

Department of Human Services
Bureau of Human Service Licensing

April 6, 2022

[REDACTED]
SNH PENN TENANT LLC
[REDACTED]
[REDACTED]

RE: GLEN MILLS SENIOR LIVING
242 BALTIMORE PIKE
GLEN MILLS, PA, 19342
LICENSE/COC#: 14511

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/20/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

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: *GLEN MILLS SENIOR LIVING* License #: *14511* License Expiration: *01/01/2023*
Address: *242 BALTIMORE PIKE, GLEN MILLS, PA 19342*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *610-358-4900* Email: [REDACTED]

Legal Entity

Name: *SNH PENN TENANT LLC*
Address: *255 WASHINGTON ST STE 300, TWO NEWTON PLACE, NEWTON, MA, 2458*
Phone: *6103584900* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *03/19/2010* Issued By: *Concord Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *01/20/2022*

Inspection Dates and Department Representative

01/20/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *39*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

01/20/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2022*

Inspections / Reviews *(continued)*

03/15/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/01/2022*

04/05/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/07/2022*

04/06/2022 - Document Submission

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 01/18/22 and 01/19/22, resident #1 did not receive [redacted] 5:00 PM dose of Rosuvastatin Tab 20 MG because the medication was not available as documented in the resident's medication administration record (MAR).

On 01/09/22, resident #2 did not receive [redacted] 8:00 AM dose of Vitamin B12-2500MCG-Subl because the medication was not available as documented in the resident's MAR.

These incidents were not reported to the Department.

Plan of Correction

Accept

All licensed nursing and CMT's will be re-educated prior to 3/31/22 on reportable incidents per 2600.16.c, MedTech staff and LPN re-educated to report medication errors timely. QuickMar E-Mar system was implemented on 2/1/22, to replace the previous paper MAR system. Ongoing compliance will be achieved by the med tech/LPN will run and review exception reports daily the reports will be given to RWD or designee. Any exceptions in the report will be corrected immediately and if necessary reported to physician for direction and reported to DHS within 24 hours.

Completion Date: 03/31/2022

Update: 03/03/2022

Provide documentation

Document Submission

Implemented

See attached

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

A criminal background check was not completed for staff person A.

Plan of Correction

Accept

On 2/28/22, staff person A submitted finger print to the West Chester Identego finger printing and criminal background check location. Staff person A is an out of state resident. Administrative Services Director shall audit each new hire prior to start date to ensure compliance with criminal history checks x 4 weeks, then audit monthly. Administrative Services Director or designee will use attached checklist with all new hires to ensure all required tasks completed pre-hire and during orientation period. New Administrative Services Director will be educated through Integra Care training program on [redacted] responsibility to ensure completion of criminal background checks prior to new hire start date or the new employees general orientation start date will need to be rescheduled.

Completion Date: 03/31/2022

Update: 03/03/2022

Provide documentation

51 - Criminal Background Check (continued)

Document Submission

Implemented

See attached

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person C, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

Pennsylvania nurse aide registry was received by staff person B, Associate degree in applied science degree was received from staff person C. New Administrative Services Director will be educated through IntegraCare training program on [redacted] responsibility to ensure that we are compliant with 2600.54.a. prior to new hire start date or the new employees start date will need to be rescheduled. Continued compliance will be monitored by EOO or designee bi-weekly prior to general orientation by weekly for 8 weeks and ongoing by EOO or designee for continued compliance.

Completion Date: 03/02/2022

Update: 03/03/2022

Provide documentation

Document Submission

Implemented

See attached

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.
- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- 3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.

65d - Initial Direct Care Training (continued)

- vi. Implementation of the initial assessment, annual assessment and support plan.
- vii. Nutrition, food handling and sanitation.
- viii. Recreation, socialization, community resources, social services and activities in the community.
- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person B, hired on [REDACTED], did not complete and pass the Department-approved direct care training course and pass the competency test.

Direct care staff person C, hired on [REDACTED], did not complete and pass the Department-approved direct care training course and pass the competency test.

Direct care staff person D, hired on [REDACTED], did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

Direct care staff B, C and D have been sent the link to the department approved direct care training course. They have all been instructed to complete the training and provide the passing grade competency test prior to coming into work their next scheduled work shifts. Item completed prior to 3/18/22, Administrative Services Director (ASD) will be trained on the 2600.65.d regulation and via IntegraCare ASD training program on their responsibility to ensure completion of the department approved direct care training course prior employees providing hands on care. Continued compliance will be monitored by ASD or designee auditing new hire employee documentation for 8 weeks and ongoing by ASD or designee. If department approved direct care training course and passing competency test results are not received, the new employee will not be permitted to provide hands on care until the passing competency test is received.

