

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

January 5, 2024

[REDACTED], AREA GENERAL MANAGER  
SNH PENN TENANT LLC

RE: GLEN MILLS SENIOR LIVING  
242 BALTIMORE PIKE  
GLEN MILLS, PA, 19342  
LICENSE/COC#: 14511

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/21/2023 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: *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: *C-2 LP* Date: *11/29/2000* Issued By: *Commonwealth of PA, L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *69* Waking Staff: *52*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *11/21/2023*

**Inspection Dates and Department Representative**

11/21/2023 - 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: *5*

**Hospice**  
 Current Residents: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *24* Have Physical Disability: *0*

**Inspections / Reviews**

**11/21/2023 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/21/2023*

**12/20/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *01/05/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/05/2024*

Inspections / Reviews *(continued)*

01/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2024

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 10/13/23, resident #1 had an unwitnessed fall in [redacted] room and was sent to the hospital. Resident #1 was admitted to the hospital with [redacted] The home did not report this incident to the department until 10/15/23.

- On 11/02/23, resident #2 was sent to the hospital for [redacted] evaluation and was later admitted. The home did not report this incident to the department.

Repeat Violation: 09/28/22.

Plan of Correction

Accept [redacted] 12/20/2023)

By 12/29/23, the Administrator will educate the wellness staff on 2600.16c and the need to notify the Resident Wellness Director and/or Administrator if residents meet the criteria in 2600.16c (see attachment #1). To prevent violation from reoccurring, an initial reportable incident will be completed within 24 hours, when a diagnosis not received from the hospital. To ensure compliance is maintained, the Administrator and/or Resident Wellness Director will review each hospital admission within 23 hours.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented [redacted] - 01/05/2024)

141a 1-10 Medical Evaluation Information

2. 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 (DME), dated [redacted] /23, was incomplete. Section "(4) Special Health or Dietary Needs" was blank and in section "(8) Body Positioning / Movement" the box for "Listed Below:" was checked with no additional information. The DME lists the resident as Total (Immobile) in section "(10) Mobility Needs Assessment".

Plan of Correction

Accept [redacted] - 12/20/2023)

By 12/29/23, the Administrator will educate the nursing staff on the requirements of 2600.141a (see attachment

141a 1-10 Medical Evaluation Information (continued)

#1). The Administrator and/or Resident Wellness Director will complete an audit on DME's by 1/5/24 (see attachment #2). To prevent reoccurrence, the Resident Wellness Director and/or Administrator will confirm the DME is entirely complete upon completion by Healthcare. Professional prior to filing in medical record. To ensure compliance is maintained the Administrator and/or designee will spot check completed DME's monthly. Resident #1's DME will be updated to include the missing elements by 1/5/24 by the residents physician. Proposed Overall Completion Date: 01/05/2024

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented (████) - 01/05/2024)

225c - Additional Assessment

4. 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 #1's current assessment was completed on █████/23. However, the resident's previous assessment was completed on █████/21.

Plan of Correction

Directed (████) - 12/20/2023)

By 1/5/24, the nursing staff will be re-educated by the administrator on 2600.225c (attachment #3). An audit of assessments will be completed by the administrator no later than 1/5/24 to ensure assessments are completed per regulation 2600.225c (see attachment #2). To ensure compliance is maintained the Administrator and/or designee will verify completion of annual assessments per DME tracker. The Administrator and/or designee will check wellness report to ensure that if a resident has a significant change, an assessment is completed per regulation 2600.225c.

Directed Plan of Correction (slw 12/20/23):

In addition to the plan of correction steps above, the administrator or business office manager will develop a tickler to ensure all resident RASP's are completed annually by 1/5/23.

Proposed Overall Completion Date: 01/05/2024

Directed Completion Date: 01/05/2024

Implemented (████) - 01/05/2024)

226a - Mobility Assessment

5. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #1's assessment, dated █████/23, lists the resident's mobility need as Moderate (Immobile). Resident #1's DME, dated █████/23, lists the resident's mobility need as Total (Immobile).

## 226a - Mobility Assessment (continued)

**Plan of Correction**

Accept [REDACTED] - 12/20/2023)

By 1/5/24, the nursing staff will be re-educated by the administrator on 2600.226a (attachment #3). An audit of assessments will be completed by the Administrator, no later than 1/5/24 to ensure the mobility needs of the resident is the documented the same on the DME and the resident assessment (attachment #2). To ensure compliance is maintained the Administrator and/or designee will verify DME and assessment accuracy monthly per the DME tracker and wellness report, if new assessment is needed for a significant change.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [REDACTED] - 01/05/2024)

## 227d - Support Plan Medical/Dental

**6. Requirements**

2600.

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**

- Resident #1's RASP dated [REDACTED]/23 and the resident's most recent DME, dated [REDACTED]/23 have multiple differences in their assessment of resident needs:

- The DME lists the resident's mobility as "Total (Immobile)". On the RASP, under "Transfer bed/chair" and "Ambulating" the resident's degree of need is listed as "A" and the description of service needed is "... independent ..."
- The DME section for dietary needs is blank but on page 2, under "(4) Needs Addendum", house diet, thin liquids is written in by hand. On the RASP, the dietary needs is listed as mechanical soft diet.

- Resident #2's RASP dated [REDACTED]/23 and the resident's most recent DME, dated [REDACTED]/23 have multiple differences in their assessment of resident needs:

The DME lists the resident's "Body Positioning / Movement" need as None. On the RASP, under "Transfer bed/chair" and "Ambulating" the resident's Description of Service Needed is listed as "... assist of 1..." and under "Turning and Positioning in bed/chair" the description of service needed is "... assist of two ..."

- Section 2 "Medical Diagnoses - Physical" and section 3 "Medical Diagnoses - Psychological" of Resident #2's RASP, dated [REDACTED]/23, are incomplete because the resident's physical or mental diagnoses are not listed.

**Plan of Correction**

Accept [REDACTED] - 12/20/2023)

By 1/5/24, the nursing staff will be re-educated by the administrator on 2600.227d (attachment #3). An audit of assessments will be completed by the Administrator, no later than 1/5/24 to ensure the DME and assessment (diagnosis, body positioning, dietary needs, transfer, ambulation, and mobility) of the resident is documented the same (attachment #2). To ensure compliance is maintained the Administrator and/or designee will verify DME and assessment accuracy monthly per the DME tracker and wellness report, if new assessment is needed for a significant change.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [REDACTED] - 01/05/2024)