

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

July 22, 2024

[REDACTED] GENERAL MANAGER  
MG MEDIA SUBTENANT LLC  
[REDACTED]  
[REDACTED]

RE: TRUEWOOD BY MERRILL, GLEN  
RIDDLE  
263 GLEN RIDDLE ROAD  
MEDIA, PA, 19063  
LICENSE/COC#: 14582

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/15/2024, 05/15/2024 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: TRUEWOOD BY MERRILL, GLEN RIDDLE License #: 14582 License Expiration: 02/08/2025  
 Address: 263 GLEN RIDDLE ROAD, MEDIA, PA 19063  
 County: DELAWARE Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: MG MEDIA SUBTENANT LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 07/01/1996 Issued By: CWOPA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 114 Waking Staff: 86

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 05/16/2024

**Inspection Dates and Department Representative**

05/15/2024 - On-Site: [REDACTED]  
 05/15/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 153 Residents Served: 90

**Secured Dementia Care Unit**  
 In Home: Yes Area: Garden House Capacity: 41 Residents Served: 24

**Hospice**  
 Current Residents: 7

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 90  
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 24 Have Physical Disability: 1

**Inspections / Reviews**

05/15/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/10/2024

06/13/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/10/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/20/2024

Inspections / Reviews (*continued*)

07/22/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

07/22/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/22/2024

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

35 P.S. § 637.1 – 637.11, known as the Clean Indoor Air Act regulations governed by Department of Health, prohibits smoking in a public place or workplace. Personal Care Homes are required to designate and post signage indicating smoking prohibited or smoking in designated areas only. The home allows smoking in a designated areas but on 5/15/24 there are no signs posted around the home to indicate this.

Plan of Correction

Accept ( [redacted] ) - 06/14/2024)

The sign indicating "Smoking allowed in designated areas only" was posted at the front entrance on June 4, 2024 by Guest Services Director. General Manager or Designee shall check entrance daily upon entry to be sure that the sign is in place.

Front desk personnel will visually monitor signage weekly on Mondays for three months, beginning July 1 and ending September 1, 2024.

Licensee's Proposed Overall Completion Date: 06/13/2024

Implemented ( [redacted] ) - 07/22/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/15/24, there were crumbs, spills, food particles, and other debris at the bottom of the memory care kitchen refrigerator including a piece of chocolate brownie. Additionally, there were splashed food particles and liquids in the fridge bins.

On 5/15/24, the gas grill in the main kitchen was covered with old food particles and excessive grime and buildup on and around the cooking surface.

Plan of Correction

Accept ( [redacted] ) - 06/14/2024)

Memory care refrigerator was cleaned on date of inspection. Midnight shift has been given the assignment of checking and cleaning the refrigerator daily. The Garden House Director will inspect the refrigerator twice weekly for compliance starting date of inspection and this will be ongoing.

Gas grille was thoroughly cleaned by the Executive Chef on date of inspection. Executive Chef in-serviced staff on cleanliness on June 7 and all things pertaining to dietary and inspection. Cooks are responsible for cleaning all cook surface areas after each meal. The Executive Chef or designee will visually inspect all cooking areas weekly for cleanliness. This inspection will be ongoing.

Licensee's Proposed Overall Completion Date: 06/13/2024

Implemented ( [redacted] ) - 07/22/2024)

95 - Furniture and Equipment

3. Requirements

95 - Furniture and Equipment (continued)

2600.

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

Description of Violation

On 5/16/24 at 11:20am, the bathroom sink in Resident 1's room was clogged and would not drain. At 11:26am, the water was still not drained.

Plan of Correction

Accept ( [redacted] ) - 06/14/2024)

We were not made aware of the issue until exit. Sink was unclogged upon being made aware of clog on day of inspection. Plumbing issues are dealt with immediately upon notification by resident or staff member. Rooms are cleaned weekly by housekeeping and all housekeepers make maintenance aware of any problems that need attention. Caregivers are in resident rooms daily for those who receive care, and any maintenance issues are reported to the front desk who informs the maintenance department for immediate repair. General Manager will in-service maintenance, housekeeping and personal care aids by June 21, 2024 on the importance of reporting all room issues to the front desk person to enter into TELS.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [redacted] ) - 07/22/2024)

96a - First Aid Kit

4. 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

The first aid kit in the personal care nurse station does not include a breathing shield.

