Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 21, 2023

[redacted]
GLENMAURA SENIOR LIVING AT MONTAGE LLC
11 GLENMAURA NATIONAL BLVD
MOOSIC, PA, 18507

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 02/22/2023, 02/23/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *GLENMAURA SENIOR LIVING* **Licen e #**: *22845* **Licen e Expiration**: *12/06/2023*

Address: *11 GLENMAURA NATIONAL BLVD, MOOSIC, PA 18507*

County: *LACKAWANNA* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *GLENMAURA SENIOR LIVING AT MONTAGE LLC*

Address: *11 GLENMAURA NATIONAL BLVD, MOOSIC, PA, 18507*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I 1* **Date**: *10/01/2019* **I ued By**: *Moosic Borough*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *96* **Waking Staff**: *72*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *02/23/2023*

Inspection Dates and Department Representative

02/22/2023 On Site [redacted]

02/23/2023 On Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *73*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *n/a* **Capacity**: *24* **Residents Served**: *17*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *73*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *23* **Have Physical Disability**: *0*

Inspections / Reviews

02/22/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/10/2023*

03/09/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/20/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/15/2023*

Inspections / Reviews *(continued)*

03/13/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/20/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/17/2023*

03/21/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *03/20/2023*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

During the initial walkthrough a narcotic count binder was observed on top of an unattended medication cart. The narcotic count binder contained confidential medical information that was accessible to unauthorized personnel.

Plan of Correction ***Accept (- 03/13/2023)***

The Narcotic binder is now kept locked in the med cart and after a narcotic is recorded it is put back in the cart, all staff were educated on 2/28/23 by , DOW and , PCHA on the importance of confidential medical information not being left unattended. Director of Wellness will complete random audits daily starting 3/15/23 of the med carts to ensure the narc book is not left unattended and remains locked in the cart when not in use. Administrator will monitor med cart monthly starting 4/3/23 for ongoing compliance. (Staff training sheet attached)

Licensee's Proposed Overall Completion Date: *04/03/2023*

Implemented (- 03/21/2023)

125a - Combustible Storage

2. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Approximately 5 cigarette butts were observed in the grassy area along the sidewalk outside of the sprinkler room door, away from the outdoor designated smoking area.

Plan of Correction ***Accept - 03/13/2023)***

More signage was purchased on 3/13/23 and will arrive on 3/21/23 and be installed by 4/3/23, an additional ash tray was also purchased on 3/06/23 and added to the smoke area on 3/7/23 (receipts and picture attached). Staff and residents that smoke were reminded on 2/28/23 by , DOW and , PCHA they need to only smoke in designated areas and dispose of cig butts properly. Maintenance Dept. will monitor designated area daily as of 3/9/23 to ensure compliance. Administrator will monitor monthly as of 4/3/23 for ongoing compliance.

Licensee's Proposed Overall Completion Date: *04/03/2023*

Implemented - 03/21/2023)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical e amination by a physician, physician s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department s request.

Description of Violation

The Document of Medical Exam (DME) form dated [redacted]/22 for resident #1 did not include a list of prescribed medications.

Plan of Correction ***Accept [redacted] - 03/13/2023)***

The list of medications was in the residents chart under Misc Tab (see attached) however it was misfiled, on 2/24/23 the list of meds was attached to the DME. All staff were educated on 2/28/23 by [redacted], DOW and [redacted] PCHA on what needs to be included with the DME, upon receipt of DME from physician Director of Wellness will ensure that med list is attached directly to DME. The home completed an audit of DMEs on 20 random charts on 3/1/23 to ensure DME included all necessary information. All charts that were audited were compliant with DME info and medication list. Administrator will continue to monitor for ongoing compliance as of 4/3 23.

Licensee's Proposed Overall Completion Date: *04/03/2023*

Implemented [redacted] 03/21/2023)

183d Prescription Current

4. 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

The medication cart contained a blister pack of [redacted] for resident #2. This order for PRN [redacted] was previously discontinued.

Plan of Correction ***Accept [redacted] - 03/13/2023)***

All medication carts were audited on 2/24/23 to ensure all orders were current. The [redacted] was destroyed on 2/23/23. Moving forward cart audits will be completed weekly as of 3/2/23 by assigned med techs. All med certified staff were educated on 2/28/23 by [redacted], DOW and [redacted], PCHA of importance of medication accuracy in the carts. Director of Wellness will complete random med carts audits starting 3/15/23 and then monthly audits to ensure compliance. Administrator will monitor for ongoing compliance as of 4/3/23.

Licensee's Proposed Overall Completion Date: *04/03/2023*

Implemented [redacted] - 03/21/2023)

183e Storing Medications

5. 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

The [redacted] for resident #3 was not dated when the pen was opened for use. According to the manufacturer's instructions unopened [redacted] are to be stored in the refrigerator and pens opened for use are to be discarded 56 days after being opened for use or removed from the refrigerator.

Plan of Correction ***Accept ([redacted] - 03/13/2023)***

On 2/23/23 the [redacted] was disposed of. As of 2/24/23 all staff that administer medications also check the nsulin at change of shift when they perform narcotic counts to ensure all insulin remains in the correct storage area. All staff were educated on 2/28/23 by [redacted], DOW and [redacted], PCHA of importance of keeping nsulin refrigerated until use, the stability of common insulins and the importance of dating the insulin once opened. Director of Wellness will complete random audits as of 3/15/23 of insulin weekly to ensure compliance. Administrator will monitor for ongoing compliance as of 4/3/23.

