

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

January 16, 2025

[REDACTED]
BH GLEN MILLS MANAGEMENT PA LLC
[REDACTED]
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/16/2024, 09/20/2024 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] Email: [REDACTED]

Legal Entity

Name: BH GLEN MILLS MANAGEMENT PA LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 11/20/2019 Issued By: Chester Heights Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 81 Waking Staff: 61

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 09/16/2024

Inspection Dates and Department Representative

09/16/2024 - On-Site: [REDACTED]
 09/20/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 68
 Secured Dementia Care Unit
 In Home: Yes Area: Garden House Capacity: 20 Residents Served: 14
 Hospice
 Current Residents: NM
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 13 Have Physical Disability: 1

Inspections / Reviews

09/16/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/21/2024

10/31/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/04/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/26/2024

Inspections / Reviews *(continued)*

01/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [REDACTED], at approximately 10am, an agent of the Department requested access to the agency staff list. Staff person B, the administrator designee, was unable to provide the list while the agent was on-site. The information was sent by email on [REDACTED] at 1:05pm

Plan of Correction

Accept ([REDACTED] - 10/31/2024)

The requested information was delivered via E-mail to the department on [REDACTED]. The entire administrative team was in-serviced on [REDACTED], by the General Manager, on regulation 5a1 and the requirements to promptly provide the requested information.

Documents: In-Service sign in sheet from 10/15/24

Proposed Overall Completion Date: 10/20/2024

Licensee's Proposed Overall Completion Date: 10/20/2024

Implemented ([REDACTED] - 01/16/2025)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] for resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept ([REDACTED] - 10/31/2024)

This resident signed [REDACTED] contract on [REDACTED]. All other resident files will be audited by the Business Office Director and/or General Manager by 11/25/24 to ensure they have been signed by the resident. The new resident contracts will be reviewed by the BOD (or designee) and the General Manager (or designee) moving forward to verify that all required signatures have been obtained. The new resident's files will be audited monthly for the next three months by the Business Office director or designee, starting immediately.

Proposed Overall Completion Date: 11/25/2024

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented ([REDACTED] 01/16/2025)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b Abuse (continued)

Description of Violation

On [redacted] at 10:15pm, Staff person A, in attempting to remove resident [redacted] dentures as the resident was lying in bed, thrust [redacted] right hand in the resident's mouth without explaining the purpose of the intrusion. Resident [redacted] began making sounds of discomfort. Staff person A persisted in attempting to remove the dentures. The staff asked resident [redacted] "Does this hurt?" The noise of discomfort became louder while staff person A continued to attempt the removal of the resident's dentures. Staff person A, responds, "Let me get it, I forgot." The resident continued to make loud unintelligible noises of distress while the staff person continued, until finally the dentures were removed.

Plan of Correction

Accepted [redacted] - 10/31/2024)

This staff member was immediately placed on administrative leave pending investigation. Once team member was cleared to work by the department, team member was in serviced on proper dental care by the Resident Care Director, on 10/1/24. All direct care staff were in serviced regarding delivering dignity and respect during resident care by the Resident Care Director and General Manager, on 10/11/24. The General Manager and/or designee will discuss dignity and respect during monthly all staff meetings for the next three months, starting immediately.

Proposed Overall Completion Date: 10/21/2024

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented [redacted] - 01/16/2025)

51 - Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The criminal background for staff person A, date of hire [redacted] was complete on [redacted]

Plan of Correction

Accepted [redacted] - 10/31/2024)

The Business Office Director was re educated by General Manger on [redacted] regarding the requirements for completion of obtaining a criminal background check (PA Patch) prior to an employee beginning the first day of work by General Manager. Internal hiring process, including a checklist, in accordance with state and local guidelines, will be in place for implementation effective immediately. This will be incorporated for all hires moving forward, prepared by Business Office Director, and verified by the General Manager or Designee for each new hire. All current employee files will be audited by the Business Office Director or designee by 11/25/24.

Proposed Overall Completion Date: 11/25/2024

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] - 01/16/2025)

54a - Direct Care Staff

5. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

54a Direct Care Staff (continued)

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (████ - 10/31/2024)

Upon further review, this staff member's HS diploma was evaluated and approved. Additionally, this staff member had a 2 year post HS diploma in Early Childhood education. Internal hiring process, including a checklist, in accordance with state and local guidelines, will be in place for implementation effective immediately. This will be incorporated for all hires moving forward, prepared by Business Office Director, and verified by the General Manager or Designee for each new hire. All current employee files will be audited by the Business Office Director or designee by 11/25/24 to ensure each employee has this document on file.

Proposed Overall Completion Date: 11/25/2024

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented (████ - 01/16/2025)

57d - Waking Hours

6. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On █████, a total of 82 hours of direct care was required. However, only 40 of the required hours, or 49 percent, were provided during waking hours.

Plan of Correction

Accept (████ - 10/31/2024)

Health Service Director or designee will review the staff schedule daily, to ensure adequate staff are available to provide care to the residents in accordance with Regulation 57.d., starting immediately. Health Service Director will provide coverage for staff call outs to ensure the daily staffing requirements are being met, starting immediately. General manger will review weekly schedule to ensure compliance, starting immediately, for the next three months.

