of Correction

Accept

A complete audit of all first aid kits was completed and all kits were stocked appropriately per regulations. Maintenance Director or designee will audit the first aid kit bi-weekly and replace any missing items.

Completion Date: 11/11/2021

Document Submission

Implemented

Audit completed of all kits. The maintenance director or designee to audit the kit weekly and replace any missing items.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 10/20/21, [REDACTED] tablets prescribed for resident #1, was in the home's medication cart; however, the medication was discontinued. The medication is not listed on resident #1's medication administration record.

183d - Prescription Current (continued)

Plan of Correction

Accept

A complete audit of all med carts was completed immediately and any medication not current including those found on inspection were removed. The RDC or designee will schedule bi-weekly med cart audits. Pharmacy audits have been increased from quarterly per resident to monthly per resident and completed on 10/22/21. Training with staff was completed on shift-to-shift audits by all nurses and Medication techs on removal of discontinued medications were completed.

Completion Date: 11/11/2021

Document Submission

Implemented

Audit completed and ongoing. Pharmacy consultant audit with increase to monthly consultant visits for 100% review. Training with staff completed for ongoing audits as they complete their med pass..

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted] tabs administer 2 tabs by mouth 3 times a day. However, the medication label reads take 2 tablets by mouth every 6 hours as needed.

Resident #5 is prescribed [redacted] take 1 tablet by mouth 4 times a day. However, the medication label reads take 4 times daily and 1 at night.

Plan of Correction

Accept

The label found incorrect during inspection was corrected immediately. A complete audit of all med carts was completed immediately, and any medication not labeled properly was corrected The RDC or designee will schedule bi-weekly med cart audits. Pharmacy audits have been increased from quarterly per resident to monthly per resident and completed on 10/22/21

Training with staff was completed on shift-to-shift audits by all nurses and Medication techs on immediately pulling any medication where the label does not match the order.

Completion Date: 11/11/2021

Document Submission

Implemented

Label corrected. Audit completed and ongoing. Pharmacy consultant audit with increase to monthly consultant visits for 100% review. Training with staff completed for ongoing audits as they complete their med pass..

184b - Resident's Meds Labeled

1. Requirements

2600.

184b - Resident's Meds Labeled (continued)

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 10/20/21 at 2:30pm, the following medications were in the 2nd floor medication cart and were not labelled with a residents name or room number: [REDACTED]

On 10/20/21 at 3:00pm, a bottle of [REDACTED] was in the memory care medication cart and was not labeled with the resident's name or room number.

Plan of Correction

Accept

A complete audit of all med carts was completed immediately, and any OTC medication not identified with the resident's name including those found on inspection were identified immediately. The RDC or designee will schedule bi-weekly med cart audits. Pharmacy audits have been increased from quarterly per resident to monthly per resident and completed on 10/22/21.

Training with staff was completed on shift-to-shift audits by all nurses and Medication techs on identifying any OTC in the cart with the correct resident's name.

Completion Date: 11/11/2021

Document Submission

Implemented

Medication labeled with resident's name. Audit completed and ongoing. Pharmacy consultant audit with increase to monthly consultant visits for 100% review. Training with staff completed for ongoing audits as they complete their med pass. .

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 #1 is prescribed [REDACTED] instill 2 sprays in each nostril every 2 hours as needed. On 10/20/21 the medication was not available in the home.

Plan of Correction

Accept

The missing medication was obtained immediately from the pharmacy. A complete audit was done to determine if any other medications were not available and any missing meds were immediately obtained from the pharmacy. Bi-weekly cart to MAR audits weekly have started and will continue for a period of 90 days are scheduled and will be completed. Monthly pharmacy audits by the pharmacy consultant have started and will continue in the future.

Completion Date: 11/11/2021

Document Submission

Implemented

Missing medication obtained. Audit completed and ongoing. Pharmacy consultant audit with increase to monthly consultant visits for 100% review. Training with staff completed for ongoing audits as they complete their med pass.

187a - Medication Record

1. Requirements

2600.

187a - Medication Record (continued)

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.
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).

Description of Violation

Resident #1 is prescribed Aspirin low tab 81mg. However, resident's 1 medication administration record does not indicate a diagnosis.

Plan of Correction

Accept

The identified record was corrected immediately to include a diagnosis. Pharmacy consultant in to perform a complete audit to ensure that all medications include the regulated information including a diagnosis. Monthly audits to continue by the pharmacy consultant. RCD or designee will perform bi-weekly audits for a period of 90 days. Training with the medication technicians was completed on the documentation that must be included for all medications.

Completion Date: 11/11/2021

Document Submission

Implemented

Record corrected with diagnosis. Audit completed and ongoing. Pharmacy consultant audit with increase to monthly consultant visits for 100% review. Training with staff completed for the need to have a diagnosis included for all medications and performing an audit as meds are delivered during med pass.

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.

