

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

March 6, 2024

[REDACTED]
SNH PENN TENANT LLC
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/21/2023, 01/10/2024 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: *01/01/2025*
 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*

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: *01/10/2024*

Inspection Dates and Department Representative

12/21/2023 - On-Site: [REDACTED]
 01/10/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *46*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Life Stories* Capacity: *22* Residents Served: *7*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

12/21/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/08/2024*

02/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/05/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/13/2024*

Inspections / Reviews *(continued)*

02/13/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/11/2024

03/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2024

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 [redacted], resident [redacted] had an unwitnessed fall, resident was admitted to the hospital. The home did not submit an incident report to the Department.

On [redacted] resident [redacted] was not administered [redacted] and [redacted] at 12am and 4am. The home did not submit an incident report to the Department.

Plan of Correction

Accept [redacted] - 02/08/2024)

Team members were educated on 2600.16 on 12/22/23 due to a previous violation issued on 11/21/23 (attached). A reportable incident was sent on 12/23/23 (attached). The Wellness team will be re-educated by 2/23/24. To maintain compliance the Administrator and/or Wellness Director will review hospital admissions and submit an initial reportable if no diagnosis is received. The Medication technician and/ LPN's will be educated by the Administrator by 02/23/24 on reviewing the medication exception report at the end of their shift and notifying Wellness Director or designee of any discrepancies. Medication exception report will also be reviewed daily by the medication technician and/or LPN supervisor. The Medication technician and/or LPN supervisor will notify Wellness Director or designee of discrepancies and a reportable incident will be completed and sent to the Department.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [redacted] - 03/06/2024)

29 Hospice Care

2. Requirements

2600.

29. Hospice Care and Services - Hospice care and services that are licensed by the Department of Health as a hospice may be provided in a personal care home.

Description of Violation

Hospice services are being provided to resident [redacted] by Accent Care. The home does not have a copy of the license for Accent Care Hospice to provide hospice services.

Plan of Correction

Accept [redacted] - 02/08/2024)

The hospice license attached. The Administrator will educate the Wellness Team by 2/23/24 to notify the Administrator and/or designee if a new hospice is providing services in the community, so that the license can be obtained. A list of hospice providers who licensed has been obtained will be placed in the wellness office.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [redacted] 03/06/2024)

60a - Staff/Support Plan

3. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

60a - Staff/Support Plan (continued)

Description of Violation

On [redacted] at [redacted] resident [redacted] did not receive a reposition, as required by [redacted] assessment and support plan. According to resident interviews, these services could not be provided due to a lack of available direct care staffing in the home.

Plan of Correction

Accept [redacted] - 02/08/2024)

The Administrator and/or Wellness Director will ensure that residents are repositioned according to their support plan. The Administrator will re-educate the wellness team by 2/23/24 to ensure that services are provided and report to supervisor and/or Administrator if the services cannot be provided prior to the end of their shift. To ensure compliance is maintained, the Administrator and/or designee will spot check residents weekly and ask for feedback from the residents in the monthly resident council meeting.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [redacted] - 03/06/2024)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted] from [redacted] to [redacted], 46 residents were present in the home. During this time no staff persons were present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept [redacted] - 02/08/2024)

Two CPR wellness team members were scheduled and worked 7-3 on 10/14 (schedule, payroll records and CPR cards are attached). The administrator and/or Wellness Director ensures daily that CPR compliance is maintained by highlighting the CPR certified team members on the schedule. There is also a list of CPR certified non-wellness team members located in the Wellness, front desk and each managers office.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [redacted] - 03/06/2024)

65e - 12 Hours Annual Training

5. Requirements

2600.

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

Description of Violation

Direct care staff person A received only 8.75 hours of annual training in training year 2022.

Plan of Correction

Accept [redacted] - 02/08/2024)

The Administrator will educate the Business Office Manager by 02/23/2024 to review training report monthly (attached). The Business Office Manager will notify department managers of team members who are not in compliance with 65e. To ensure compliance is maintained, the team members will be removed from the schedule before the end of calendar year if they fail to complete training.

Licensee's Proposed Overall Completion Date: 02/23/2024

65e - 12 Hours Annual Training (continued)

Implemented [REDACTED] 03/06/2024)

65g - Annual Training Content

6. 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:

- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

Description of Violation

Staff person A and B did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during training year January 2022 to December 2022.

