

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

March 29, 2024

[REDACTED], ADMINISTRATOR  
GLENMAURA SENIOR LIVING AT MONTAGE LLC  
11 GLENMAURA NATIONAL BLVD  
MOOSIC, PA, 18507

RE: GLENMAURA SENIOR LIVING  
11 GLENMAURA NATIONAL BLVD  
MOOSIC, PA, 18507  
LICENSE/COC#: 22845

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/30/2024, 01/31/2024 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]  
Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** GLENMAURA SENIOR LIVING      **License #:** 22845      **License Expiration:** 12/06/2024

**Address:** 11 GLENMAURA NATIONAL BLVD, MOOSIC, PA 18507

**County:** LACKAWANNA      **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

**Name:** GLENMAURA SENIOR LIVING AT MONTAGE LLC

**Address:** 11 GLENMAURA NATIONAL BLVD, MOOSIC, PA, 18507

**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** / 1      **Date:** 10/01/2019      **Issued By:** PALI

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 111      **Waking Staff:** 83

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Renewal, Complaint, Incident      **Exit Conference Date:** 01/31/2024

**Inspection Dates and Department Representative**

01/30/2024 On Site: [REDACTED]

01/31/2024 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 100      **Residents Served:** 81

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Part of 1st Floor      **Capacity:** 24      **Residents Served:** 22

**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 81

**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 30      **Have Physical Disability:** 0

**Inspections / Reviews**

01/30/2024 - Full

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 02/25/2024

Inspections / Reviews *(continued)*

03/05/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/12/2024

03/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/18/2024

03/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 20b8 - Quarterly Account

## 1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

## Description of Violation

*There is no verification that a copy of the financial quarterly statement was provided to Resident 1 or their designee.*

## Plan of Correction

Accept ( ) - 03/12/2024)

*The Business Manager, Alyssa Angelicola did itemized monthly reports to each resident that Glenmaura Senior Living was holding funds for but she failed to give a copy of the transactions to the designated person quarterly. The Business Manager notified the residents and designated person by mail or email on March 1, 2024 and included a copy of all transactions. The Business manager will ensure that all residents and designated persons receive and itemized transaction report on a quarterly basis. The business manager was educated on regulation 2600.20.b on 1/30/2024 and again on 2/13/2024 by Susan Hudick the Executive Director and will ensure compliance by doing quarterly reports and giving a copy to both the resident and their designated person. The Executive Director will monitor for compliance.*

**Licensee's Proposed Overall Completion Date:** 03/05/2024

Implemented ( ) - 03/28/2024)

## 28e - Death of a Resident

## 2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

## Description of Violation

*Resident 2 passed away ( ). They were entitled a refund from ( ) to ( ) but only received a refund from ( ) which was the date the room was cleaned out.*

## Plan of Correction

Accept ( ) - 02/26/2024)

*The Business Manager was educated the day of the inspection as well as on 2/13/2024 as to how to properly refund after the death of a resident to be in compliance with regulation 2600.28.e. Training was provided by ( ) the Executive Director. The resident was refunded the proper amount on the day of the inspection 1/30/2024. The Executive Director will continue to monitor for compliance.*

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

Implemented ( ) - 03/28/2024)

## 65e - 12 Hours Annual Training

## 4. Requirements

2600.

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

65e - 12 Hours Annual Training (continued)

Description of Violation

There was no verification that DCS member B & C received 12 hours training in 2023.

Plan of Correction

Accept [redacted] - 03/12/2024)

Previous Administrator [redacted] failed to document training for staff member B & C for the training year 2023. This Administrator is no longer employed through Glenmaura Senior Living so we are not able to go back and verify these specific staff trainings. Annual staff training going forward will be managed by the Executive Director Susan Hudick.

