

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

November 17, 2023

[REDACTED]
GLENCREST MANOR INC
[REDACTED]

RE: GLENCREST MANOR
115 GLENCREST ROAD
COATESVILLE, PA, 19320
LICENSE/COC#: 19780

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/14/2023 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: *GLENCREST MANOR* License #: *19780* License Expiration: *06/17/2024*
 Address: *115 GLENCREST ROAD, COATESVILLE, PA 19320*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *GLENCREST MANOR INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *10/18/1996* Issued By: *Township of Valley*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *06/14/2023*

Inspection Dates and Department Representative

06/14/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *13* Residents Served: *10*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *9*
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

06/14/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/03/2023*

08/02/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/10/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/13/2023*

Inspections / Reviews *(continued)*

11/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A hired [redacted] does not have a Pa Criminal Background Check.

Plan of Correction

Directed ([redacted] - 08/02/2023)

Staff person A has an FBI background check, which I was told by a previous inspector that it was acceptable for us to accept that one. I was then informed at the current inspection it was not okay to have it, it has to be a PA state police. It is difficult when different info is given by inspectors. While the inspector was present, I performed a PA state background check on Staff person A on [redacted] and [redacted] acknowledged it. In the future we will only accept State background checks or perform them ourselves for new hires. Admin Assistant will make sure all required paperwork is done before each new hire.

Directed

Per 55 Pa. Code 2600: All employees hire after July 1, 1998 are required to have a Pa State Criminal Background Check in accordance with 6 Pa. Code Chapter 15. Checks must be completed on the Pennsylvania State Police Request for Criminal Background Check form (SPF-164) or done through the Pennsylvania State Police's "E-Patch" online system. Also employees who do not currently reside in Pennsylvania or who have not held permanent residency in Pennsylvania for the two consecutive years prior to beginning employment also need a report of federal criminal history record information from the Federal Bureau of Investigation ("FBI check").

Within 10 calendar days of receipt of the plan of correction: The administrator or designee will complete a record audit of all current staff members to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire.

Any staff member that does not have the required PA State Police or FBI criminal history background checks completed will not have unsupervised access to any residents until one is completed. Documentation shall be kept in the staff records. [redacted]

Directed Completion Date: 08/12/2023

Implemented ([redacted] - 11/17/2023)

185a - Implement Storage Procedures

2. 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

On 6/5/2023, at 4:20 pm, resident 1's Glucometer displayed 222 however the medication administration record was documented as 200.

185a - Implement Storage Procedures (continued)

Plan of Correction

Directed (█ - 08/02/2023)

Our residents do have mental health issues and we do try to give them their independence where we can, I believe resident 1 wrote the number wrong, one time on accident. Staff does go back through her monitor after about a week and will fix any numbers that were incorrect so that the meter and the log sheet are accurate, we also check to make sure the meter has the correct date and time. Designated staff do check the log weekly and will continue to monitor her numbers and her meter.

Directed

Within 10 calendar days of receipt of the plan of correction: All staff qualified to administer medications will be re-educated on the proper procedure for documenting glucometer readings. Staff will document readings for residents to ensure they are correct. The administrator or designated staff member will complete weekly audits of glucometer readings. Documentation will be kept for Department review. █

Directed Completion Date: 08/12/2023

Implemented (█ - 11/17/2023)

221c - Post Activity Calendar

3. Requirements

2600.

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

Description of Violation

On June 14, 2023, 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 for the month of May.

Plan of Correction

Directed (█ - 08/02/2023)

The white board calendar we were using had been written on with permanent marker and the home was no longer using that, The staff had wrote up a activity calendar for 2 weeks but it was in the office because one of the residents took it down or it fell when they were walking by and ran it over with his walker. I had no gotten a chance to rewrite. We have since moved the activity calendar over by the menus on the board. Designated staff are in charge of making the activity calendar at the beginning of every month for 2 weeks at a time.

Directed

Within 5 calendar days of receipt of the plan of correction: The administrator or designee will ensure a weekly activity calendar is posted in the home, in a conspicuous and public place in the home, listing at least two planned activities per day and that this activity calendar is kept up to date and revised as activities change. Administrator will check weekly to ensure the activities calendar is posted in the home. █

Directed Completion Date: 08/07/2023

Implemented (█ - 11/17/2023)