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

May 20, 2025

[redacted] ADMINISTRATOR
GLENMAURA SENIOR LIVING AT MONTAGE LLC
11 GLENMAURA NATIONAL BLVD
MOOSIC, PA, 18507

RE: GLENMAURA SENIOR LIVING
11 GLENMAURA NATIONAL BLVD
MOOSIC, PA, 18507
LICENSE/COC#: 22845

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2025, 03/06/2025 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: *GLENMAURA SENIOR LIVING* **License #**: *22845* **License Expiration**: *12/06/2025*

Address: *11 GLENMAURA NATIONAL BLVD, MOOSIC, PA 18507*

County: *LACKAWANNA* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *GLENMAURA SENIOR LIVING AT MONTAGE LLC*

Address: *11 GLENMAURA NATIONAL BLVD, MOOSIC, PA, 18507*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *10/01/2019* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *110* **Waking Staff**: *83*

Inspection Information

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

Reason: *Renewal, Complaint* **Exit Conference Date**: *03/06/2025*

Inspection Dates and Department Representative

03/04/2025 - On-Site: [redacted]

03/06/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *85*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *1t floor* **Capacity**: *24* **Residents Served**: *21*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *85*

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

Have Mobility Need: *25* **Have Physical Disability**: *0*

Inspections / Reviews

03/04/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/06/2025*

04/18/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/13/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/25/2025*

Inspections / Reviews *(continued)*

05/06/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/13/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *05/13/2025*

05/20/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *05/13/2025*

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

The home 's fire alarm unexpectedly was activated on 2-23-24 at 6:00 a.m. and members of the local fire department responded to the home to investigate the cause for the alarm. The home did not report the incident to the Department. (Day 2 - 3/6/25)

Plan of Correction ***Accept (- 05/06/2025)***

Daily shift reports are completed prior to start of each shift. All incoming and outgoing DCS and Shift Charge/Supervisors participate in shift reports. During shift report DCS will report all incidents to the Shift Charge/Supervisor. Shift Charge /Supervisor will verbally notify Administrator, Director of Wellness or Business Manager of any incidents that have occurred. If an incident requires reporting to the Department of Human Resources under Regulation 2600.16. Administrator, Director of Wellness or Business Manager will report incident to Department of Human Services within 24 hours and if required any incidents that require reporting of any abuse covered by law. See copies of attached House Assignments. House assignments are placed in the Wellness Office and Employee Breakroom prior to start of each shift so all DCS staff know what assignment they are going to work in and who is their Charge/Supervisor on duty for their shift. Staff trained on Regulation 2600.16c, Reportable Incidents. Shift Charge/Supervisors are aware that Administrator, Director of Wellness and Business Manager are available 24/7, to contact to report any incidents (weekends & holidays included), and personal contact information is openly posted and available for all employees to access in the Wellness Office on communication bulletin board for The Administrator, Director of Wellness and Business Manager. Copy of Contact Information and staff record of training is attached.

Licensee's Proposed Overall Completion Date: *12/31/2025*

Implemented (- 05/20/2025)

51 - Criminal Background Check

2. 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

Staff person A's first day of work was on The staff person's Pennsylvania State Police Criminal Background Check was not requested until (Day 1 - 3/4/25)

51 - Criminal Background Check *(continued)*

Plan of Correction ***Accept (- 05/06/2025)***

[redacted] *Administrator, is responsible for interviewing and hiring all new staff and will conduct and initiate all background checks prior to or on the first day of new staff hire as of 3/5/2025 in accordance with the Older Adult Protective Services Act and Pa Code Chapter 15. See attached Criminal Record Checks completed for new hires which were completed before first scheduled day of work and in compliance.* [redacted] *Business Manager will conduct employee chart audits beginning on 4/28/25 of all employees to ensure all required Criminal History Checks are compliant. Employee chart audits will be completed by 5/12/25.*

Licensee's Proposed Overall Completion Date: *05/12/2025*

Implemented (- 05/20/2025)

54a - Direct Care Staff

3. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

As per interviews with staff of the home, Staff person A has provided direct care services to the residents of the home. Staff person A does not have a GED, high school diploma, or active registry status on the PA nurses aid registry. (Day 1- 3/4/25)