The Nurse Manager [redacted] and [redacted] will continue to train staff on a regular basis to specific resident ongoing and changing care needs. The Executive Director, [redacted] will schedule outside trainers to assist with annual training as needed. The Executive Director [redacted] will monitor staff trainings for compliance, the first audit was completed on 1/25/2024. Additional training days and topics were added to the Staff Training Plan for 2024 to ensure compliance and complete the previous year trainings that were missed.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [redacted] - 03/28/2024)

65f - Training Topics

5. Requirements

2600.

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

Description of Violation

There was no verification that DCS member B & C received training in the required topics of Medication self-administration training, Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, Care for residents with dementia and cognitive impairments, Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, Personal care service needs of the resident, safe management techniques, Care for residents with mental illness or mental retardation for the 2023 training year.

Plan of Correction

Accept [redacted] - 03/12/2024)

Previous Administrator [redacted] failed to document training for staff member B & C for the training year 2023. This Administrator is no longer employed through Glenmaura Senior Living so we are not able to go back and verify these specific staff trainings. Annual staff training topics going forward will be managed by the Executive Director, [redacted]. Attached are the 2024 staff training plans for the employees that had not completed the training. After the 2024 training is complete all staff will have training in the proper topics and be in compliance with regulation 2600.65.f.

The Executive Director will monitor annual staff trainings for compliance, the first audit for the training topics was completed on 1/24/2024. The Executive Director will continue to monitor training topics for compliance monthly through the year.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [redacted] - 03/28/2024)

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:

- 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.

Description of Violation

There was no verification that DCS member B & C received training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, Emergency preparedness procedures and recognition and response to crises and emergency situations, Resident rights., the Older Adult Protective Services Act, Falls and accident prevention.

Plan of Correction

Accept ( [redacted] ) - 03/12/2024)

Previous Administrator [redacted] failed to document training with a Fire Safety Expert for staff member B & C during the training year 2023. This Administrator is no longer employed through Glenmaura Senior Living so we are not able to go back and verify these specific Fire Safety staff trainings. Annual Fire Safety staff training going forward will be managed by the Executive Director, [redacted]. Glenmaura Senior Living has hired Fire & Life Safety Solutions LLC to do our monthly fire drill to include monthly Fire Safety training to staff as well as residents.

The first fire drill and training with Michael Fure from Fire & Life Safety Solutions LLC will be Monday, February 26, 2024 at 1:30 PM. Carole MacDonald is a certified train the trainer for Fire Safety and will also help as needed to train all of our staff annually as well as a yearly Fire Safety Training for all staff with [redacted] from Fire And Life Safety Solutions LLC scheduled for September, 27, 2024. The Executive Director, [redacted] will continue to audit fire safety training for compliance. Additional Fire Safety training will be completed in the year 2024 and when completed all staff training will be in compliance with regulation 2600.65.g.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented ( [redacted] ) - 03/28/2024)

82a - Poisonous Materials

7. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

The laundry rooms were found to have cleaning products being stored under the sink in clear spray bottles that did not include the manufacture's label.

Plan of Correction

Accept ( [redacted] ) - 02/26/2024)

The cleaning product found in an unlabeled spray bottle in the bottom cupboard in the laundry room was removed the day of inspection, 1/30/2024 by the Housekeeping supervisor Janet Zaleski. The Executive Director, [redacted] verbally educated the Laundry Assistant [redacted] as to proper labeling for all chemicals. Housekeeping Supervisor conducted an audit of the Laundry Room on 2/22/2024 and everything was in compliance. The Laundry Assistant, [redacted], will continue to monitor for compliance. Staff Training for the Housekeeping and Maintenance department was completed by [redacted] on 2/06/2024.

Licensee's Proposed Overall Completion Date: 02/22/2024

82a Poisonous Materials (continued)

Implemented ( ) - 03/28/2024)

85d Trash Receptacles

8. 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

During the physical site inspection of the home, two-bathroom trash cans were discovered to be uncovered. The bathroom located in the pool area and a public bathroom located on the 3rd floor, both had a trash can that was also uncovered.

