

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

July 11, 2023

[REDACTED], GENERAL MANAGER  
MG MEDIA SUBTENANT LLC  
[REDACTED]  
[REDACTED]

RE: TRUEWOOD BY MERRILL, GLEN  
RIDDLE  
263 GLEN RIDDLE ROAD  
MEDIA, PA, 19063  
LICENSE/COC#: 14582

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/06/2023, 03/22/2023, 03/23/2023 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: TRUEWOOD BY MERRILL, GLEN RIDDLE License #: 14582 License Expiration: 02/08/2024  
Address: 263 GLEN RIDDLE ROAD, MEDIA, PA 19063  
County: DELAWARE Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: MG MEDIA SUBTENANT LLC  
Address: [REDACTED]  
Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: C 2 LP Date: 07/01/1996 Issued By: COPA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 126 Waking Staff: 95

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Incident Exit Conference Date: 03/23/2023

**Inspection Dates and Department Representative**

03/06/2023 On Site [REDACTED]  
03/22/2023 On Site [REDACTED]  
03/23/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	153	Residents Served:	96
Secured Dementia Care Unit			
In Home:	Yes	Area:	Memory Care
Capacity:	41	Residents Served:	25
Hospice			
Current Residents:	7		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	92
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	30	Have Physical Disability:	1

**Inspections / Reviews**

03/06/2023 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/09/2023

Inspections / Reviews (*continued*)

## 04/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/15/2023

## 04/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/01/2023

## 07/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 65e - 12 Hours Annual Training

### 1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

### Description of Violation

*Direct care staff person A does not have at least 12 hours of annual training related to her/his job duties.*

### Plan of Correction

*Directed (████) - 04/11/2023)*

*Staff person A shall complete her 12 hours of training by May 31, 2023. Resident Care Director (RCD) will review direct care staff training records monthly for three months to ensure compliance.*

### ***In addition to the above plan of correction - MJ***

*Within 15 calendar days of receipt of the plan of correction: The administrator shall audit all current direct care staff training records to ensure all direct care staff have received the required 12 hours of annual training in accordance with regulation 2600.65(e). The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(e), the training will be completed within 15 calendar days of receipt of the approved plan of correction. Documentation shall be maintained in each staff record.*

**Directed Completion Date: 05/31/2023**

*Implemented (████) - 07/11/2023)*

## 65f - Training Topics

### 2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

### Description of Violation

*Direct care staff person A did not receive training in medication self-administration training, instructions on meeting the needs of the residents as described in the preadmission screening form, an assessment tool, a medical evaluation, and a support plan. Care for residents with dementia and cognitive impairments; infection control and general*

**65f - Training Topics (continued)**

*principles of cleanliness and hygiene; and areas associated with immobility, such as the prevention of decubitus ulcers, incontinence, malnutrition, and dehydration; and safe management techniques during the training year 2021–2022.*

**Plan of Correction****Directed** [REDACTED] **- 04/11/2023)**

*Staff person A shall complete the 12 hours of training by June 30, 2023. Topics will include medication self-administration training, instructions on meeting the needs of residents, care for residents with dementia and cognitive impairments, infection control/general principles of cleanliness and hygiene, illness and or intellectual disability. RCD will ensure Staff person A completes the training by May 31 as well as check on other direct staff training records monthly for three months for ongoing compliance.*

**In addition to the above plan of correction -** [REDACTED]

*Within 15 calendar days of receipt of the plan of correction: The administrator shall audit all current direct care staff training records to ensure all direct care staff have received the required annual training in accordance with regulation 2600.65(f). The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(f), the training will be completed within 15 calendar days of receipt of the approved plan of correction. Documentation shall be maintained in each staff record.*

**Directed Completion Date: 05/31/2023****Implemented** [REDACTED] **- 07/11/2023)****65g - Annual Training Content****3. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

*Staff person A did not receive training in emergency preparedness procedures, recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act, falls prevention, or accident prevention during the training year 2021–2022.*

**Plan of Correction****Directed** [REDACTED] **- 04/11/2023)**

*Staff person A shall receive required annual training , including 1. Fire safety, 2. Emergency Preparedness, 3. Resident Rights, 4. Older Adult Protective Services Act, 5. Falls and Accident Prevention, 6. New population groups being served. RCD or designee shall check training records monthly for three months for continued compliance of other*

**65g - Annual Training Content (continued)**

team members.