Description of Violation

Resident #2 is prescribed [redacted] administer one tablet by mouth daily. However, on 10/20/21 it was unavailable in the home. It is documented as given on 10/20/21 by Staff member A. In a staff interview with staff member A it was reported that resident #2 was not given the medication on 10/20/21 at 9AM as documented on the medication administration record.

Resident #6 was prescribed [redacted] take 1 tablet by mouth daily at 4pm from effective 8/11/21 and discontinued 8/25/21. On 8/17/21, it was documented as given in the narcotic log, however in the medication administration record it is documented as refused.

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

Plan of Correction

Accept

Staff remedial training to be completed to review the approved DHS training on "recording of medication" by a certified state Medication Trainer. Additional medication reviews to be done monthly by the RCD or designee with each medication technician to ensure proper recording at the time of administration for a period of 90 days.

Completion Date: 11/30/2021

Document Submission

Implemented

Staff training completed using DHS approved Train the Trainer medication program.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident 1# is prescribed [redacted] administer 2 tabs by mouth 3 times a day. However, on 10/13/21 it was only administered twice.

Plan of Correction

Accept

Staff remedial training to be completed to review the approved DHS training on "administration and documentation" by a state certified Medication Trainer. Additional medication reviews to be done monthly by the RCD or designee with each medication technician to ensure proper recording at the time of administration for a period of 90 days.

Completion Date: 11/30/2021

Document Submission

Implemented

Staff training completed using DHS approved Train the Trainer medication program.

2. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [redacted] tabs administer 1 tab by mouth 2 times a day. However, on 10/3/21 and 10/15/21 it was only given once because it was unavailable in the home.

Resident #1 is prescribed [redacted] take 1 tab by mouth 2 times a day for 7 days. However, on 10/15/21 it was only given once because it was unavailable in the home.

Resident #1 is prescribed [redacted] take 1 tab by mouth 2 times a day for 4 days. However, on 10/15/21 it was only given once because it was unavailable in the home.

Resident #2 is prescribed [redacted] administer one tablet by mouth daily. However, on 10/20/21 the medication was unavailable in the home and not administered.

Plan of Correction

Accept

Staff remedial training to be completed to review the approved DHS training on "administration and documentation" by a state certified Medication Trainer. Additional medication reviews to be done monthly by the RCD or designee with each medication technician to ensure proper recording at the time of administration for a period of 90 days.

Completion Date: 11/30/2021

Document Submission

Implemented

Staff training completed using DHS approved Train the Trainer medication program.

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.

Description of Violation

Resident #2, 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.

Plan of Correction

Accept

A complete audit of all resident files with contracts will be audited to ensure that the most updated Exhibit VII of the Resident's Rights is in place which includes the right to refuse medication. Any file missing the correct copy will be identified and the new Exhibit VII audited and signed by the resident.

Completion Date: 11/30/2021

Document Submission

Implemented

Audit complete. Resident Rights Exhibit signed or refusal or inability to sign noted and filed in Business Office Chart. Ongoing review following contract signing to ensure all documents are present and signed.

233c - Key-Locking Devices

1. Requirements

2600.

- 233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 10/20/21 at 11:45am, The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU) by the nurses station.

On 10/20/21, the posted code for the hallway exits from the Secure Dementia Care Unit (SDCU) did not unlock the exits. The codes appeared to be incorrect.

Plan of Correction

Accept

All directions for operating the locked doors were immediately posted conspicuously near the doors. The SDCU doors that did not open were immediately repaired. The Building Services Director or designee will audit all doors and posted directions weekly for a period of 90 days to ensure compliance.

Completion Date: 10/22/2021

Document Submission

Implemented

Direction are conspicuously posted. Doors repaired. Ongoing audit in place.

252 - Record Content

1. Requirements

2600.

- 252. Content of Resident Records - Each resident's record must include the following information:
 - 1. Name, gender, admission date, birth date and Social Security number.
 - 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
 - 10. A record of incident reports for the individual resident.

252 - Record Content (continued)

Description of Violation

Resident #1's record does not include the resident's incident report dated [REDACTED]

Plan of Correction

Accept

The incident report was immediately added to the resident's record. A complete audit was done to ensure that all resident records included incident reports back to January 2021.

Completion Date: 11/11/2021

Document Submission

Implemented

Audit completed and incident reports included in the resident's record from January 2021 to present.

254a - Records Discharge/Active

1. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 10/20/21 at 11:06am, The narcotics log for the 2nd floor medication cart was on top of the unattended medication cart, and accessible to anyone.

Plan of Correction

Accept

The narcotic log was immediately moved to a secured area. Training completed with all staff on maintaining records in a confidential manner to prevent unauthorized access. RCD or designee to complete a visual walk through of all areas to ensure that no resident records are no being maintained in a confidential manner.

Completion Date: 11/11/2021

Document Submission

Implemented

Log moved to a secure are to prevent confidentiality. Training completed with staff. RCD continues walking rounds that include a visual check for narcotic log or any documentation that would violate confidentiality.