



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Emailing Date: October 23, 2023**

[REDACTED]  
[REDACTED]  
IntegraCare Corporation  
[REDACTED]  
[REDACTED]

RE: Glen Mills Senior Living  
242 Baltimore Pike  
Glen Mills, Pennsylvania 19342  
License #: 145110

Dear [REDACTED]:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase of 22 beds in a new SDCU with the overall capacity remaining at 100. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

**Facility Information**

Name: *GLEN MILLS SENIOR LIVING* License #: *14511* License Expiration: *01/01/2024*  
 Address: *242 BALTIMORE PIKE, GLEN MILLS, PA 19342*  
 County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *SNH PENN TENANT LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *07/20/2023* Issued By: *Concord Township*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Announced* BHA Docket #:  
 Reason: *New* Exit Conference Date: *08/28/2023*

**Inspection Dates and Department Representative**

*08/28/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *100* Residents Served: *45*

Secured Dementia Care Unit  
 In Home: *Yes* Area: *Life Stories* Capacity: *22* Residents Served: *0*

Hospice  
 Current Residents: *3*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *13* Have Physical Disability: *0*

**Inspections / Reviews**

*08/28/2023 - Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/21/2023*

Inspections / Reviews *(continued)*

09/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/22/2023

10/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The distance between the fossil fuel burning equipment and the door leading out of the enclosed space and into the remainder of the building is less than 15 feet. The carbon monoxide detector was not installed outside the door.

Plan of Correction

Accept (████ - 09/19/2023)

An additional carbon monoxide detector was installed outside of the door (see attachment #1). To ensure compliance is maintained, the maintenance director and/or Administrator will observe during weekly rounds. The Administrator re-educated the Maintenance Director on regulation 18 on 9/15/2023 (see attachment #14).

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented (████ - 10/13/2023)

86b - Bathroom

2. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathrooms on bedrooms #115, 117 and 120, does not have an operable window or ventilation fan. The fan is inoperable and there is no ventilation in the bathroom.

Plan of Correction

Accept (██████/19/2023)

The ventilation fans were replaced on 9/5/2023 (see attachment #2). The Administrator re-educated the Memory Care Director on regulation 86b on 9/15/2023 (see attachment #13) To ensure compliance is maintained, the memory care director or designee will check vents monthly. Maintenance will be immediately notified if inoperable fans are discovered.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented (████ 10/13/2023)

98b - Furnished Lounge and Accomodations

3. Requirements

2600.

98.b. The home shall have at least one furnished living room or lounge area for residents, their families and visitors. The combined living room or lounge areas shall accommodate all residents at one time. These rooms or areas shall contain tables, chairs and lighting to accommodate the residents, their families and visitors.

Description of Violation

On 8/28/2023, there was a patio available for the residents, their families, and visitors. However, there was no furniture available to accommodate the residents, their families, and visitors.

98b - Furnished Lounge and Accomodations (continued)

Plan of Correction

Accept ( ) - 09/19/2023)

Patio furniture was set up during inspection (see attachment #3). The Administrator re-educated the Memory Care Director on regulation 98b on 9/15/2023 (see attachment #13) To ensure compliance is maintained, the Memory care director or designee will ensure that at least one furnished living room or lounge area is available for residents, their families and visitors. The Administrator or designee will monitor compliance during rounds throughout the workday.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented ( ) - 10/13/2023)

101j1 - Mattress Fire Retardant

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

On 8/28/2023, there were no mattresses in bedrooms 104 and 109.

Plan of Correction

Accept ( ) - 09/19/2023)

The mattress for 104 and 109 were placed (attachment #4 and #5). On 9/15/2023, the Administrator re-educated the Memory Care Director on regulation 101j1 (attachment #13). The Memory Care Director or designee will ensure that each resident has a mattress available. The Administrator will monitor compliance during rounds throughout workday.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented ( ) - 10/13/2023)

101j2 - Bedroom Chairs

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 2. A chair for each resident that meets the resident's needs.

Description of Violation

On 8/28/2023, there were no chairs in bedroom 109.

Plan of Correction

Accept ( ) - 09/19/2023)

A chair was placed in 109 (see attachment #5). On 9/15/2023, the Administrator re-educated the Memory Care Director on regulation 101j2 (see attachment #13). The Memory Care Director or designee will ensure that each resident has a chair available in their bedroom. The Administrator will monitor compliance during rounds throughout workday.

Licensee's Proposed Overall Completion Date: 09/15/2023

101j2 - Bedroom Chairs *(continued)*

Implemented [REDACTED] - 10/13/2023)

101j3 - Bed/Linens/Pillows/Blankets

6. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 8/28/2023, there were no pillows, bed linens, or blankets that were clean and in good repair in bedrooms #104 and 109.

Plan of Correction

Accept [REDACTED] - 09/19/2023)

A pillow, linens and blankets were placed in 104 and 109 (see attachments #4 and #5). On 9/15/2023, the Administrator re-educated the Memory Care Director on regulation 101j3 (see attachment #13). The Memory Care Director or designee will ensure that each resident has clean linens which are in good repair available in their bedroom. The Administrator will monitor compliance during rounds throughout the workday.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 10/13/2023)

101j4 - Bedroom Storage Area

7. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 4. A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

Description of Violation

On 8/28/2023, there was no storage area for clothing that included a chest of drawers or wardrobe space accessible to the resident in bedroom #109.