**In addition to the above plan of correction -**

*Within 15 calendar days of receipt of the approved plan of correction: The administrator shall audit all current direct care staff training records to ensure all direct care staff have received the required training on all topics in accordance with regulation 2600.65(g). The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(g), the training will be completed within 15 calendar days of receipt of the approved plan of correction. Documentation shall be maintained in each staff record.*

**Directed Completion Date: 05/31/2023**

**Implemented ( - 07/11/2023)**

**65i - Training Record****4. Requirements**

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**Description of Violation**

*Staff persons A and B did not have a record of training, including the trainer, date, source, content, length of each course, and copies of any certificates received.*

**Plan of Correction**

**Accept ( - 04/10/2023)**

*The form provided to BHS listed all course titles and completions dates, however, it did not indicate the length of each course. Moving forward, certificates will be printed upon request that will include all of the required information as per the regulation 2600.65i.*

**Licensee's Proposed Overall Completion Date: 04/30/2023**

**Implemented (MJ - 07/11/2023)**

**85b - Infestation****5. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

**Description of Violation**

*On 3/23/23, ants were observed crawling on the sink and wall in resident 1's bedroom.*

**Plan of Correction**

**Accept ( - 04/10/2023)**

*Resident A's room was immediately treated for ants by the Maintenance Director. House Rules given to all new residents and posted in the community state that all food must be stored in sealed containers. All rooms were checked by housekeeping to ensure that there were no ants in the rooms. The community also contracts with a pest control agency who treats the community monthly, including any problem areas identified. Any infestation is*

85b - Infestation (continued)

reported to maintenance for immediate treatment and is also followed up with pest control company, if needed.

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented ( [REDACTED] ) - 07/11/2023)

85d - Trash Receptacles

6. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 03/22/23, at 2:30 pm, there was a full, uncovered, unattended trash can in the kitchen.

Plan of Correction

[REDACTED] - 04/10/2023)

All trash receptacles in the community shall be covered and emptied as needed. The trash in the kitchen was immediately emptied so that the cover that was present fit properly. The executive chef or designee shall check the trash receptacles throughout the day to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented ( [REDACTED] ) - 07/11/2023)

85e - Trash Outside Home

7. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 3/22/23, the dumpster station outside the building was open, and there was also a broken shelf cart, a mattress, an old air conditioner, a tent, and several empty bottles and containers outside the building in the trash area.

Plan of Correction

Accept ( [REDACTED] ) - 04/10/2023)

The dumpster was immediately closed. The area was immediately cleared and cleaned. the Maintenance Director or designee shall inspect the area throughout the day for compliance.

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented ( [REDACTED] ) - 07/11/2023)

103c - Food Protected

8. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

## 103c - Food Protected (continued)

**Description of Violation**

*On March 22, 2023, at 2:15 p.m., there were eight uncovered, undated jars of what looked like tea, soda, and lemonade stored in the main kitchen fridge.*

**Plan of Correction**

Accept (█) - 04/10/2023)

*These pitchers were just filled for immediate use for hydration in the secured dementia unit. All food and drinks will be covered when being stored or transported. All items stored will also be dated. Pitchers with lids will also be utilized. This will be managed by the Activities team who provide the hydration for the residents.*

**Licensee's Proposed Overall Completion Date:** 04/09/2023

Implemented (█) - 07/11/2023)

## 103d - Storing Food Off Floor

**9. Requirements**

2600.

103.d. Food shall be stored off the floor.

