

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

March 28, 2025

[REDACTED]  
GLENCREST MANOR INC  
[REDACTED]  
[REDACTED]

RE: GLENCREST MANOR  
115 GLENCREST ROAD  
COATESVILLE, PA, 19320  
LICENSE/COC#: 19780

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/23/2024 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: GLENCREST MANOR License #: 19780 License Expiration: 06/17/2025  
 Address: 115 GLENCREST ROAD, COATESVILLE, PA 19320  
 County: CHESTER Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: GLENCREST MANOR INC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: R 4 Date: 10/18/1996 Issued By: Township of Valley

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 26 Waking Staff: 20

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 12/23/2024

**Inspection Dates and Department Representative**

12/23/2024 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 13 Residents Served: 13  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 10  
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 13 Have Physical Disability: 0

**Inspections / Reviews**

12/23/2024 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 01/25/2025

Inspections / Reviews *(continued)*

01/28/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/15/2025  
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 02/02/2025

02/21/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/15/2025  
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 03/04/2025

03/28/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/15/2025  
Reviewer: [REDACTED] Follow Up Type: Not Required

16c - Written Incident Report

1. 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], resident [redacted] was absent from the home from [redacted] through [redacted]. Resident [redacted] did not inform the staff in the home of [redacted] departure, and the home was unaware of the resident's whereabouts. the resident was with medication for three days. The home did not report this incident to the department.

Plan of Correction

Directed [redacted] - 02/21/2025)

Following the inspection, starting on 12/23/24, the home started providing incident reports for med refusals for Resident [redacted]. The reports were sent to DHS via fax. The home will continue to do incident reports when or if Resident [redacted] refuses meds or insulin. Administrative assistant copied the current incident report form off DHS website, made a binder to keep all current incident reports in that were filed. Administrator and admin assistant went over the process with all staff on 12/26/24, on the proper way to write an incident report and what warrants a report to be done. Administrator will continue to follow up with staff to ensure they are being done when needed. The administrator trained the staff on how and when to complete an incident report along with a list of reportable incidents that is now posted in the office. Staff will report all incidents to the administrator then will fill out an incident report, administrator will review and send to DHS

Proposed Overall Completion Date: 02/13/2025

Directed Plan of Correction:

Immediately, the administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

Directed Completion Date: 02/24/2025

Implemented [redacted] - 03/28/2025)

101r - Bedroom - shades/drapes/window covering

2. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in bedroom of resident [redacted] does not have shades, blinds, or shutters.

Plan of Correction

Directed [redacted] - 02/21/2025)

The curtains were taken down 2 months prior due to the home having bed bugs and the recommendation from the exterminator company. The home did the proper treatment over several weeks and the home was fully cleared on 12//24. Mini blinds have been purchased, they are an odd size window, so the treatments took longer to come than usual, they were delivered to the home on 1/20/25. All rooms have been checked by Glencrest an The blinds will be installed by 2/3/25. All the rooms have been checked by staff and the inspector. Once a week the housekeeper will

101r - Bedroom - shades/drapes/window covering (continued)

check all rooms for specific items that are required and log in the checklist provided.

Proposed Overall Completion Date: 02/14/2025

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator will check at least monthly to ensure that there are drapes, shags, blinds or shutters on bedroom windows.

Directed Completion Date: 02/24/2025

Implemented ( [redacted] - 03/28/2025)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

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

The resident's medical evaluation did not include the medical diagnosis for resident [redacted] which includes :

- [redacted]
- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Accept ( [redacted] - 01/28/2025)

The information was not put on the Medical Eval by the provider. Moving forward following every DME or medical evaluation appointment the admin assistant will check the Med Eval against the appt summary and past history to make sure all diagnoses are correct and currently listed and if they are not listed the PCP will be notified to correct the info. The administrator will continue to do chart checks monthly to double check for any errors

Licensee's Proposed Overall Completion Date: 01/27/2025

Implemented ( [redacted] - 03/28/2025)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [redacted] is prescribed [redacted] tablet once daily and [redacted] tablet twice daily. The medication administration record does not indicate the diagnosis or purpose for these medications.

Resident [redacted] is prescribed the following medications:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

The medication administration record does not indicate the diagnosis or purpose for these medications.

Plan of Correction

Accept ( [redacted] - 02/21/2025)

On [redacted] Diagnosis codes and the condition the resident is taking the medication for were added to all the residents MAR's that were missing. The med trainer contacted the pharmacy that the home uses and asked that the diagnosis codes and the reason for medication be added to all medications on the MAR. The med trainer will re-check the MAR's at the beginning of each month when the meds come in. All med trained staff have also been told to check for codes while doing their initials in the med book. The staff was trained on 12/27/24 on what to look for on the MAR and a sample was shown to all staff.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 03/28/2025)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] subcutaneously with breakfast and [redacted] with dinner. The resident refused this medication at each of these meals from [redacted] through [redacted]. However, the home documented this medication as administered on these dates for both breakfast and dinner administrations.

Resident [redacted] is prescribed [redacted] Rinse twice daily at 6:00 am and 8:00pm daily. However, the medication has not been administered to the resident since 12-6-24, due to medication not being ordered. The staff in the home have initialed the Medication Administration Record as administered from 12-6-24 to 12-23-24. Staff person A communicated the last actual administration of the [redacted] Rinse was on 12-6-24.