Plan of Correction

Accept [REDACTED] - 09/19/2023)

A chest of drawers was placed in 109 (see attachment #5). The Administrator re-educated the Memory Care Director on regulation 101j4 on 9/15/2023 (see attachment #13). The Memory Care Director or designee will ensure that each resident has a storage area for clothing. The Administrator or designee will monitor compliance during rounds throughout workday.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] 10/13/2023)

101j5 - Bedside Table/Shelf

8. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 5. A bedside table or a shelf.

101j5 - Bedside Table/Shelf (continued)

Description of Violation

There is no bedside table or shelf in bedroom #109.

Plan of Correction

Accept [redacted] - 09/19/2023)

A bedside table was placed in 109 (see attachment #5). The Administrator re-educated the Memory Care Director on regulation 101j5 on 9/15/2023 (see attachment #13). The Memory Care Director will ensure that each resident has a bedside table or shelf. The Administrator or designee will ensure compliance is maintained during rounds throughout the workday.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [redacted] - 10/13/2023)

101j7 - Lighting/Operable Lamp

9. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 8/28/2023, there was no access to a source of light that could be turned on or off at the bedside in bedroom #109.

Plan of Correction

Accept [redacted] - 09/19/2023)

A lamp was placed in 109 (see attachment #5). The Administrator re-educated the Memory Care Director on regulation 101j7 on 9/15/2023 (see attachment #13) The Memory Care Director or designee will ensure that each resident has an operable light source which can be accessed from the bed. The Administrator or designee will ensure compliance is maintained during rounds throughout the workday.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [redacted] - 10/13/2023)

102h - Toilet Paper

10. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 8/28/2023, there was no toilet paper for the toilet in the bathroom for bedrooms #104 and 109.

Plan of Correction

Accept [redacted] - 09/19/2023)

Toilet paper was placed in 104 and 109 (see attachment #6 and #7). The Administrator re-educated the Memory Care Director on regulation 102h on 9/15/2023 (see attachment #13) The Memory Care Director or designee will ensure that each bathroom has toilet paper. The Administrator or designee will monitor compliance during rounds throughout workday.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [redacted] - 10/13/2023)

## 103e - Left Overs

## 11. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

## Description of Violation

*There were unlabeled, undated 8 packs of jam, 1 pack of meat, two bags of carrots, one chocolate cake, one pound cake, and at least 5 bags of bagels.*

## Plan of Correction

Accepted [REDACTED] - 09/19/2023)

*The food was discarded on 8/28/23. The Dining Director re-educated the dining team on 9/6/2023 on the importance of ensuring items are labeled and dated (see attachment #8). The Dining Director and/or designee will complete daily audits for 3 months to ensure compliance with regulation 103e (see attachment #9). Results of audit will be reviewed in 4th quarter Quality Management Meeting. Updates and recommendations will be discussed at that time. The Administrator or designee will monitor compliance during rounds throughout workday.*

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] 10/13/2023)

## 104c - Condiments

## 12. Requirements

2600.

104.c. Condiments shall be available at the dining table.

## Description of Violation

*On 8/28/2023, the condiments were not available at the dining tables.*

## Plan of Correction

Accepted [REDACTED] - 09/19/2023)

*Condiments were placed during inspection (see attachment #10). The Administrator re-educated the Memory Care Director on regulation 104c on 9/15/2023. The Memory Care Director or designee will ensure that condiments are available at the dining table. To ensure compliance is maintained, the Administrator or designee will monitor compliance during rounds throughout workday.*

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented [REDACTED] - 10/13/2023)

## 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 the week of August 29 to September 2, 2023, or for one week in advance, stating the specific food being served at each meal, was not posted in a conspicuous and public place in the memory care unit.*

162c - Menus Posted (continued)

**Plan of Correction**

**Accept** (████ - 09/19/2023)

*The Menu is currently posted (see attachment #11). The Food Service Director or designee will ensure the menus that list specific food being served at each meal is posted in a conspicuous place. The Administrator re-educated the Dining and Memory Care director on regulation 162c on 9/15/2023 (attachment #13). The Administrator or designee will ensure compliance during rounds throughout workday.*

**Licensee's Proposed Overall Completion Date:** 09/15/2023

**Implemented** (████ - 10/13/2023)

221c - Post Activity Calendar

**14. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**Description of Violation**

*The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar that is posted is dated 8/28/2023.*

**Plan of Correction**

**Accept** (████ - 09/19/2023)

*The Activity Calendar is posted (see attachment #11). On 9/15/2023 the Administrator re-educated the Memory Care Director on regulation 221c. The Memory Care Director or designee will ensure that a weekly calendar is posted in a conspicuous place. The Administrator or designee will ensure compliance during rounds throughout workday.*

**Licensee's Proposed Overall Completion Date:** 09/15/2023

**Implemented** (████ /13/2023)