Completion Date: 03/18/2022

Update: 03/15/2022

Provide documentation.

Document Submission

Implemented

See attached

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

183e - Storing Medications (continued)

On 01/20/22, three loose pills were observed in medication cart #1 and one loose pill was observed in medication cart #3.

Plan of Correction**Accept**

The med cart was immediately corrected and inspected for any loose pills. All med tech and LPN staff will be re-educated on 2600.183.e prior to March 31. Training provided to ensure that medications are stored and organized under proper conditions with manufacturer's instructions. Continued compliance will be achieved by RWD or designee by completing medication cart audits X's 4 weeks and then monthly to ensure ongoing compliance.

Completion Date: 03/31/2022

Update: 03/15/2022

Provide documentation.

Document Submission**Implemented**

See attached

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

On 01/20/22, a review of the home's medication procedures was completed. The procedures states "The Community has an electronic medication record and all entries will be made into the QMAR". The home is currently using paper MARs and is not yet using an electronic record. The procedures do not address how medication administration should be documented using paper MARs.

Plan of Correction**Accept**

Completed 2/1/22. Glen Mills Senior Living converted from paper Medication Administration Record to Q-MAR Electronic Medications Record. The conversion took place and implemented to Q-MAR on 2/1/22. The procedure is now consistent with with the policy with having an electronic record and all entries are being made into the Q-MAR system.

Completion Date: 02/01/2022

Document Submission**Implemented**

See attached

188b - Medication Error Reporting**1. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed Rosuvastatin Tab 20 MG - One tablet by mouth every evening. However, resident #1 was not administered this medication on 01/18 and 01/19 at 5:00 PM because the medication was not available.

Resident #2 is prescribed Vitamin B12 2500 MCG - One tablet sublingually once daily. However, resident #2 was not

188b - Medication Error Reporting (continued)

administered this medication on 01/09 at 8:00 AM because the medication was not available.

These medication errors were not reported to the prescriber.

Plan of Correction**Accept**

All Med-Techs and LPN's responsible for managing medication in the community will be re-trained and review on 2600.188.b. and the IntegraCare Medications Errors Reporting Policy by 3/31/22. A medication error will be immediately reported to the resident, the residents designated person, and the prescriber. Our pharmacy has recently implemented a monthly cycle fill program which will assist and support in making sure medications are readily available. When errors are reported corrective measures will be undertaken to prevent them. This will improve the accuracy and safety of our residents. Continued compliance will be achieved by RWD or designee by completing medication cart audits X's 4 weeks and then monthly to ensure ongoing compliance.

Completion Date: 03/31/2022

Update: 03/15/2022

Provide documentation.

Document Submission**Implemented**

See attached

188c - Medication Error Documentation**1. Requirements**

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident #1 is prescribed Rosuvastatin Tab 20 MG - One tablet by mouth every evening. However, resident #1 was not administered this medication on 01/18 and 01/19 at 5:00 PM because the medication was not available.

Resident #2 is prescribed Vitamin B12 2500 MCG - One tablet sublingually once daily. However, resident #2 was not administered this medication on 01/09 at 8:00 AM because the medication was not available.

These medication errors were not reported to the prescriber and the prescriber has not provided a response.

Plan of Correction**Accept**

All Med-Techs and LPN's responsible for managing medication in the community will be re-trained and review on 2600.188.c. and the IntegraCare Medications Errors Reporting Policy by 3/31/22. Documentation will of medication errors and prescriber's response shall be kept in the residents records. When errors are reported corrective measures will be undertaken to prevent them. This will improve the accuracy and safety of our residents. The med tech/LPN will run and review exception reports daily the reports will be given to RWD or designee. Any exceptions in the report will be corrected and any errors will be reported to physician for direction and reported to DHS within 24 hours. Continued compliance will be achieved by RWD or designee by completing medication cart audits X's 4 weeks and then monthly to ensure ongoing compliance.

Completion Date: 03/31/2022

188c - Medication Error Documentation *(continued)*

Update: 03/15/2022

Provide documentation.

Document Submission

Implemented

See attached

188d - System to Document Medication Errors

1. Requirements

2600.