Plan of Correction ***Accept (- 05/06/2025)***

Staff Person A, [redacted] *has been assigned to an ancillary position. Duties are: Taking out trash, restocking towels, providing hydration, assisting with activities, housekeeping and laundry. Staff A will not provide hands on assistance to residents and has agreed to new job description. Staff A is continuing with GED classes and tutor. Expected date of completion is 10/31/2025. See attached job description. Going forward all new hire Direct Care Staff will have a High School Diploma, GED or active registry status on the Pennsylvania nurse aide registry.* [redacted] *Executive Director, is responsible for ensuring that Direct Care Staff meet Direct Care Staff qualifications. See attached job description and agreement letter.* [redacted] *Administrator will meet with Staff Person A,* [redacted] *on 5/30/25, 7/30/25 and 9/30/25 to ensure progress with GED is ongoing and on schedule to be completed by 10/31/2025.* [redacted] *Business Manager will conduct employee chart audits weekly to ensure ongoing compliance.*

Licensee's Proposed Overall Completion Date: *10/31/2025*

Implemented (- 05/20/2025)

82c - Locking Poisonous Materials

4. 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

At approximately 9:20 am an unattended housekeeping cart with poisonous materials was unlocked and accessible to memory care residents. Items found: a can of Lysol spay with warning contains denatured ethanol; ingestion may

82c - Locking Poisonous Materials (continued)

result in ethanol poisoning. Symptoms may be delayed. Treat patient symptomatically. If you feel unwell, seek medical advice (show the label where possible) and a bottle of hand sanitizer warning labeled for external use only. (Day 1 - 3/4/25)

Plan of Correction ***Accept (- 04/18/2025)***

Lysol Spray and Hand Sanitizer were immediately removed from unattended cart and placed in locked poisonous materials storage. Executive Director, [redacted] educated Housekeeping Manager, [redacted] and staff on Regulation 82c, Poisonous Materials on 3/28 through 4/4/25 . See Attached record of training. Housekeeping staff will lock up all poisonous materials prior to end of scheduled shift. Housekeeping Manager will conduct weekly audits to ensure compliance with Regulation 82c. Director of Wellness will audit Housekeeping Managers weekly audits on a monthly basis. Audits will begin on 4/7/25.

Licensee's Proposed Overall Completion Date: *04/28/2025*

Implemented (- 05/20/2025)

85d - Trash Receptacles

5. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 9:25 a.m. the home's dumpster lid was observed to be open and bag of trash was seen protruding out of the opening leaving the dumpster unable to be closed and susceptible to infestation. (Day 1 - 3/4/25)

Plan of Correction ***Accept (- 05/06/2025)***

The dumpster was immediately closed by staff during inspection. Facility dumpster is emptied daily. Staff was educated on Regulation 85d during week of 3/31/25 through 4/4/25. 2nd shift Wellness Supervisor and 3rd shift Wellness Supervisor will inspect dumpster door/lock prior to end of shift to ensure dumpster is closed and locked. 2nd and 3rd Shift Supervisors will document on Dumpster Log that dumpster was physically checked and secure. Going forward the Dumpster Log will be completed daily at the end of 2nd and 3rd shift to ensure Sanitation Regulation is followed. [redacted] Administrator will monitor Dumpster Sanitation Log weekly for compliance. See attached Dumpster Sanitation Log and training. Revised Dumpster Sanitation Log includes instructions on how to correctly close and lock dumpster and was put into practice on 4/22/25.

Licensee's Proposed Overall Completion Date: *12/31/2025*

Implemented (- 05/20/2025)

91 - Telephone Numbers

6. Requirements

2600.

91 - Telephone Numbers *(continued)*

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At approximately 9:45 a.m. the landline telephone located outside room 306 did not have emergency number posted on or near the phone. (Day 1 - 3/4/25)

Plan of Correction ***Accept (- 05/06/2025)***

The phone was immediately removed by staff. A new list of Emergency Telephone Numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline was posted by phone on 3/5/2025. Phone was also placed back at the same time. The Administrator, or Designated Staff Director of Wellness, Business Manager, or Shift Supervisors , Maintenance will audit Emergency Telephone Numbers during daily building walkthrough. Any missing or damaged Emergency telephone numbers will be replaced immediately. Daily walkthrough is ongoing. Administrator will audit Daily Walkthrough log weekly for compliance. See attached Daily Walkthrough Log.

