

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

August 13, 2024

[REDACTED], VICE PRESIDENT OF OPERATIONS  
BH GLEN MILLS MANAGEMENT PA LLC  
[REDACTED]  
[REDACTED]

RE: MERRILL GARDENS AT GLEN MILLS  
52 BALTIMORE PIKE  
GLEN MILLS, PA, 19342  
LICENSE/COC#: 14670

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/13/2024 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: MERRILL GARDENS AT GLEN MILLS License #: 14670 License Expiration: 10/16/2024
Address: 52 BALTIMORE PIKE, GLEN MILLS, PA 19342
County: DELAWARE Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted]

Legal Entity

Name: BH GLEN MILLS MANAGEMENT PA LLC
Address: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 76 Waking Staff: 57

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 06/13/2024

Inspection Dates and Department Representative

06/13/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 120 Residents Served: 54
Secured Dementia Care Unit
In Home: Yes Area: Garden House Capacity: 20 Residents Served: 14
Hospice
Current Residents: 6
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 22 Have Physical Disability: 1

Inspections / Reviews

06/13/2024 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 07/13/2024
07/25/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 08/09/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 07/29/2024

Inspections / Reviews *(continued)*

07/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/09/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/09/2024

08/13/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/09/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], at [REDACTED] Resident # 1 requested assistance to go to the bathroom. Staff Member A told Resident # 1 to use his/her incontinence brief in place of the bathroom. This incident was observed by Staff Person B, and was reported to staff person C on [REDACTED] at [REDACTED]. However, this allegation of abuse was not reported to the Area Agency on Aging until [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/26/2024)

General Manager or designee will provide education to all staff, to include Administration, Direct care, Med-Techs, Dietary, Housekeeping and maintenance on reporting suspected abuse of a resident in accordance with the Older Adult Protective Services Act and 6 Pa. Code and comply with the requirements regarding restrictions to all staff persons by July 19, 2024. The regulation will continue to be reinforced monthly, starting immediately, at all staff Town Hall meetings by General Manager for the next 3 months.

Attachments:

- All Departments Inservice sheet
- Leadership inservice sheet
- Leadership inservice data
- 15A sign off sheet

Proposed Overall Completion Date: 08/02/2024

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

Implemented ([REDACTED] - 08/13/2024)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] at [REDACTED] Resident # 1 requested assistance to use the bathroom. Staff Member A told Resident # 1 to use his/her incontinence brief in place of the bathroom. The home did not suspend Staff Member A until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 07/25/2024)

All leadership team will be in-serviced by July 19, 2024, by the GM with the timely requirement to immediately suspend a staff member for any suspicion of abuse, neglect or exploitation, pending an investigation. Abuse, Neglect and Exploitation, will be discussed at the Monthly Quality Assurance meeting with the GM and Nursing staff. The GM or designee will continue to discuss the need to suspend a team member suspected of abuse, neglect or exploitation, with his management team every week x 4 weeks, and then every month x 3 months. (what you're doing to ensure it doesn't happen again)

Attachments:

15b Supervisor Plan (continued)

Leadership inservice & data

15B sign off sheet

Licensee's Proposed Overall Completion Date: 07/21/2024

Implemented ( ) - 08/13/2024)

16c - Written Incident Report

3. 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], at [redacted] Resident # 1 requested Staff Member A assist him/her to the bathroom and Staff Member A told Resident # 1 to use his/her incontinence brief in place of the bathroom. The home did not report this incident to the department until [redacted].

Staff Member A took photos on his/her personal cell phone of Resident # 2. On [redacted] Staff Member A showed these to Staff Member B.

Plan of Correction

Accept ( ) - 07/25/2024)

All staff members will be re in serviced on reporting incidents of abuse, neglect, or exploitation to the Department on or before July 19, 2024. The General Manager or designee will conduct random reviews of all state incident reports to ensure they are submitted timely, starting immediately, for the next three months. This subject will be discussed at the Monthly Quality Assurance meeting with the GM and Nursing staff.

Attachments:

16C sign off sheet

Licensee's Proposed Overall Completion Date: 07/21/2024

Implemented ( ) - 08/13/2024)

42c - Treatment of Residents

4. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff Member B saw Staff Member A had a photo of Resident #2 on his/her personal cell phone. Staff Member A was laughing at the photo because the resident had one tooth.