Licensee's Proposed Overall Completion Date: *04/03/2023*

Implemented ([redacted] - 03/21/2023)

184a - Resident's Meds Labeled

6. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

The [redacted] [redacted] found in the medication cart for resident #4 had a pharmacy label that stated [redacted] to be used as needed. The order for the [redacted] as stated on the Medication administration Record (MAR) is for the [redacted] to be administered every two hours.

Plan of Correction ***Accept [redacted] - 03/13/2023)***

All medication carts were audited on 2/24/23 to ensure the pharmacy labels match the MAR. On 2/24/23 the label was fixed but then on 3/8/23 the [redacted] were discontinued. Assigned Med certified staff as of 2/24/23 now complete audits of the med carts weekly to ensure the medication labels match the MAR. Staff were trained on 2/28/23 by [redacted], DOW and [redacted], PCHA of proper medication administration. Director of Wellness will complete random audits starting 3/15/23 of the med carts monthly to ensure compliance. Administrator will monitor for ongoing compliance as of 4/3/23.

Licensee's Proposed Overall Completion Date: *04/03/2023*

Implemented ([redacted] - 03/21/2023)

185a - Implement Storage Procedures

7. 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.

185a - Implement Storage Procedures *(continued)*

Description of Violation

The following blood glucose readings were incorrectly documented on MARs for these residents:
Resident #3 /23: The pm reading of was recorded as /23: The pm reading of was recorded as ; 23: The am reading of was recorded as
Resident #5 /23: The am reading of was recorded as /23: The am reading of was recorded as

Plan of Correction ***Accept (JH - 03/13/2023)***

Resident # 3 and Resident # 5 MARs were fixed as of 3/1/23. As of 2/24/23 all med certified staff check every glucometer daily at change of shift to ensure all readings are documented correctly. All staff were educated on 2/28/23 by , DOW and , PCHA of importance of recording correct glucose readings to ensure correct doses of insulin are given when needed. Staff will notify Director of Wellness if any discrepancies are noted. Director of Wellness will complete random audits of the glucometers starting 3/15/23 and then weekly to ensure compliance. Administrator will monitor for on going compliance as of 4/3/23.

Licensee's Proposed Overall Completion Date: *04/03/2023*

Implemented (- 03/21/2023)

187a - Medication Record

8. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.
8. Frequency of administration.
9. Administration times.

Description of Violation

Resident #3 has an order for to be administered before meals and at bedtime. On the following dates the number of units were not recorded on the resident's MAR:
23 pm reading of required 4 units of insulin
/23— pm reading of required 7 units of insulin
/23— pm reading of required 4 units of insulin and the pm reading of required 6 units of insulin

Plan of Correction ***Accept - 03/13/2023)***

Resident #3 MAR was fixed as of 3/1/23. On 2/28/23 all med certified staff were educated by DOW and , PCHA on importance of recording blood glucose readings and insulin correctly on the MAR. Staff will notify Director of Wellness if any discrepancies are noted. Director of Wellness will complete random audits of the MAR starting 3/15/23 and then weekly to ensure compliance. As of 4/3/23 administrator will monitor for on going compliance.

Licensee's Proposed Overall Completion Date: *04/03/2023*

Implemented (- 03/21/2023)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 has an order for one .5mg tablet [redacted] PRN 2 times daily. On the following dates and times the resident was administered one .25mg tablets [redacted] instead:
[redacted]/23 at [redacted]pm, [redacted]23 at [redacted]pm; [redacted]/23 at [redacted]pm.
Resident #3 has an order for [redacted] to be administered before meals and at bedtime. On [redacted]/23 the [redacted]pm reading of [redacted] required 5 units [redacted]; the MAR indicates 4 units administered.
Resident #5 has an order for [redacted] to be administered before meals and at bedtime. On [redacted]/23 the [redacted]pm reading of [redacted] required 0 units [redacted]; the MAR indicates 1 unit administered. On [redacted]/23 the [redacted]am reading of [redacted] required 2 units [redacted]; the MAR indicates 3 units administered.
Resident #6 has an order for [redacted] to be administered before meals and at bedtime. On [redacted]/23 the [redacted]pm reading of [redacted] required 6 units [redacted]; the MAR indicates 7 units administered. On [redacted]/23 the [redacted]pm reading of [redacted] required 12 units [redacted]; the MAR indicates 10 units administered.
Resident #7 has an order for [redacted], one tablet 3 times daily, hold for systolic blood pressure (SBP) greater than 160. On the following dates the medication was incorrectly administered:
[redacted]/23 at [redacted]pm the SBP = 179; medication not held;
[redacted]/23 at [redacted]am the SBP = 160; medication held but should have been administered
[redacted]/23 at [redacted]am and [redacted]pm there were no SBP readings documented and the medication was administered.
[redacted]/23 at [redacted]pm the SBP = 158; medication held but should have been administered.

Plan of Correction ***Accept ([redacted] - 03/13/2023)***

On 2/28/23 all med certified staff were educated on importance of following the directions of the prescriber on the MAR, education provided by [redacted] DOW and [redacted], PCHA. Staff will notify Director of Wellness if any discrepancies are noted. Director of Wellness will complete random audits of the MAR weekly starting 3/15/21 to ensure compliance. Administrator will monitor for on going compliance as of 4/3/23.

Licensee's Proposed Overall Completion Date: *04/03/2023*

Implemented ([redacted] - 03/21/2023)