Plan of Correction

Accept ( ) - 02/26/2024)

The trash cans found in the public bathrooms were replaced with a trash can with a lid on 1/31/2024. The Executive Director, ( ) will continue to monitor for compliance. Staff Training was conducted by ( ) the Housekeeping Supervisor on 2/16/2024.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented ( ) - 03/28/2024)

88a Surfaces

9. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

During the physical site inspection of the home, it was discovered that a window located in 2nd floor dining area was cracked horizontally along the bottom portion of the window, measuring approximately 12" in length.

Plan of Correction

Accept ( ) - 02/26/2024)

The window crack on the inside layer of glass was repaired on 2/17/2024 by Robert Iyoob. The Head of Maintenance ( ) was educated on Regulation 88a by ( ) the Housekeeping Supervisor on 2/16/2024. Peter Conserette will be responsible to monitor compliance with regulation 2600.88a going forward and will keep all floors, walls, ceilings, doors, windows and other surfaces in good repair. The Executive Director ( ) will communicate with Peter Conserette as to building maintenance compliance.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented ( ) - 03/28/2024)

96a First Aid Kit

10. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

Tape and tweezers were missing from the second floor first aid kit

96a - First Aid Kit (continued)

Plan of Correction

Accept [redacted] - 02/26/2024)

The first aid kit on the second floor was audited and the tweezers and tape were put back in the kit on 2/05/2024 by the Executive Director, [redacted]. Staff were verbally educated by [redacted] at shift report during the week of 2/06/2024. [redacted] the first shift supervisor will be responsible to ensure first aid kits remain in compliance. The Executive Director, [redacted] will continue to monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented [redacted] - 03/28/2024)

125a - Combustible Storage

11. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There were cigarette butts located in a potted plant in the outside area of the SDU.

Repeat Violation: 2/22/23, et al.

Plan of Correction

Accept [redacted] - 02/26/2024)

The cigarette butts were cleaned up by housekeeping and staff were educated by Janet Zaleski on regulation 2600.125.a. on 2/06/2024. Debra Bauman the memory care Activities Director will take responsibility to monitor for compliance of regulation 2600.125.a. and make sure cigarette butts are being disposed of in the provided ashtray receptacle in the designated smoking area. Staff will continue to be educated by [redacted], Memory Care Director as to how staff are to assist memory care residents to use designated smoking area and properly dispose of cigarette butts. The Executive Director, [redacted] will continue to monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented [redacted] - 03/28/2024)

162c - Menus Posted

12. 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

There was no food menu posted in the Secured Dementia Unit at time of inspection on 1/30/2024.

Plan of Correction

Accept [redacted] - 02/26/2024)

The weekly menu was posted in the kitchen of the memory care unit and was moved to the main living room in the memory care unit to a more conspicuous place. The violation was corrected at time of inspection 1/30/2024. The Dining Director, [redacted] was verbally educated by the Executive Director, [redacted] as to regulation 2600.162.c. on 1/30/2024 and instructed to keep menu posted in a place more easily visible to residents. The Executive Director, [redacted] will continue to monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/22/2024

162c - Menus Posted (continued)

Implemented ( ) - 03/28/2024)

183e - Storing Medications

13. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident 5 has a PRN order for Lorazepam. Upon inspection, it was noted that one of the tablets was popped and taped back into the medication card.

Plan of Correction

Accept ( ) - 02/27/2024)

The medication was destroyed at time of inspection with one staff witness and in the presence of the inspector. The Executive Director, [redacted] reeducated LPN [redacted] as to proper destruction of medications and not to reinsert a medication that has been removed from the original packaging. The facility uses the solution Drug Destroyer to dispose of medications and properly record destruction of medications in the medical waste disposal log. The medication was destroyed as per facility policy at the time of inspection 1/31/2024. The Executive Director, [redacted] will continue to monitor for compliance.