188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation

The home does not have a system to identify and document medication errors and patterns of errors. Neither staff person E or the administrator are able to describe such a system.

Plan of Correction

Accept

All Med-Techs and LPN's responsible for managing medication in the community will be re-trained and review on 2600.188.d. and the IntegraCare Medications Errors Reporting Policy by 3/31/22. The identification of medication errors such as, failure to administer, administering the wrong medication, the wrong amount, the wrong time, the wrong resident, the wrong route, or an insulin error. The system in place to identify and track errors will monitoring the reportable incidents monthly and evaluating any patterns to identify corrective measures prevent them from continuing. This will improve the accuracy and safety of our residents. Continued compliance will be achieved by RWD or designee by evaluating all reportable incidents monthly to ensure ongoing compliance.

Completion Date: 03/31/2022

Update: 03/15/2022

Provide documentation.

Document Submission

Implemented

See attached

188e - Follow-Up Action

1. Requirements

2600.

188.e. There shall be documentation of the follow-up action that was taken to prevent future medication errors.

Description of Violation

From 01/09/22 to 01/19/22, three medication errors were documented at the home to include "awaiting pharmacy". However, there is no documentation of follow-up action taken to prevent future medication errors.

188e - Follow-Up Action *(continued)*

Plan of Correction

Accept

All Med-Techs and LPN's responsible for managing medication in the community will be re-trained and review on 2600.188.e. and the IntegraCare Medications Errors Reporting Policy by 3/31/22. All medication error reportable incidents will be reviewed by Resident Wellness Director, the Executive Operations Officer, Regional Director of Wellness, pharmacy and medical director when indicated. Tracking and trending medication errors will occur with the monthly review of all incidents using EMR reporting, resident tracking will occur by the monthly safety and quality indicator team meeting. Resident Wellness Director will be responsible for tracking and trending medication records monthly and ongoing to prevent redundant errors,

Completion Date: 03/31/2022

Update: 03/15/2022

Provide documentation.

Document Submission

Implemented

See attached

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person D, who has not successfully completed the annual practicum as part of the Department-approved medications administration course, administered medications to residents to include the following:

On 01/08/22 at 9:00 AM, to resident #1.

On 01/17/22 at 9:00 AM, to resident #1.

On 01/19/22 at 9:00 AM, to resident #1.

Plan of Correction

Accept

Staff person D successfully completed the annual practicum. Will attach the document on 3/3 to show completion. Our med-tech binder has been reviewed to assure medication education and practicums are complete and accurate. RWD, EOO or designee will review binder monthly to assure compliance.

Completion Date: 03/02/2022

Update: 03/15/2022

Provide documentation.

Document Submission

Not Implemented

See attached

Document Submission

Implemented

See attached

184b - Resident's Meds Labeled

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

184b - Resident's Meds Labeled *(continued)*

Description of Violation

On 01/20/22, a tube of Boudreaux's Butt Paste belonging to resident #3 was in the resident's room. The cream was not labeled with the resident's name.

Repeat Violation: 08/19/2021

Plan of Correction

Accept

All Med-Techs and LPN's responsible for managing medication in the community will be re-trained and review on 2600.184.b. and the IntegraCare Medications policy prior to 3/31/22. Residents Butt Paste was immediately labeled with resident's name. All residents and families to be educated to regulation and reminded to bring all OTC medications/ointments to Wellness office for labeling. ICC policy states OTC medications will be kept in original product labeled containers, but also identified with the resident's full name, first and last. To be reviewed with all medication staff. Resident Wellness Director or designee to audit apartments monthly for compliance. Will also review at monthly team meeting to educate all team members to check any OTC products in resident apartments check correct labeling.

Completion Date: 03/31/2022

Update: 03/15/2022

Provide documentation.

Document Submission

Implemented

See attached

187a - Medication Record

1. Requirements

2600.

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).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Residents #1 is prescribed various medications. However, the resident's January 2022 medication administration records do not indicate diagnosis or purpose for their daily medications.

Repeat Violation: 08/19/2021, 05/04/2021, et al.

187a - Medication Record (continued)

Plan of Correction

Accept

All Med-Techs and LPN's responsible for managing medication in the community will be re-trained and review on 2600.187.a. along with the IntegraCare Medications policy prior to 3/31/22. Diagnosis and medication purpose on medication record immediately corrected day of inspection. Transitioned to EMAR system on 2/1/22 and pharmacy enters diagnosis information. Audit of every resident MAR to be completed by 3-31-22 to ensure compliance. Resident Wellness Director or designee to check all newly ordered medications to ensure compliance.

