pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [redacted]
March 26, 2025

[redacted]
Administrator
SNH Penn Tenant, LLC
% Integracare Corporation
[redacted]
[redacted]

RE: Glen Mills Senior Living
242 Baltimore Pike
Glen Mills, Pennsylvania 19342
License #: 14511

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on January 6, 2025 and March 26, 2025 of the above facility, we have determined that your submitted plan of correction for the October 28, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[redacted]

Enclosure
Licensing Inspection Summary

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

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**: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *65* **Waking Staff**: *49*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *11/22/2024*

Inspection Dates and Department Representative

10/28/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *42*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Life Stories* **Capacity**: *22* **Residents Served**: *6*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *42*

Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *23* **Have Physical Disability**: *1*

Inspections / Reviews

10/28/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/30/2024*

12/31/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/04/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/06/2025*

01/06/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/04/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *01/31/2025*

03/26/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *03/04/2025*

Reviewer: [redacted] **Follow-Up Type:** *Exception*

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted], for resident 1 indicates the resident requires assistance with toileting, bladder/bowel management. The resident did not receive this assistance as required during their 3 quarantine periods in August, September and October 2024.

Plan of Correction ***Accept ([redacted] - 01/06/2025)***

DON will provide regular in-service training monthly for the nursing team on best practices for resident care in terms of ADL'S beginning in January on a continual basis.

DON/Lead med-tech will conduct a thorough review on all resident assessments to update and identify both their physical and cognitive needs by January 31st and to continue on a quarterly basis.

DON and/or Lead med-tech will check assignment sheets after every shift for documentation for residents on toileting schedules beginning December 30th, 2024.

ASD will do weekly check ins with the resident to ensure her needs are being met beginning January 3rd for the next 60 days.

Licensee's Proposed Overall Completion Date: *01/03/2025*

42b - Abuse

2. 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.

Description of Violation

Per documentation from [redacted] Hospital on [redacted] the home was refusing to accept resident 1 back into the community. The home requested clarity of when isolation would be over as resident 1 was in a semi-private room with a roommate. The home stated that they would consider allowing the resident to come back if the family is willing to pay for a private room. This information was explained to the family and they agreed. On [redacted], the home

42b - Abuse (continued)

explained to the hospital they cannot take the resident back do to not having a private room. The home stated the resident would need to stay at the hospital or go to Skilled Nursing (SNF) until isolation was over. The hospital explained that [redacted] is not a criteria for SNF. The hospital explained to the home that they need to go through formal eviction process if they are going to deny resident 1 to return. Per administrator the home does not charge residents to stay in a private room when in isolation however resident 1's family was charged.

On [redacted], resident 1 returned from the hospital with a diagnosis of [redacted] and was place in a private room for isolation. Resident 1 states that during this time of isolation staff did not come to clean their room regularly. Resident 1 also describes that at times their room had feces in the bathroom area on the toilet and walls because staff did not clean the room. Resident 1 also stated that the trash cans in their room did not have lids and would overflow at times with the used gowns, gloves, and briefs that they changed from the resident. They did not change the residents undergarments regularly for [redacted] urinary incontinence and bowel incontinence concerns to prevent skin irritations. Resident 1 describes having had skin irritations and a sore developed from not being changed regularly. Resident 1 also states that the staff would serve their meals cold and refuse to warm the food. Resident 1 also described that when they were done eating the staff would not clean-up for them after the meal and trays would build up in the room. Resident 1 states that when they would tell staff they would just take it and put it on top of an overflowing box of biohazardous materials to include the gowns, gloves, and briefs from the resident. Resident 1 also reports that staff who came to administer medications to include a glucometer checks and insulin injections would not sanitize or use alcohol swabs to clean the area before checking the glucose levels and injecting the insulin. Resident 1 also reports that when they came back from the hospital a back brace was ripped off them and they were not allowed to use their wheelchair that was given to them at the hospital to assist the resident.