**Description of Violation**

*On 3/23/23, there were twenty-seven 5 gallon bottle waters on the kitchen floor and four large containers of 55 gallons of water outside the facility on the ground.*

**Plan of Correction**

Accept (█) - 04/10/2023)

*All food and water shall be stored off of the floor. Pallets were ordered for the emergency water supply to be stored upon. The maintenance director will ensure that we have sufficient pallets at all times.*

**Licensee's Proposed Overall Completion Date:** 04/09/2023

Implemented (█) - 07/11/2023)

## 103f - Refrigerator/Freezer Temps

**10. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*There was no thermometer in the ice cream freezer in the main kitchen.*

**Plan of Correction**

Accept (█) - 04/10/2023)

*The Executive Chef has extra thermometers in his office at all times. A replacement thermometer was immediately placed into the freezer at the time of the inspection. The EC or designee shall check all refrigeration in the main kitchen daily to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** 04/09/2023

Implemented (█) - 07/11/2023)

## 141a 1-10 Medical Evaluation Information

**11. Requirements**

2600.

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 examination 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**

*Resident 1's medical evaluation did not include the medical information pertinent to diagnosis and treatment in case of an emergency.*

*Resident 2's medical evaluation did not include the medical information pertinent to diagnosis and treatment in case of an emergency, a special health or dietary needs assessment, an immunization history, a medication regimen, contraindicated medications, medication side effects, or the ability to self-administer medications. It also did not include a body positioning and movement stimulation for residents, if appropriate, a health status and mobility assessment, or an updated one annually or at the Department's request.*

*Resident 3's medical evaluation did not include a special health or dietary needs assessment or the medication regimen, contraindicated medications, or medication side effects.*

*Resident 4's medical evaluation did not include the medical information pertinent to diagnosis and treatment in case of an emergency.*

*Resident 5's medical evaluation did not include the medical information pertinent to diagnosis and treatment in case of an emergency.*

**Plan of Correction**

Directed [REDACTED] - 04/11/2023)

*The medical evaluations of residents 1,2,3,4 and 5 were updated to include the missing information on the day after inspection. Moving forward, the RSD or designee shall inspect all medical evaluations completed by the physician or nurse practitioner upon receipt for completion and accuracy. If there are any items missing, the form shall be resubmitted to the physician or NP to complete within 24 hours of receipt.*

141a 1-10 Medical Evaluation Information (continued)

**In addition to the above plan of correction -**

*Within 15 calendar days of receipt of the approved plan of correction: The administrator or designated staff person shall audit all current medical evaluations to ensure that all required information is completed, including special health or dietary needs, medication list, level of care and allergies. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled. Documentation of audit shall be maintained for Department review.*

Directed Completion Date: 04/10/2023

Implemented - 07/11/2023)

144c1 Smoking Area Guidelines

12. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

*On 3/22/23, there was a wood rocking chair and table in the home's designated smoking area.*

Plan of Correction

Accept - 04/10/2023)

*The wooden rocking chair and table was immediately disposed of. The General Manager or designee shall monitor the smoking area weekly to be there that there is only fire resistant furniture.*

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented - 07/11/2023)

162c - Menus Posted

13. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

*The home's menu for March 22, 2023, was posted. However, the menu for the current week, March 19–25, and for the following week, March 26–April 1, was not posted in a public and conspicuous place in the home.*

Plan of Correction

Accept ( - 04/10/2023)

*The Executive Chef shall post the present and future week's menu in a common resident area. The Executive Chef shall be responsible for ongoing compliance.*

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented ( - 07/11/2023)

185a - Implement Storage Procedures

14. 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 6 is prescribed [redacted] On [redacted]/23, there were 10 tabs in the pack in the narcotics locked box and a count of 11 was recorded on the narcotics record.

Plan of Correction

Accept ([redacted] - 04/10/2023)

All med techs will be re educated by the RCD on the five R's of medication assistance with emphasis on the importance of immediate recording of any medication given. RCD or designee shall monitor medication records daily for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented ([redacted] - 07/11/2023)

190c - Record of Training

15. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person B does not include the trainer signature, date, and documentation that the course was successfully completed.

Plan of Correction

Directed ([redacted] - 04/11/2023)

I am asking for this violation to be removed. Employee B completed "Medication Storage and Explanation of Medications" attached please see training log and certificates. The dates and times are included in log and certificates. RCD or designee shall audit training records for three months for compliance.