Completion Date: 03/31/2022

Update: 03/15/2022

Provide documentation.

Document Submission

Implemented

See attached

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 #1 is prescribed Vitamin D3 Cap 50 MCG - One capsule by mouth once daily. Resident #1's January 2022 medication administration record does not include the initials of the staff person who administered the Vitamin D3 on 01/01, 01/02, 01/03, 01/06, 01/12, 01/13, and 01/14 at 9:00 AM.

Resident #2's January 2022 medication administration record does not include the initials of the staff person who administered the following medications on the following dates and times:

Acetaminophen Tab 325 MG - 01/16 at 9:00 PM.

Daily-Vite Tab - 01/06, and 01/17 at 8:00 AM.

Ensure Clear Liq Apple - 01/06, 01/17, 01/19 at 8:00 AM.

Flaxseed Oil Cap 1000 MG - 01/06, 01/17, 01/19 at 8:00 AM.

Lisinopril Tab 10 MG - 01/06, 01/17, 01/19 at 8:00 AM.

Lotemax Gel 0.5% - 01/05, 01/06, 01/17, 01/19 at 8:00 AM.

Vitamin B12 2500 MCG - 01/06, 01/17, 01/19 at 8:00 AM.

Resident #3 is prescribed Ammonium Lac Cre 12% - Apply to lower extremities two times a day and Desitin PST 40% - Apply to buttocks every shift. The January 2022 MAR is marked [REDACTED] to Apply". The home is not documenting when these medications are administered or by whom.

Resident #4's January 2022 MAR shows that the resident's 9:00 AM medication were not documented as administered on 01/06 and the resident's evening medications at 5:00 PM and 9:00 PM were not documented as administered on 01/14.

Resident #5's January 2022 MAR shows that the resident's evening medications at 8:00 PM were not documented as administered on 01/18.

Repeat Violation: 08/19/2021, 05/04/2021, et al.

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

Plan of Correction

Accept

All Med-Techs and LPN's responsible for managing medication in the community will be re-trained by reviewing 2600.187.b. along with the IntegraCare Medications policy specific to medication documentation in the Community Operations Standards Manual by 3/31/22. The identification of medications not being documented as administered will be identified and reported and corrective measures will be taken to prevent them. Glen Mills Senior living transitioned from paper e-mar to Q-Mar on 2/1/22. This will improve the accuracy and safety of our residents. Continued compliance will be achieved by RWD or designee completing medication cart audits X's 4 weeks and then monthly to ensure ongoing compliance. Our Continued compliance will also be achieved by running the medication exception report daily to evaluate any medications not administered and documenting appropriately or correcting.

Completion Date: 03/31/2022

Update: 03/15/2022

Provide documentation.

Document Submission

Implemented

See attached

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 Rosuvastatin Tab 20 MG - One tablet by mouth every evening. However, resident #1 was not administered this medication on 01/18 and 01/19 at 5:00 PM because the medication was not available.

Resident #2 is prescribed Vitamin B12 2500 MCG - One tablet sublingually once daily. However, resident #2 was not administered this medication on 01/09 at 8:00 AM because the medication was not available.

Resident #3 is prescribed Desitin PST 40% - Apply to buttocks every shift. However, the home has substituted Boudreaux's Butt Paste diaper rash ointment for the prescribed medication.

Repeat Violation: 08/19/2021.

Plan of Correction

Accept

All Med-Techs and LPN's responsible for managing medication in the community will be re-trained by reviewing 2600.187.d. along with the IntegraCare Medications policy specific to medications available in the Community Operations Standards Manual by 3/31/22. The home shall follow the directions of the prescriber. The identification of medications not being documented as administered will be identified and reported and corrective measures will be taken to prevent them. Glen Mills Senior living transitioned from paper e-mar to Q-Mar on 2/1/22. This will improve the accuracy and safety of our residents. Continued compliance will be achieved by RWD or designee completing medication cart audits X's 4 weeks and then monthly to ensure ongoing compliance. Our Continued compliance will also be achieved by running the medication exception report daily to evaluate any medications not administered and documenting appropriately or correcting.

Completion Date: 03/31/2022

187d - Follow Prescriber's Orders *(continued)*

Update: 03/15/2022

Provide documentation.

Document Submission

Implemented

See attached