

Department of Human Services
Bureau of Human Service Licensing

July 25, 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 06/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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: *10/16/2022*
Address: *52 BALTIMORE PIKE, GLEN MILLS, PA 19342*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *610-358-5220* Email: [REDACTED]

Legal Entity

Name: *BH GLEN MILLS MANAGEMENT PA LLC*
Address: *2100 3RD AVE NORTH, SUITE 600, BIRMINGHAM, AL, 35203*
Phone: *610-358-5220* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *67* Waking Staff: *50*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *06/27/2022*

Inspection Dates and Department Representative

06/27/2022 - On [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* Residents Served: *44*

Secured Dementia Care Unit

In Home: *Yes* Area: *Garden House* Capacity: *20* Residents Served: *17*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

06/27/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/15/2022*

07/16/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/25/2022*

07/25/2022 - 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 3/29/22, Staff person A gave resident #1 the wrong dose of Klonopin. Resident should have received 0.75mg (one 0.5mg tab and one 0.25mg tab given together) but staff person A gave two 0.5mg tabs together for a total of 1mg. The home did not report this incident to the Department until 3/31/22.

Plan of Correction

Accept

16C- Written Incident Report

█ has been in serviced regarding proper documentation of all state reportables and submitting reports to the state within the required time frame. █ and █ will review all reportable incidents during the daily standup meeting to ensure compliance with the timing of a state reportable.

Date of completion: July 22/2022

Completion Date: 07/22/2022

Document Submission

Implemented

16C- Written Incident Report

█ has been in serviced regarding proper documentation of all state reportables and submitting reports to the state within the required time frame. █ and █ will review all reportable incidents during the daily standup meeting to ensure compliance with the timing of a state reportable.

Date of completion: July 22/2022

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was █ did not receive orientation on the following topics: staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, evacuation procedures, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms,

65a - FS Orientation 1st Day (continued)

telephone use and notification of emergency services.

Plan of Correction

Accept

65A- FS Orientation 1st Day

The [redacted] will have current employee files audited to assure that the first day orientation document is present in the files. [redacted] will notify the Maintenance Director of any new staff or agency employees so that training can be completed before staff is on the schedule to provide care for residents.

Date of completion: July 22, 2022

Completion Date: 07/22/2022

Document Submission

Implemented

65A- FS Orientation 1st Day

The [redacted] will have current employee files audited to assure that the first day orientation document is present in the files. [redacted] will notify the Maintenance Director of any new staff or agency employees so that training can be completed before staff is on the schedule to provide care for residents.

Date of completion: July 22, 2022

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed his/her 40th scheduled work hour on or about [redacted]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept

65B- Rights/Abuse 40 Hours

The [redacted] will have current employee files audited to assure that the first day orientation document is present in the files. [redacted] and [redacted] will work with all new staff members immediately to ensure they receive education/training regarding Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions.

Date of completion: July 22, 2022

Completion Date: 07/22/2022

Document Submission

Implemented

65B- Rights/Abuse 40 Hours

The GM will have current employee files audited to assure that the first day orientation document is present in the

65b - Rights/Abuse 40 Hours (continued)

files. [redacted] and [redacted] will work with all new staff members immediately to ensure they receive education/training regarding Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions.

Date of completion: July 22, 2022

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted]

Plan of Correction

Accept

141b1- Annual Medical Evaluation

Audit completed on all resident records on 7/12/22. All DMEs will be in compliance with regulations by 7/22/22. Moving forward DME dates will be entered into the EHR system, and a report will be pulled at the beginning of the month and all residents that have an expiring DME during the month will be notified to schedule an appointment with their provider to get a new DME completed.

Completion Date: 7/22/22

Completion Date: 07/22/2022

Document Submission

Implemented

141b1- Annual Medical Evaluation

Audit completed on all resident records on 7/12/22. All DMEs will be in compliance with regulations by 7/22/22. Moving forward DME dates will be entered into the EHR system, and a report will be pulled at the beginning of the month and all residents that have an expiring DME during the month will be notified to schedule an appointment with their provider to get a new DME completed.

Completion Date: 7/22/22

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 Klonopin - Give 0.75mg- one 0.5mg tab and one 0.25mg tab given together, daily at bedtime. However, resident #1 was administered a total of 1.0mg (two 0.5mg tablets) on 3/29/22 at 8pm.

Plan of Correction

Accept

187d- Follow Prescriber's Orders

Staff member was re-educated regarding proper medication administration as well as the 5 Rights of Medication Administration. All staff completed an in-service regarding the 5 Rights of Medication Administration at the time of the medication error. [redacted] to complete 5 random observations of staff administering this medication monthly until a pattern of compliance is reached for 3 months.

187d - Follow Prescriber's Orders (continued)

Date of completion: 10/15/2022

Completion Date: 10/15/2022

Document Submission

Implemented

187d- Follow Prescriber's Orders

Staff member was re-educated regarding proper medication administration as well as the 5 Rights of Medication Administration. All staff completed an in-service regarding the 5 Rights of Medication Administration at the time of the medication error. [REDACTED] to complete 5 random observations of staff administering this medication monthly until a pattern of compliance is reached for 3 months.

Date of completion: 10/15/2022

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 C, who has not successfully completed the Department-approved medications administration course, administered medications to residents of the home on multiple dates including 6/19/22 through 6/24/22.

Plan of Correction

Accept

190a- Completion Medication Course

Audit completed of all Med Techs for completion of Department approved medication administration course. Training course was completed on [REDACTED] Ongoing Quarterly audits will be completed to ensure compliance with training regulations for all med techs.

Date of completion: July 22,2022

Completion Date: 07/22/2022

Document Submission

Implemented

190a- Completion Medication Course

Audit completed of all Med Techs for completion of Department approved medication administration course. Training course was completed on 7/13/22. Ongoing Quarterly audits will be completed to ensure compliance with training regulations for all med techs.

Date of completion: July 22,2022