In September 2024, resident 1 contracted Covid 19 virus and was placed in isolation again. The resident was subjected to same unsanitary treatment and neglect as their [redacted] isolation in August.
On [redacted] resident 1 contracted the Covid 19 virus a second time. Resident 1 reported that during this time from [redacted] when they returned up until 11/2/2024 they also had concerns with being changed from urine and bowel incontinence problems again. They also explained they got more skin irritations from not being changed and cleaned correctly. Resident 1 also stated that staff did not come in and clean their room and that their trash was overflowing again. Resident 1 also described meals were cold and served on paper plates with plastic and foil wrappings. Resident 1 states that when the food is cold the staff refuse to warm it and are forced to eat it cold.

The home did not follow their infection control policy for [redacted] which states clean room surfaces thoroughly on a daily basis while treating a resident with [redacted] and upon resident discharge or transfer. Supplement cleaning as needed with the use of bleach or another EPA-approved, spore-killing disinfectant.

Plan of Correction ***Directed ([redacted] - 01/06/2025)***

DON will provide regular in-service training monthly for the nursing team on best practices for resident care in terms of ADL'S beginning in January on a continual basis.

DON has placed the resident on a toileting schedule, assignment sheets to be checked daily beginning January by DON or designee to ensure her toileting schedule is adhered to.

42b - Abuse (continued)

ASD will do weekly check ins beginning January 3rd for the next 60 days.

Directed

In addition to the above plan of correction: By 1/17/25: The administrator will ensure training is provided for all staff including direct care, ancillary, and management on resident care, resident rights, abuse and neglect. Direct care staff will be trained on following the residents support plan. Documentation will be kept. The administrator or designee will interview three residents a week for 3 months and monthly thereafter to ensure resident care stays in compliance. Documentation of interviews will be kept. [redacted]

Directed Completion Date: *01/17/2025*

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.

Description of Violation

On [redacted] *at approximately 7:55 am, staff person A was in the parking lot and observed resident 2 outside the home sitting on the porch. Staff person A went into the building to notify staff person B that resident 2 was outside. Both staff person's A and B went back outside to get the resident however the resident was no longer on the porch. A building search took place and resident was not located so police were called. The police department located the resident and brought the resident back to the community at 8:40 am.*

On [redacted] *at approximately 8:55 pm, resident 2 was observed in the parking lot of the facility by staff. The resident was last seen at 8:45 pm watching TV in their room. Staff heard the code being entered to exit the secure unit and thought it was just staff. Staff did not realize it was a resident until the pager went off stating "bracelet alarm front door". Staff immediately walked the resident back into the home.*

Resident 2 was able to elope the secure unit multiple times by entering the code to exit the secure unit. The code at that time was 1234 written out in red letters in between other numbers. Resident was able to use this code on at least 3 occasions to leave the secure dementia unit. The code remained the same since the secure dementia unit opened. The home did not change the coded until after resident 2 was able to elope on three other occasions.

Plan of Correction ***Accept ([redacted] - 12/30/2024)***

A elopement training will be done with the nursing team by January 31,2024 by the DON/Maintenance Director.

Elopement drill was held in October verification attached.

42b - Abuse (continued)

Executive Director spoke to [redacted] (POA [redacted] on 10/28/2024 and discussed the preventative measures that were put in place for safety measures.

Memory care codes have been changed and posted in a more discreet area.

Memory Care Director [redacted] will implement hourly checks to ensure safety of the residents starting December 20, 2024, for the next 90 days.

Proposed Overall Completion Date: 01/31/2025

Licensee's Proposed Overall Completion Date: *01/31/2025*

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

During the week of 10/28/2024 through 11/2/2024 resident 1 reports that housekeeping did not come in to clean their room. Staff also did not come and clean when the resident was under quarantine in August and September 2024.

During quarantine periods for resident 1, the food trays and other items were not removed timely resulting in the trash to overflow.

Plan of Correction ***Accept ([redacted] - 01/06/2025)***

DOM to educate team on cleaning schedules, assigned responsibilities, and routine inspections for quarantine rooms. In addition to review infection control policy by January 15, 2025.