Licensee's Proposed Overall Completion Date: *12/31/2025*

Implemented (- 05/20/2025)

144c1 - Smoking Area Guidelines

7. 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

At approximately 9:30 a.m. a cigarette butt was observed in a crack in the sidewalk on the secured dementia unit patio. The cigarette butt was located approximately 15 feet from the home's smoking urn. (Day 2 - 3/6/25)

Plan of Correction ***Accept (- 05/06/2025)***

The cigarette butt was immediately picked up by staff and placed in smoking urn receptacle. Appropriate signage and butt receptacle is displayed at designated smoking area in the back parking lot. A contractor was completing a repair and did not comply with smoking in designated smoking area. Foreman was contacted by phone and educated on 3/5/25 with regards to Regulation 144c. Additional signage was placed on front door and door leading to smoking area. See attached. Pete Conserette, Maintenance or a designated Housekeeping staff member will monitor property for cigarette butts daily and clean up any cigarette butts and dispose of in proper butt receptacle. Any persons not compliant with designated smoking policy will be asked to leave the property. , Housekeeping Manager will inspect property daily for ongoing compliance.

Licensee's Proposed Overall Completion Date: *12/31/2025*

Implemented (- 05/20/2025)

187a - Medication Record

8. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1's Medication Administration Record (MAR) reads: Fish Oil 1000mg soft gel take one capsule by mouth once daily for supplement. The prepackaged label reads packet dosage is 1200 mg. The MAR is incorrect. (Day 1 - 3/4/25)

Plan of Correction ***Accept (- 05/06/2025)***

Pharmacy was immediately contacted on 3/4/25 regarding Fish Oil Supplement that was found during Department Agency Inspection. The packet did contain the right dosage of 1,000mg Fish Oil Supplement. See copy of attached order. The packet that contained the 1,000mg Fish Oil Supplement was mislabeled as a 1,200mg Capsule by Pharmacy. The Pharmacy sent up new packets for resident#1 that indicated the correct dosage of 1,000mg on evening of 3/4/25. See attached example of corrected packet. Executive Director, educated qualified Med-Tech staff on Regulation 187a. week of 3/28/25 through 4/4/2025. Qualified designated Med Tech staff or will complete a weekly medication audit upon receipt of weekly medication packets and compare medications to residents active EMAR to ensure accuracy of medication packets. Any discrepancies will be reported to Pharmacy immediately. Director of Wellness, will complete monthly audits to ensure accuracy of weekly audits for ongoing compliance. The auditing of medication packets is weekly and ongoing. See attached training and audits.

Licensee's Proposed Overall Completion Date: *12/31/2025*

Implemented (- 05/20/2025)

254c - Records Storing

9. Requirements

2600.
254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

At approximately 9:40 a.m., an unlocked hallway storage closet #1 that is located on the 3rd floor was observed containing approximately 2 boxes of discharged resident records and approximately 3 boxes labeled Covid records. (Day 1 - 3/4/25)

Plan of Correction ***Accept (- 05/06/2025)***

Storage closet #1 was immediately locked upon discovery during Licensing Representative inspection. The Executive Director, educated staff on Regulation 254c, Records Storing the week of 3/28/25 through 4/4/25. The Executive Director or designated staff which includes Business Manager, Dietary Manager, Director of Wellness or designated weekend Charge/Shift Supervisors , , Maintenance, will physically check storage closet #1 when completing daily building walkthrough. See attached designated staff training record. A daily walkthrough completion record was created by Executive Director, to ensure safe, secure storage of records and will audit daily walkthroughs weekly to monitor ongoing compliance. Security of records is ongoing and will continue daily during walkthrough.

Licensee's Proposed Overall Completion Date: *12/31/2025*

254c - Records Storing *(continued)*

Implemented ([redacted] - 05/20/2025)