

Department of Human Services
Bureau of Human Service Licensing

February 16, 2022

[REDACTED], OWNER
[REDACTED]
[REDACTED]
[REDACTED]

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 12/07/2021, 12/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

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: [REDACTED] Email: [REDACTED]

Legal Entity

[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: *86* Waking Staff: *65*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *12/07/2021*

Inspection Dates and Department Representative

12/07/2021 - On-Site: [REDACTED]

12/08/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *61*

Secured Dementia Care Unit

In Home: *Yes* Area: *0* Capacity: *24* Residents Served: *20*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

12/07/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *02/09/2022*

02/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/14/2022*

02/16/2022 - Document Submission

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 #1 was not signed by the resident.

Plan of Correction

Accept

The administrator or designee will ensure the resident also signs the contract upon admission. The administrator will monitor for ongoing compliance.

Update: 02/07/2022

Please send/ Attach proof of compliance. 2-7-2022 MM

Document Submission

Implemented

attached is the residents mark. Resident resides in our dementia unit and could not sign but was able to make a mark.

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature measured 123.5°F in room #233.

Plan of Correction

Accept

The hot water heater was immediately turned down to ensure the temp did not exceed 120 degrees. Maintenance staff will continue to do random audits of water temps in resident rooms to ensure compliance. Administrator will monitor for ongoing compliance.

Update: 02/07/2022

Please send/ Attach proof of compliance -(water audits). 2-7-2022 MM

Document Submission

Implemented

attached

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

The telephone numbers required by this regulation were not posted by the phone located in resident bathroom #233.

Plan of Correction

Accept

We were unaware the resident put another phone in her bathroom but emergency telephone numbers were placed

91 - Telephone Numbers (continued)

next to the phone in the bathroom. All resident rooms were checked to ensure they had emergency numbers listed by their phones. Administrator will monitor for ongoing compliance.

Document Submission**Implemented**

completed

101j7 - Lighting/Operable Lamp**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

Description of Violation

Residents in rooms #225 did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction**Accept**

All residents have been given a flashlight to keep at bedside. DCS will conduct random audits of resident rooms to ensure they have an operable source of lighting at bedside. Administrator will monitor for ongoing compliance.

Document Submission**Implemented**

completed

141b1 - Annual Medical Evaluation**1. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED] which is beyond the allowable timeframe.

Plan of Correction**Accept**

Director of Wellness will ensure that all residents receive their medical evaluation in the allowable timeframe. Administrator will conduct random audits of resident charts to ensure compliance.

Update: 02/07/2022

Please indicated when audit will be completed. 2-7-22 MM

Document Submission**Implemented**

Audit of 15 resident charts was completed on 2/7/22. Medical evaluations were all in compliance. Random audits will be completed monthly x 3 months to ensure compliance.

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 has an order for [REDACTED] take 2 tablets by mouth every 6 hours for pain, as needed. This medication was not available.

185a - Implement Storage Procedures (continued)

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #3 – At 8am on 12/3/21 the reading on the glucometer was 71 but was incorrectly transcribed as 73. Resident #4 – At 5pm on 12/5/21 the reading on the glucometer was 153 but was incorrectly transcribed as 258 and at 8pm on 12/1/21 the reading on the glucometer was 268 but was incorrectly transcribed as 276.

Plan of Correction**Accept**

Med Certified Staff were trained on the importance of proper transcription of accucheck results on the MAR. Director of Wellness will audit MARs to ensure compliance. Administrator will monitor for ongoing compliance.

Update: 02/07/2022

Please send/ Attach proof of staff training. 2-7-22 MM

Document Submission**Implemented**

Staff training attached.

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

On 10/21/21, Resident #2's diet was changed from a regular texture diet to a mechanical soft. Resident #2's support plan was not updated until 11/4/21.

Plan of Correction**Accept**

Staff were trained on updating any changes in resident condition on the RASP immediately. Director of Wellness will ensure RASPs are updated to reflect changes in residents condition. Administrator will monitor for ongoing compliance.

Document Submission**Implemented**

already sent on 2/7/22

**RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE
APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE
THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED**

TYPE OR USE PEN, SIGN AND RETURN 235 106 0307			
IDENTIFICATION			
1. NAME OF AGENCY/FACILITY GLENMAURA SENIOR LIVING		TELEPHONE NUMBER (570) 591-5800	
FACILITY ADDRESS 11 GLENMAURA NATIONAL BLVD, MOOSIC 18507	E-MAIL FOR FACILITY (NOT the WEB site URL) DIRECTOR@GLENMAURALIVING.NET	3. COUNTY 191125	
2. NAME OF LEGAL ENTITY GLENMAURA SENIOR LIVING AT MONTAGE LLC		TELEPHONE NUMBER	
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) 11 GLENMAURA NATIONAL BLVD MOOSIC PA 18507	E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) DIRECTOR@GLENMAURALIVING.NET	4. DATE CERTIFICATE EXPIRES 12/06/2021	5. CERTIFICATE NUMBER 228450
6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE KRISTEN ANGELICOLA, OWNER			
7. TYPE OF SERVICE PROVIDED PERSONAL CARE HOMES		FEIN OR SSN 82-3548839	
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES) V# 2347 \$30.-			
9. TYPE OF OPERATION <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT	10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> OTHER		
11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA.C.S. 2711) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			

RECEIVED

AUG 17 2021

Human Services Licensing

DECLARATION

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

JANINE STARINSKY
NAME (Type or Print)


SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE
(Where the legal entity is a corporation, the signature must be of a corporate officer.)

ADMINISTRATOR
TITLE

08-11-2021
DATE