Plan of Correction

Accept ( ) - 07/26/2024)

All staff members have been reeducated on Resident Rights on or before July 19, 2024 by the General Manager or designee. All future staff members will be educated on the adherence to resident's rights, ensuring all residents are treated with dignity and respect per regulation 42.c during new hire orientation. The regulation will continue to be reinforced monthly, starting immediately, at all staff town hall meetings by General Manger for the next 3 months.

42c - Treatment of Residents (continued)

Attachments:

- 42C inservice form & data
- 42C Sign off sheet

Licensee's Proposed Overall Completion Date: 07/26/2024

Implemented [REDACTED] - 08/13/2024)

5. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], Resident # 1 requested Staff Member A assist him/her going to the bathroom. Staff Member A stated "You had all morning to go; I'm not taking you. Go in your brief." Staff Member E told Staff Member A they cannot say that to the resident. Staff Member A stated " I don't give a fuck, they can fire me." while in the dining room with residents present. Staff Member B was taking plates to the kitchen and put them down to assist Resident # 1 to the bathroom. Resident # 1 had urinary incontinence during that time frame. Staff Member B stated Resident # 1 would not have been incontinent if Staff Member A assisted him/her when they asked.

Plan of Correction

Accept [REDACTED] - 07/26/2024)

Staff member A was suspended pending an investigation and was then terminated. All staff have been educated on Resident Rights by the Resident Care Director effective July 19, 2024. All future staff members will be educated on the adherence to resident's rights, ensuring all residents are treated with dignity and respect per regulation 42.c during new hire orientation. The regulation will continue to be reinforced monthly, starting immediately, at all staff town hall meetings by General Manger for the next 3 months.

Attachments:

- 42C inservice form & data
- 42C Sign off sheet

Licensee's Proposed Overall Completion Date: 07/26/2024

Implemented [REDACTED] - 08/13/2024)

42s - Privacy

6. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Staff Member B reported that on [REDACTED] Staff Member A showed him/her photos from his/her personal cell phone of Resident # 2. Resident # 2 was not aware these photos were taken.

Plan of Correction

Accept [REDACTED] - 07/26/2024)

The community audited the State Reportable binder over the past 12 months to determine if any such violations have taken place.

The Memory Care staff members were re-trained on the treatment of residents with dignity and respect by the Resident Care Director on or before July 19, 2024. The In-service topic, "Dementia & Dignity" will be added to the

42s Privacy (continued)

yearly schedule for future trainings for all staff members.

Attachments:

- "Dementia & Dignity" inservice sheet & data

Proposed Overall Completion Date: 07/26/2024

Licensee's Proposed Overall Completion Date: 07/26/2024

Implemented [redacted] - 08/13/2024)

227a - Support Plan 30 Days

7. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident # 1 was admitted on [redacted]. Resident # 1's initial support plan was completed on [redacted]. The assessment dated [redacted] for Resident # 1 is missing the following information:

1. The home identifies a need for urinary incontinence but not how it will be met.
2. The home identifies a need for physical assistance with securing healthcare but not how it will be met.
3. The home identifies the need for prompting to use a walker for ambulation but not the frequency.
4. The home identified their is a need for judgement but no detail as to what the need is and how the home plans to meet this need.

Plan of Correction

Accept [redacted] - 07/25/2024)

The support plan for Resident #1 was updated on June 14, 2024.

All support plans will be audited by the HSD, RCD or designee, to ensure the needs of each resident are documented on or before July 19, 2024, then every month x 3 months, then as needed.

Attachments:

27A sign off sheet

Licensee's Proposed Overall Completion Date: 07/21/2024

Implemented [redacted] - 08/13/2024)

231b - Medical Evaluation

8. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident # 1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident's medical evaluation, completed on [redacted], did not include Resident # 1's need for a secured dementia care unit.

**231b - Medical Evaluation (continued)**

*Repeat Violation: 2/26/24 et al*

**Plan of Correction**

**Accept ( [REDACTED] - 07/26/2024)**

*The community audited the State Reportable binder over the past 12 months to determine if any such violations have taken place.*

*The Memory Care staff members were re-trained on the treatment of residents with dignity and respect by the Resident Care Director on or before July 19, 2024. The In-service topic, "Dementia & Dignity" will be added to the yearly schedule for future trainings for all staff members.*

*Attachments:*

- *"Dementia & Dignity" inservice sheet & data*

*Proposed Overall Completion Date: 07/26/2024*

**Licensee's Proposed Overall Completion Date: 07/26/2024**

**Implemented ( [REDACTED] 08/13/2024)**