Repeat violation: [redacted]

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept [redacted] - 02/21/2025)

Each med trained staff was re-trained and spoke too separately between 12/23/24-12/24/24 on the importance of paying attention and taking the time when signing the med book, to always check and re-check the medication they are signing for. The med trainer on 12/27/24 went through every medication with the pharmacy to get any order d/c with the doctor's orders taken off the MAR's. The administrator will do weekly MAR checks and a cart audit to make sure all documentation is being done correctly, and all medications are present. This will be checked at the end of each week by the med trainer on Fridays. the home already has a checklist in place for this.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 03/28/2025)

187c - Refusal of Medication

6. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] subcutaneously with breakfast and [redacted] with dinner. The resident refused this medication at each administration from [redacted] through [redacted]. The home did not notify the prescriber of these refusals.

Plan of Correction

Directed [redacted] - 02/21/2025)

The prescriber has been aware the whole time that the resident was not taking [redacted] insulin or glucose checks. The home will continue to follow the steps when a medication is refused, If the resident refuses the medication or treatment the staff contacts the Administrator or the Admin assistant, the PCP is contacted through a phone call and the family is contacted. The staff writes in the communication book and the resident's chart. Staff has trainings throughout the year regarding med refusals and the steps to take and the appropriate way to chart. The family doctor informed the admin assistant that [redacted] does not want to be contacted everyday regarding [redacted] refusal at [redacted] last appt.

Proposed Overall Completion Date: 02/14/2025

Directed plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator or designated staff person will conduct a weekly audit of the MAR to ensure all resident medication refusals are documented accurately and the required reporting procedures are followed.

Directed Completion Date: 02/24/2025

Implemented [redacted] - 03/28/2025)

187d - Follow Prescriber's Orders

7. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted]. However, this medication was not administered to resident [redacted] since [redacted] because the medication was not available in the home.

Plan of Correction

Accept [redacted] - 02/21/2025)

The medication was not available because resident [redacted] had been having dental work done for several months, [redacted] only used it after a tooth removal for a couple weeks, [redacted] was finished with it on 12/6/24. The staff should have not initialed for the dates past 12/6/24. The med trainer should have taken the rinse off of the MAR. The med trainer will do checks monthly on the 1st and the 15th to check for expired or d/c orders or errors, along with every Friday when the med cart and MAR is audited. The administrator will also check at the end of every week. Staff was retrained on not to sign for orders that they are not giving on 12/24/24 to pay attention. The order did not need to be discontinued because it stated it was only to be given during the periods of [redacted] having dental work. The staff should not have initialed for the mouthwash because the resident was not using it during the days that were initialed.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] 03/28/2025)

221b Activity Types

8. Requirements

2600.  
221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

The home's December 2024 activity calendar has activities involving watching television (Football games on Sundays, watching movies various days) and playing cards, puzzles, and bingo. There are no activities that promote physical movement or outdoor/community activities.

On [redacted], the only scheduled activity was a game of cards, with no set time. No activity was conducted while the department was present.

Plan of Correction

Directed [redacted] 02/21/2025)

Designated staff on first shift and second shift will be responsible for the Activities. First shift will have an activity at 11:00am and second shift staff person will do an activity at 6pm. The admin assistant will revise the activities schedule to cater to the resident's needs by 3/1/25 to ensure they meet physical, social and cognitive abilities for everyone. New activities will include playing games on the Wii console, like bowling and tennis. Bingo is always a favorite with the residents and boards games. When the weather gets better, activities outside will be includes cornhole and walking. Staff will gather feedback from the residents in which activities they would enjoy. Administrator will organize training sessions for all staff on the importance of resident centered activities by March 5,2025. Administrator will hold monthly staff meetings to discuss feedback collected from residents and make any necessary adjustments to the activity calendar if needed.

Proposed Overall Completion Date: 03/01/2025

221b - Activity Types (continued)

*Directed Plan of Correction:*

*Within 10 days of receipt of the accepted plan of correction, the administrator will develop a program of activities with input from residents designed to promote each resident's active involvement with other residents, the resident's family and the community. Activities will be planned taking into consideration the residents likes, dislikes, and interests. At least two planned activities will be offered each day.*

**Directed Completion Date:** 03/03/2025

**Implemented** [redacted] - 03/28/2025)

223a - Description of Service

**9. Requirements**

2600.

- 223.a. The home shall have a current written description of services and activities that the home provides including the following:
  - 2. The criteria for admission and discharge.

**Description of Violation**

*The home's current written description of services and activities at the home does not include specific admission and discharge criteria.*

**Plan of Correction**

**Accept** [redacted] - 02/21/2025)

*The home has an admission description but does not have a specific detailed discharge policy, Administrator and admin assistant have begun rewriting admission and discharge policies and will be finished by 2/17/25. The Administrator and the Admin assistant will go through all the charts and forms twice a year and check with DHS to ensure there are no new updates.*

**Licensee's Proposed Overall Completion Date:** 02/17/2025

**Implemented** [redacted] - 03/28/2025)