DOM will review cleaning schedules and tasks daily to make certain rooms assigned were cleaned and documented until further notice. Including check ins with residents under quarantine to guarantee all housekeeping and infection control procedures are being followed.

DON [redacted] and Maintenance Director (DOM) starting December to discuss all residents relocated due to quarantine, so housekeeping is notified of any room changes.

Executive Director or designee will do random audits monthly beginning in January and to continue for the next 90 days to ensure room cleanliness.

Licensee's Proposed Overall Completion Date: *01/31/2025*

102i - Soap Dispenser

5. Requirements

102i - Soap Dispenser *(continued)*

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There is no soap dispenser in shared bathroom located in room 321.

Plan of Correction ***Directed (- 01/06/2025)***

Maintenance Director installed the soap dispenser in room 321 on November 28, 2025.

Room audits to be conducted on all resident rooms by January 15th, to ensure all soap dispensers are installed, this will be included in the monthly room audits beginning January.

Directed

In addition to the above plan of correction: By 1/17/25: All staff persons will be educated on the need to maintain soap at each bathroom sink, including the health risk involved in not providing soap for proper hand washing and the use of shared soap. Documentation of education shall be kept in the staff record.
The administrator or designee will monitor the home weekly to ensure a dispenser of soap is available at each bathroom sink. Documentation of the checks shall be kept.

Directed Completion Date: *01/17/2025*

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed glucose checks 4 times a day due to sliding scale. However, resident 1's Glucose checks were not completed at 9:00 pm on 8/10/2024 through 8/28/2024.

On 8/14/2024, at 5:00 pm, resident 1's glucose reading was 278. Resident 1 should be administered 8 units of Insulin as per sliding scale. However, resident 1 was not administered the insulin units.

On 8/15/2024 at 1:00 pm, resident 1's glucose reading was 258. Resident 1 should be administered 8 units of Insulin as per sliding scale. However, resident 1 was not administered the insulin units.

On 8/18/2024 at 1:00 pm, resident 1's glucose reading was 240. Resident 1 should be administered 6 units of Insulin as per sliding scale. However, resident 1 was not administered the insulin units.

Repeat Violation: 12/21/23, et al

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction ***Accept (- 12/31/2024)***

DON will perform a MAR audit for the months of August through December by January 3, 2025.

Education on sliding scale and parameters to be facilitated with all med-techs by January 3, 2024, by [redacted] (DON).

DON will check the MAR after every medication pass starting December 30th for weeks of January 6, & 13th. Afterwards a weekly MAR check will be conducted beginning the weeks of January 20th & 27th. A monthly MAR check will be conducted by DON, LPN supervisor and/or lead med-tech on a continual basis.

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: *01/03/2025*

Implemented (- 03/26/2025)

201 - Positive Interventions

7. Requirements

2600.
201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident 2 has eloped from the secured unit on 3 occasions. The home has not implemented any positive interventions to modify or eliminate the behavior. On 10/28/2024, the passcode to exit the memory care unit remained the same passcode of 1234 which is the default code from when the unit opened. Resident 2 was able to enter the code and leave on 3 occasions.

Plan of Correction ***Accept (- 01/06/2025)***

An elopement prevention training to include staff education on identifying elopement factors, proper response techniques to attempted elopements and de-escalation techniques to help re-direct the resident to be done with the nursing team by January 31,2025 by the DON/Memory care director.

Memory care codes have been changed in October and posted in a more discreet area.

Memory Care Director [redacted] will implement hourly checks to ensure safety of the residents starting January 2, for the next 90 days.

201 - Positive Interventions *(continued)*

Licensee's Proposed Overall Completion Date: *01/02/2025*

252 - Record Content

8. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident 2's record does not include a copy of the reportable for the elopement on 10/26/2024.

Plan of Correction ***Accept (- 12/31/2024)***

(memory care director) will conduct a chart review for all residents by December 30th.

Chart reviews will be done quarterly by the memory care director and documented beginning in December until further notice.

Proposed Overall Completion Date: 12/30/2024

Licensee's Proposed Overall Completion Date: *12/30/2024*

Implemented (- 03/26/2025)