Plan of Correction

Accepted [REDACTED] 02/13/2024)

Staff member A completed training on 6/12/2023 and Staff member B completed training on 3/30/23 (see attached). The Administrator will educate the Business Office Manager by 02/23/2024 to review training report monthly (attached). The Business Office Manager will notify department managers of team members who are not in compliance with 65e. To ensure compliance is maintained, the team members will be removed from the schedule before the end of calendar year if they fail to complete training.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [REDACTED] 03/06/2024)

85a - Sanitary Conditions

7. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The bathroom in bedroom [REDACTED] has a stain on the ceiling that appear to be mildew or mold from a water leak.

Plan of Correction

Accepted [REDACTED] - 02/08/2024)

The leak in [REDACTED] has been repaired (see attached). Beginning 2/15/2024, the Maintenance Director and/or designee will check apartments monthly to ensure sanitary conditions are maintained. The Administrator and/or designee will also spot check apartments during daily rounds. The Administrator and/or designee will remind residents to report unsanitary conditions during resident council meeting.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [REDACTED] - 03/06/2024)

86b - Bathroom

8. Requirements

2600.

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

86b - Bathroom (continued)

Description of Violation

The bathroom in resident room [redacted] does not have an operable window or ventilation fan. The exhaust fan is inoperable and there is no window in the bathroom.

Plan of Correction

Accept [redacted] 02/08/2024)

The fan was removed due to a leak. The fan was reinstalled upon repairing leak (attached). Starting on 2/15/24, The Maintenance Director and/or designee will check apartments monthly to ensure bathrooms have an operable fan. The Administrator will re-educate the Wellness team by 2/23/24 to report inoperable fans to maintenance for repair.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [redacted] 03/06/2024)

95 - Furniture and Equipment

9. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted] at [redacted], the Prep Refrigerator was out of order.

Plan of Correction

Accept [redacted] 02/13/2024)

The refrigerator was repaired (see attached). The Maintenance Director and/or designee will continue to call for repairs of non-working equipment. The Administrator and/or designee will educate the team by 2/28/24 to complete work order via the front desk when equipment is not functioning properly (see attached). The Administrator and/or designee will ensure equipment is operable during rounds throughout the workday.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [redacted] 03/06/2024)

183b - Meds and Syringes Locked

10. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at [redacted], [redacted] and [redacted] was unlocked, unattended, and accessible in resident [redacted] room.

Plan of Correction

Accept [redacted] 02/13/2024)

The medications were immediately removed. The resident and family were made aware to give all medications to wellness. The Administrator will re-educate the wellness team by 02/23/24 to report any medications that are unlocked in resident rooms to supervisor (attached). Beginning 2/26/24, the Administrator and/or designee will complete monthly audits of resident apartments to ensure that compliance with 2600.183b is maintained (see attached).

Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented [redacted] 03/06/2024)

187d - Follow Prescriber's Orders

11. Requirements

2600.

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

Description of Violation

Resident [redacted] was on hospice care and had an change in medical condition on [redacted] and the home failed to contact the hospice agency as instructed and resident was sent to the hospital via ambulance.

Resident [redacted] is prescribed [redacted] take one half ml by mouth every 4 hours and [redacted] take one half by mouth every 4 hours. However, resident [redacted] was not administered [redacted] and [redacted] on [redacted] at 12am and 4am.

Plan of Correction

Accept [redacted] - 02/08/2024)

The Administrator will re-educate the wellness team by 2/23/24 to follow protocol of notifying hospice prior to sending a hospice resident to the hospital. The Administrator will re-educate the medication technicians by 2/23/24 to verify all medications were given by checking exception report at the end of shift. Discrepancies will be reported to Wellness Director and/or designee for further direction.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [redacted] - 03/06/2024)

188b - Medication Error Reporting

12. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] and [redacted] However, resident [redacted] was not administered [redacted] and [redacted] on [redacted] at 12am and 4am. The medication error was not reported to the resident, resident's designated person, and prescriber.

Plan of Correction

Accept [redacted] - 02/13/2024)

The Medication error was reported to prescriber on 12/23/23 (attached). Resident [redacted] no longer resides in the home and error could not be reported to resident and designated person. The Administrator will re-educate the medication technicians by 2/23/24 on 2600.188b (attached). Beginning 02/26/24 The Wellness Director and/or designee will review MAR Exception reports weekly to ensure medication was signed and given as prescribed. Any discrepancies will be reported to the Department, MD, Resident and Responsible Party.

Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented [redacted] 03/06/2024)