Plan of Correction

Accept ( [redacted] ) - 06/13/2024)

Breathing shields were purchased and placed in personal care first aid kit by General Manager on May 20, 2024. Resident Care Director will be responsible for completing a monthly check list for June, July and August to ensure that all required items are kept in stock and in the kit.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented ( [redacted] ) - 07/22/2024)

103d - Storing Food Off Floor

5. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 5/15/24 at 11:30am, there were multiple 5-gallon emergency water bottles stored on the floor in the shed located outside the building.

Repeat Violation Date: 3/6/23 et al.

Plan of Correction

Accept ( [redacted] ) - 06/14/2024)

Water bottled stored in the garage were immediately put onto crates on May 16, 2024 by Maintenance Director. Storage areas will be checked daily by the Maintenance Director to ensure that no items will be stored on the floor.

**103d - Storing Food Off Floor (continued)**

Dietary staff was in-serviced by Executive Chef on June 7 regarding NOT storing any food items on the floor. Weekly spot checks will be conducted by Executive Chef or designee and will begin July 1 and shall continue until December 31, 2024.

Licensee's Proposed Overall Completion Date: 06/13/2024

Implemented ( ) - 07/22/2024)

**103f - Refrigerator/Freezer Temps****6. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

On 5/15/24 at 10:55am, the temperature in the ice cream freezer was 2 degrees Fahrenheit.

On 5/15/24 at 11:05am, an opened left-over jar of capers that indicates refrigeration required after opening, was found in the dry food storage.

**Plan of Correction**

Accept ( ) - 06/13/2024)

The temperature of said freezer was lowered to below 0 degrees on date of inspection by Executive Chef. Daily temperature records shall be maintained by the on-duty cooks. Logs will be reviewed by the Executive Chef or designee daily with adjustments made to the freezer as needed if temperature dips above 0 degrees.

The open jar of capers was immediately discarded on date of inspection and storage area was checked by Executive Chef to be sure that nothing else was opened.

Dinning staff was in-serviced on the above on June 7.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented ( ) - 07/22/2024)

**103g - Storing Food****7. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

A bag of toasted pearl couscous in the dry food storage area in the main kitchen was opened and unsealed.

**Plan of Correction**

Accept ( ) - 06/14/2024)

Couscous was immediately disposed of by Executive Chef on date of inspection. Executive Chef or designee shall check all food storage areas at the end of each day to ensure that all open items are in sealed and dated containers.

All cooks were in-serviced on June 7 by the Executive Chef on inspection results and continued compliance of 2600.103.g

Licensee's Proposed Overall Completion Date: 06/13/2024

103g - Storing Food (*continued*)

Implemented (█) - 07/22/2024)

## 105f - Labeling/Return of Clothes

**8. Requirements**

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

**Description of Violation**

*There were two white laundry baskets full of clothes in the first-floor laundry room that were not labeled with the residents' names or room numbers.*

**Plan of Correction**

Accept (█) - 06/14/2024)

*Both laundry baskets were labeled immediately with the resident's name and room number on date of inspection. Laundry staff will check each container upon scheduled weekly pick-up for identifying factors and, if missing, will immediately label receptacle with resident's name and room number to ensure that clothing is not lost or misplaced. Updated paperwork given to all new residents clearly states that all laundry receptacles shall be labeled with resident's name and/or apartment number.*

*All laundry personnel and substitute staff were in-serviced on regulation 2600.105.f by Guest Services Director on June 13, 2024, who will also conduct monthly spot checks in July, August and September 2024.*

**Licensee's Proposed Overall Completion Date:** 06/13/2024

Implemented (█) - 07/22/2024)

## 109b - Rabies Vaccination

**9. Requirements**

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

**Description of Violation**

*On 5/15/24, a cat was present in Room █. The home does not have a current certificate of rabies vaccination for the cat; the rabies certificate on file expired on 5/8/24.*

**Plan of Correction**

Accept (█) - 06/13/2024)

*Resident made appointment for █ cat to get updated rabies shot on June 6. Starting immediately, business office manager or designee will review pet files monthly for current vaccination shots and will make sure appointments are made, when needed to avoid past due pet vaccines.*

**Licensee's Proposed Overall Completion Date:** 06/10/2024

Implemented (█) - 07/22/2024)

## 141a 1-10 Medical Evaluation Information

**10. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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 2 relies on a walker and a wheelchair for mobility. However, Resident 2's medical evaluation, dated [REDACTED], did not include this information under body positioning and movement for the resident.*

**Plan of Correction**

**Accept ( [REDACTED] - 06/14/2024)**

*All current medical evaluations were checked by Resident Care Director, Guest Services Director and Memory Care Coordinator for completion and accuracy by 6/6/24. Resident Care and Garden House Director will review all new DME's for completion and accuracy. Any incomplete medical evaluations will be returned to the attending physician for completion. Medical Evaluation for Resident #2 was updated to include required information on May 20, 2024. On May 28, 2024, General Manager in-serviced both Resident Care Director, Garden House Director and Community Relations Director on 2600.141.a.*

**Licensee's Proposed Overall Completion Date: 06/13/2024**

**Implemented ( [REDACTED] - 07/22/2024)**

144c1 - Smoking Area Guidelines

**11. Requirements**

2600.

- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

*On 5/15/24, three extinguished cigarette butts were noted on top of the cigarette receptacle on the porch of the 2nd floor designated smoking area, posing a possible fire hazard.*

**Plan of Correction**

**Accept ( [REDACTED] - 06/14/2024)**

*New standing ashtray was purchased for smoke area on June 5, 2024 which has a receptable lid. Designated smoking area will be inspected daily by housekeeper assigned to that area and GM or designee will perform weekly spot checks. Area will be visually spot-checked monthly for six months by Guest Services Director for all safeguards including*

144c1 - Smoking Area Guidelines (continued)

fireproof ashtrays and proper extinguishing beginning immediately. Record will be kept on file during this time.

Licensee's Proposed Overall Completion Date: 06/13/2024

Implemented ( ) - 07/22/2024)

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

On 5/15/24, the home's weekly menus from 5/12/24 to 5/18/24 were posted in the memory care dining room. However, the menus for the upcoming weeks were not displayed in a conspicuous and public place in the home.

Repeat Violation Date: 3/6/23 et al.

Plan of Correction

Accept ( ) - 06/14/2024)

The menu for week 5/19 thru week 5/25 was hung in the Memory Care Dining Room. Weekly, the Guest Services Director will post current and future weeks' menus.

Visual spot checks will also be conducted by General Manager on a weekly basis beginning July 1 and will continue for three months until September 30, 2024.

Licensee's Proposed Overall Completion Date: 06/13/2024

Implemented ( ) - 07/22/2024)

171b5 - First Aid Kit

13. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the bus used to transport residents does not include a breathing shield.

Plan of Correction

Accept ( ) - 06/13/2024)

Breathing shields were purchased and placed in the bus upon receipt on May 20, 2024. Activities Director or designee will be responsible for checking for three months to ensure that all items required to be in the first aid kit are there.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented ( ) - 07/22/2024)

183e - Storing Medications

14. Requirements

2600.

183e - Storing Medications (continued)

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

On 5/16/24, a tape was found covering the puncture foil on the back of a blister pack of Hyoscyamine 0.125mg tab belonging to Resident 2.

On 5/16/24, a blister on the Acetaminophen 325mg pill pack containing two pills belonging to Resident 3 was found punctured with the medication still present in the blister.

Plan of Correction

Accept ( ) - 06/14/2024

All nurses and med techs were in-serviced on 2600.183.e by June 6 by Guest Services Director. Blister packs will be inspected at each med pass by the person assisting with medication and any punctured container will be returned to the pharmacy for replacement. Garden House Director and Resident Care Director will complete a monthly medication cart audit for three months to check for damaged medication containers/blister packs beginning on July 1 and ending on September 15, 2024

Licensee's Proposed Overall Completion Date: 06/13/2024

Implemented ( ) - 07/22/2024

231c - Preadmission Screening

15. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's written cognitive preadmission screening was completed on [redacted].

Plan of Correction

Accept ( ) - 06/13/2024

All SDCU charts were audited by the Garden House Director for compliance with 2600.231.c. GHD will audit screenings for all new admissions and internal transfers to ensure that they are completed 72 hours prior or on the day of admission/internal transfer.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented ( ) - 07/22/2024

233c - Key-Locking Devices

16. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the main door leading from the Secure Dementia Care Unit (SDCU) to the personal care area.

233c - Key-Locking Devices (continued)

**Plan of Correction**

**Accept ( [REDACTED] - 06/14/2024)**

*Signage was posted immediately on date of inspection. GHD and General Manager will check daily to be sure that signage is posted during rounds and will replace any missing signs immediately.*

*The General Manager provided in-service education to Maintenance Director, Garden House Director and Guest Services Director on 21600.233.c to ensure that codes are visibly posted daily.*

**Licensee's Proposed Overall Completion Date: 06/13/2024**

**Implemented ( [REDACTED] - 07/22/2024)**