

Department of Human Services
Bureau of Human Service Licensing

April 6, 2022

[REDACTED]
BH GLEN MILLS MANAGEMENT PA LLC
[REDACTED]
[REDACTED]

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 02/16/2022 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 - PUBLIC

Facility Information

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

Administrator

Name: [REDACTED] Phone: *6102718225* 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: *I-1* Date: *11/20/2019* Issued By: *Chester Heights Bureau*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *02/16/2022*

Inspection Dates and Department Representative

02/16/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* Residents Served: *42*

Secured Dementia Care Unit

In Home: *Yes* Area: *Garden House* Capacity: *20* Residents Served: *16*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

02/16/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/28/2022*

Inspections / Reviews (*continued*)

04/04/2022 - POC 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 [redacted], resident #1 fell and hit [redacted] head on the floor and sustained a small gash to [redacted] head. The resident was transported to the hospital by [redacted]. The home failed to report this incident to the Department.

On [redacted], staff person A reported that resident #1 did not appear to be [redacted]. The resident was assessed and [redacted] vital signs were as follows: Blood pressure 180/79, temperature 101.6, and a pulse of 77. The resident was sent to the hospital. The home did not report this incident to the Department.

Plan of Correction

Accept

- This incident was on the caliber that should have been reported to the department based on statute 2600.16 A.(3) A serious bodily injury or trauma requiring treatment at a hospital or Medical facility.
 - The Communities’ Clinical team, consisting of the General Manager, The Director of Nursing, and The Memory Care director, reviewed all the incident reports from the past six months to determine if there were other incidents that should have been reported to the Department. In-Service completed on 3/28/22 to re-educate Care staff on incident reporting policy and procedure and state reporting criteria to prevent reoccurrence of deficiency and insure that state reportable incidents are submitted within 24 hours set forth by state guidelines.
 - Incident Reports will be reviewed monthly during the weekly Quality Assurance meeting at the community.
- Date of Completion: March 28, 2022

Completion Date: 03/28/2022

Document Submission

Implemented

Provide documentation of in-service.

181a - Self-adminstration Assist

1. Requirements

2600.

181.a. A home shall provide residents with assistance, as needed, with medication prescribed for the resident’s self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.

Description of Violation

Resident #2 requires assistance with ordering [redacted] medications to self-administer. The home has failed to provide this assistance, resulting in the the residents as needed medications Acetaminophen 325 mg and Polyethylene glycol 3350 powder not being available on 2/16/22.

Plan of Correction

Accept

- Resident #2 has been re-evaluated for self-Medication administration and successfully passed the qualifications. .
- The community is now meeting with [redacted] on a regular basis to assure that [redacted] medications are in [redacted] possession.

181a - Self-adminstration Assist (continued)

-The DON re-evaluated the other residents that are providing self-medication to assure they are capable of the task.
-The DON will review all self medication residents to assure that they are capable of the task. This will be discussed at the weekly one on one meetings with the General Manager. Residents who self-administer meds will be evaluated at least quarterly, to assess their ability to continue with the task independently, by the community nurse or nurse delegee.

-Date of Completion: March 28, 2022

Completion Date: 03/28/2022

Document Submission

Implemented

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

The pharmacy label for resident #3's Donepezil 10 mg reads take 1/2 tablet twice daily morning and lunch. The current order reads Donepezil 5 mg tab take 1 tablet by mouth daily.

The pharmacy label for resident #4's Cephalexin 500 mg, displays a handwritten start date of 2/9/22.

Plan of Correction

Accept

-The labels on Resident #3 and #4 have been corrected to display the correct information.

-A complete med cart audit took place to assure that the other labels are correct.

-Bi-Weekly cart to MAR audits have started and will continue for the next 90 days. Monthly Pharmacy audits by the pharmacy consultant have started and will continue in the future.

Date of Completion: March 28 and continuing

Completion Date: 03/28/2022

Document Submission

Implemented

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 #2, is prescribed Acetaminophen 325 mg and Polyethylene Glycol Powder as needed. On 2/16/22, at 11:45 am, these medications were not available in the home.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

-Resident #2's medications were immediately obtained from the pharmacy
-A complete audit was performed to determine if any other medications were not available and any missing medications were immediately obtained by the pharmacy.
-Bi-Weekly cart to MAR audits have started and will continue for the next 90 days. Monthly Pharmacy audits by the pharmacy consultant have started and will continue in the future. Documentation of the audits will be placed in the POC binder

Completion Date: 03/28/2022

Document Submission

Implemented

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 B, the administrator, or staff person C, who is responsible for medication administration, were able to describe such a system.

Plan of Correction

Accept

A system for to identify and document medication errors has been obtained and implemented immediately. An in-service has been performed for all Med-Aides.
- Nurse/ nurse delegate will review medication dashboard daily for compliance.
- Inservice completed with Med-Techs on March 28, 2022. Reviewed medication rights and procedure to follow when medications are not available and reporting guidelines when a med error is identified.
- Shift validation report will be printed from the electronic health system at the end of each shift and reviewed for completion by the oncoming shift.
- System will be reviewed with all new med-techs in their orientation training upon hire and immediately upon certification.

Completion Date: 03/28/2022

Document Submission

Implemented

Provide documentation of in-service.

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.

234d - Support Plan Revision (continued)

Description of Violation

On 5/3/21, resident #1's Zyprexa was increased per verbal order on 5/12/21 the medication was decreased and on 5/13/21 the medication was discontinued by the physician. The resident's support plan has not been revised to reflect this change.

A support plan for resident #1 was completed on [redacted]; however, on 11/29/21, the resident fell and sustained a gash to [redacted] head and on [redacted], the resident was sent to the hospital due to change in health status. The resident's support plan has not been revised to reflect this change.

Plan of Correction

Accept

Resident #1 is no longer at the community so revising his plan is no longer an option.

-The DON reviewed the current residents' plans to determine if some needed to be revised. Those plans that needed revision have been completed. Documentation of the audit will be placed in the POC binder.

-Resident plans will be reviewed at the monthly Quality assurance by the DON and General Manager.

Completion Date: 03/28/2022

Document Submission

Implemented