Directed

Within 15 calendar days of receipt of the approved plan of correction: The administrator or designated staff person shall audit all staff records to ensure all staff persons administering medications are qualified to administer medications and all required fields are completed to include person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Directed Completion Date: 04/10/2023

Implemented ([redacted] 07/11/2023)

224a - Preadmission Screen Form

16. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

## 224a - Preadmission Screen Form (continued)

**Description of Violation**

Resident's 3 preadmission screening form, dated 0[REDACTED]/23, does not include a determination that the needs of the resident can be met by the services provided by the home.

**Plan of Correction**

Accept [REDACTED] - 04/10/2023)

Going forward, all preadmission screenings will indicate the needs of the residents can be met by the home. All screenings will be checked for completeness and compliance by the RCD and Guest Services Director.

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented (MJ - 07/11/2023)

## 225c - Additional Assessment

**17. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

Resident 2's most recent assessment was completed on 3/02/22.

**Plan of Correction**

Directed ([REDACTED] - 04/11/2023)

All assessments will be completed annually and after a significant change as per regulations. These will be checked for compliance by the RCD and GSD. Monitoring will be ongoing by the RCD and GSD who shall be responsible for scheduling all assessments due at the beginning of each month.

**In addition to the above plan of correction - [REDACTED]**

Within 15 calendars days of receipt of the accepted plan of correction: The administrator or designee shall develop and implement a system to ensure all resident assessments are updated annually or immediately as resident care needs change. All staff persons completing assessments and support plans will be educated on the new system. Documentation of education shall be kept in the staff records. The administrator or designated staff person shall audit all current resident records to ensure all support plans are current and accurate. Any residents with outdated support plans shall have one completed within 15 business days.

Directed Completion Date: 04/10/2023

Implemented [REDACTED] - 07/11/2023)

## 227d - Support Plan Medical/Dental

**18. Requirements**

2600.

227d - Support Plan Medical/Dental (continued)

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

The assessment for resident 1, dated [redacted], indicates the resident has a need for a diet that includes low cholesterol. The resident's support plan, dated [redacted] does not document how this need will be met.

The assessment for resident 4, dated [redacted], indicates the resident has a need for a diet that includes no concentrated sweets. The resident's support plan, dated [redacted] does not document how this need will be met.

The assessment for resident 5, dated [redacted], indicates the resident has a need for a diet that includes no concentrated sweets. The resident's support plan, dated [redacted], does not document how this need will be met.

Plan of Correction

Accept ([redacted] - 04/10/2023)

All DME's /diet orders will be reviewed and compared to resident support plan for accuracy and compliance. Any discrepancies will be corrected for immediate compliance by the RCD or designee.

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented ([redacted] - 07/11/2023)

227g -Support Plan Signatures

19. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 2 participated in the development of his/her support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Directed ([redacted] - 04/11/2023)

All support plans will be signed by those who participate at the time of the development . RCD and/or Guest Service Director shall ensure ongoing compliance by reviewing all support plans immediately after completion and check for signatures.

**In addition to the above plan of correction - MJ**

Within 15 calendar days of receipt of the approved plan of correction: The administrator or designated staff person shall audit all current and newly completed support plans to ensure completion including signatures of those involved in the development of the plan. All staff persons involved with the completion of support plans will be educated on the proper completion of support plans including the required signature of persons involved with the development of support plans. Documentation of education shall be kept.

Directed Completion Date: 04/10/2023

227g -Support Plan Signatures (continued)

Implemented ( [redacted] - 07/11/2023)

234a - Admission Support Plan

20. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident’s initial support plan was completed on [redacted].

Plan of Correction

Accept [redacted] - 04/10/2023)

Initial support plans for SDCU shall be completed within 72 hours of the resident's admission to SDCU. RCD and/or Garden House Director shall ensure ongoing compliance by reviewing all admission paperwork within 48 hours of all new move-ins.

Licensee's Proposed Overall Completion Date: 04/09/2023

Implemented ( [redacted] - 07/11/2023)