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

Implemented ( ) - 03/28/2024)

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 7 has order for [redacted], two puffs by mouth every four(4) hours as needed for wheezing. The [redacted] was not available at the time of the inspection.

Resident 6 has an order for [redacted] scan/check blood sugars before meals and at bedtime. On [redacted]

Staff did not record a blood glucose reading.

Repeat Violation: 2/22/23, et al.

Plan of Correction

Accept ( ) - 02/26/2024)

Resident 7 was prescribed [redacted] as a prn (as needed medication) for a respiratory infection on 5/18/23 from GCMC. Medication expired and had no refills. Staff failed to get an order to discontinue the medication. PCP made aware that resident no longer required medication and PCP gave order to discontinue medication on day of inspection 1/31/2024. See attached order.

Staff were educated on regulation 2600.185.a. at the time of the inspection and on 2/19/2024 by the Executive Director. The Executive Director, [redacted] will continue to monitor for compliance.

Staff were reeducated on regulation 2600.185.a on 2/19/2024 with regards to correctly entering blood glucose readings on EMARS. To ensure future compliance all glucose monitors will be checked at the end of each shift for accuracy and Med Tech's are responsible to sign off that the blood glucose monitors were checked. Shift supervisors

185a Implement Storage Procedures (continued)

will conduct weekly audits on glucose monitors. The Executive Director, [REDACTED] will continue to monitor for compliance.

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

Implemented ([REDACTED] - 03/28/2024)

187d - Follow Prescriber's Orders

15. Requirements

2600.

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

Description of Violation

Resident 7 has order for [REDACTED], take one tablet by mouth three times daily for [REDACTED], \*hold if Systolic BP > 160\*

Blood pressures were not taken on the following dates:

[REDACTED]

Resident 6 has an order for [REDACTED], inject [REDACTED] units subQ once daily in the morning for diabetes. On [REDACTED] staff recorded [REDACTED] units were administered. On [REDACTED] staff recorded two (2) units were administered.

Resident 6 has an order for [REDACTED] syringe, inject subQ four times daily with meals and at bedtime as per sliding scale. On [REDACTED] at [REDACTED] resident's blood glucose was [REDACTED] and on [REDACTED] [REDACTED] their blood glucose was [REDACTED]. Per sliding scale order, the resident is to receive [REDACTED] if blood glucoses are measured between [REDACTED].

For both occurrences, no insulin were documented as given.

Resident 7 has order for [REDACTED], take one tablet by mouth three times daily for hypotension, \*hold if systolic blood pressure > 160\*

Resident's Midodrine was not held on the following dates:

[REDACTED]

Repeat Violation: 2/22/23, et al.

Plan of Correction

Accept ([REDACTED] - 02/27/2024)

Staff were reeducated on 2600.174.d. on 2/19/2024 by the Executive Director on the importance of timely and proper documentation. Additional med training will be provided on 3/01/2024 by Med Trainer [REDACTED]. Shift supervisors will conduct weekly audits of blood pressures and glucose monitors to ensure accuracy of documentation on EMAR. The Executive Director, [REDACTED] will continue to monitor for compliance.

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

Implemented ([REDACTED] - 03/29/2024)

236 - Staff Training

16. Requirements

2600.

236 - Staff Training (continued)

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

**Description of Violation**

Staff Member D had only 1 hour of their required 6 additional hours of annual training related to dementia care and services.

**Plan of Correction**

Accept [REDACTED] - 03/12/2024)

Pervious Administrator [REDACTED] failed to document training for staff member D for the training year 2023. This Administrator is no longer employed through Glenmaura Senior Living so we are not able to go back and verify these specific staff trainings. Annual staff training going forward will be managed by the Executive Director, [REDACTED] will monitor for compliance through out the year.

[REDACTED] the Memory Care Director will ensure that Staff member D has proper training in Dementia Care Services. Additional training were added to the 2024 staff training plan for Staff member D and when completed all staff will be in compliance with regulation 2600.236

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [REDACTED] - 03/28/2024)