Proposed Overall Completion Date: 10/21/2024

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented (████ - 01/16/2025)

65a - FS Orientation 1st Day

7. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

65a - FS Orientation 1st Day (continued)

- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics:

- Evacuation procedures
- Staff duties and responsibilities during fire drills and emergency evacuations
- Designated meeting place outside the building or within fire safe areas
- Smoking safety procedures, home's smoking policy and location of smoking areas
- The location and use of fire extinguishers
- Smoke detectors and fire alarms
- Telephone use and notification of emergency services

There was no signature of the trainer who provided the training.

Plan of Correction

Accept [REDACTED] - 10/31/2024)

Business Office Director was re-educated on [REDACTED] by the General Manager on the requirements for completion of these trainings within the first 40 hours of employment, per Regulation 65a, FS Orientation 1st Day. Internal hiring process, including a checklist, in accordance with state and local guidelines, will be in place for implementation effective immediately. This will be incorporated for all hires moving forward, prepared by Business Office Director, and verified by the General Manager or Designee for each new hire. All current employee files will be completely audited by 11/25/24 by the Business Office Director, General Manager or designee.

Proposed Overall Completion Date: 11/25/2024

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [REDACTED] - 01/16/2025)

65b - Rights/Abuse 40 Hours

8. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [REDACTED] 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics:

65b - Rights/Abuse 40 Hours (continued)

- Resident rights.
- Emergency medical plan.
- Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 —10225.5102).
- Reporting of reportable incidents and conditions.

The training confirmation is not signed by the trainer(s).

Plan of Correction

Accept (████ - 10/31/2024)

Business Office Director was re-educated on █████ by the General Manager on the requirements for completion of these trainings within the first 40 hours of employment. Internal hiring process, including a checklist, in accordance with state and local guidelines, will be in place for implementation effective immediately. This will be incorporated for all hires moving forward, prepared by Business Office Director, and verified by the General Manager or Designee for each new hire to ensure completion and trainer signatures are in place. All current employee files will be completely audited by 11/25/24 by the Business Office Director, General Manager or designee.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented (████ - 01/16/2025)

82c - Locking Poisonous Materials

9. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Polident Antibacterial Denture Cleanser Overnight Whitening, with a manufacture's label indicating "Call Poison Control or doctor", was unlocked, unattended, and accessible to resident #1. Not all the residents of the home, including resident █████, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (████ 10/31/2024)

The Polident Antibacterial Denture Cleanser Overnight Whitening was immediately removed from the resident's room and secured. Staff will be re-educated by Health Service Director/designee on the necessity to secure all potentially poisonous materials by 10/30/24. Garden House Director/designee will institute weekly room checks for the next three months, starting immediately.

Proposed Overall Completion Date: 10/30/2024

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented (████ - 01/16/2025)

183e - Storing Medications

10. 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 [redacted] prescribed to resident [redacted] with an expiration date of [redacted], was present in the home's medication cart.

Plan of Correction

Accept [redacted] - 10/31/2024)

The expired medication was immediately removed from the med cart. The Health Service Director, Garden House Director and/or Designee will conduct bi-weekly cart audits on all medication carts for the next three months, beginning immediately. The training of all staff administrating medication will be conducted by 10/30/24 on following manufacturer's instructions, per Regulation 183e. by Health Service Director or Designee.

Proposed Overall Completion Date: 10/30/2024

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [redacted] - 01/16/2025)

227d - Support Plan Medical/Dental

11. 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

The assessment for resident [redacted], dated [redacted], indicates the resident has a need for assistance in the areas as follows:

- Securing transportation
- Bowel management
- Short- and long-term memory

The resident's support plan dated [redacted] does not document how these needs will be met.

Repeated violation 2-26-24

Plan of Correction

Accept [redacted] - 10/31/2024)

Resident [redacted] support plan was updated to reflect how all needs will be met. An in-service was conducted on [redacted] by the Regional Director of Health Services to ensure they are following the regulation and completing all 247 boxes on the RASP to ensure how the residents' needs are met. Support plans will be audited by the Regional Director of Health Services on or before 11/25/24. Any omissions in the plans will be identified and corrected. New support plans will be audited by Regional Director of Health Services or Designee as they are completed for three months to ensure compliance, starting immediately.

Proposed Overall Completion Date: 11/25/2024

227d Support Plan Medical/Dental (continued)

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [REDACTED] - 01/16/2025)

227g -Support Plan Signatures

12. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept [REDACTED] - 10/31/2024)

The support plan was signed on [REDACTED]. Audit will be conducted of all RASPS to ensure they are signed by resident by 11/25/24 by the Regional Director of Health Services. An in service was conducted on 10/9/24 by the Regional Director of Health Services to ensure they are following the regulation and obtaining all necessary signature on RASP's. An audit of the RASPs will be completed by Regional Director of Health Services, or designee, on or before 11/25/24. RASPs missing information will be corrected. New RASPs will be audited by Regional Director of Health Services or Designee for the next three months as they are completed to ensure compliance, starting immediately.

Proposed Overall Completion Date: 11/25/2024

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [REDACTED] - 01/16/2025)