

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

April 3, 2025

[REDACTED]
SNH PENN TENANT LLC

[REDACTED]
C/O INTEGRACARE CORP
[REDACTED]

RE: GLEN MILLS SENIOR LIVING
242 BALTIMORE PIKE
GLEN MILLS, PA, 19342
LICENSE/COC#: 14511

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/05/2025 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: GLEN MILLS SENIOR LIVING License #: 14511 License Expiration: 06/23/2025
 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: 66 Waking Staff: 50

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 03/05/2025

Inspection Dates and Department Representative

03/05/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 43

Secured Dementia Care Unit
 In Home: Yes Area: Life stories Capacity: 22 Residents Served: 9

Hospice
 Current Residents: 8

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 23 Have Physical Disability: 1

Inspections / Reviews

03/05/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/29/2025

03/27/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/03/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/01/2025

Inspections / Reviews *(continued)*

04/01/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/03/2025

04/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 10:13 AM, a laminated picture of a stop sign was hung on the emergency exit by the laundry room.

Plan of Correction

Accept [redacted] - 03/27/2025)

Violation of 2600.121.a

Violation Description

Code Definition: Stairways, hallways, doorways, passageways, and egress routes from rooms and from the building must be unlocked and unobstructed.

Details: On 3/5/2025 at 10:13 AM, a laminated picture of a stop sign was hung on the emergency exit by the laundry room.

Removal of Stop Sign Immediately

Maintenance Director Immediately removed the laminated stop sign from the emergency exit by the laundry room and inspected all other exit routes to ensure there are no similar obstructions or distractions. Completed on 3/5/2025

Staff Training

Educate staff on the proper maintenance of unobstructed egress routes.

Maintenance Director to conduct a brief training session for all facility staff about the importance of keeping all exits clear.

- Explain specific regulations, such as 2600.121.a, to all employees during the training.
- Provide staff with visual aids and examples of what constitutes an obstructed exit.

To be completed by 4/15/2025

Long Term Actions

Regular Egress Inspections

To maintain ongoing compliance, Maintenance Director will conduct monthly inspections of all egress routes to ensure they are unobstructed.

- Document findings during each inspection and address any obstructions immediately.

To be completed monthly for 90 days beginning in March 2025

Licensee's Proposed Overall Completion Date: 03/26/2025

Implemented [redacted] - 04/03/2025)

125a - Combustible Storage

2. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A dirty rag and an open bottle of sealant were stored on top of the home's boiler.

125a - Combustible Storage (continued)

Plan of Correction

Accept [redacted] - 03/27/2025)

Violation of 2600.125.a

Violation Description

Code Definition: Combustible and flammable materials may not be located near heat sources or hot water heaters.

Details: A dirty rag and an open bottle of sealant were stored on top of the home's boiler.

Remove Hazardous Materials Immediately

Maintenance Director Immediately removed dirty rag and an open bottle of sealant from the top of the home's boiler. Completed on 3/5/2025

- Conduct a walkthrough of similar areas in the facility to ensure no other combustible materials are improperly stored near heat sources or hot water heaters.

Staff Training on Material Safety

Maintenance Director to conduct an in-service with Maintenance Assistant and kitchen staff on identifying and safely storing combustible and flammable materials.

To be completed by 4/15/2025

Conduct Regular Safety Inspections

- To maintain ongoing compliance, Maintenance Director will conduct monthly inspections focusing on checking near heat sources and hot water heaters for combustible materials.

- Document findings during each inspection and address any compliance issues immediately.

To be completed monthly for 90 days beginning in March 2025.

Licensee's Proposed Overall Completion Date: 03/26/2025

Implemented [redacted] - 04/03/2025)

125b - Combustible Restrictions

3. Requirements

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On [redacted], a gas propane tank was unlocked, unattended, and accessible to residents on the patio outside of the dining room.

Plan of Correction

Accept [redacted] - 03/27/2025)

Violation of 2600.125.b

Violation Description

Code Definition: Combustible materials shall be inaccessible to residents.

Details: On 3/5/2025, a gas propane tank was unlocked, unattended, and accessible to residents on the patio outside of the dining room.

Remove Combustible Materials Immediately

Maintenance Director Immediately removed gas propane tank, locked and properly stored. Completed on 3/5/2025

- Conduct a walkthrough of similar areas in the facility to ensure no other combustible materials are improperly stored or accessible to residents.

125b Combustible Restrictions (continued)*Staff Training on Material Safety*

Maintenance Director to conduct an in service with Maintenance Assistant and kitchen staff on identifying and safely storing combustible and flammable materials.

To be completed by 4/15/2025

Conduct Regular Safety Inspections

To maintain ongoing compliance, Maintenance Director will conduct monthly inspections focusing on checking areas accessible to residents for combustible materials.

Document findings during each inspection and address any compliance issues immediately.

To be completed monthly for 90 days beginning in March 2025.

Licensee's Proposed Overall Completion Date: 03/26/2025

Implemented (█ - 04/03/2025)

130h - Inoperable Smoke Detector**4. Requirements**

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures indicate that if a faulty smoke detector is found in the community the fire panel will indicate its location and the staff will begin a 15 minute fire watch in the affected area and will document checks.

On █ the fire panel was beeping and indicated that the water flow in the 1st floor mechanical room was disabled. Staff person A, the director of safety and maintenance indicated that the alarm had been disabled in part because the fire pump and the jockey pump connected to the sprinkler system were not functional and would be fixed in 4 to 6 weeks at the soonest. The fire alarm and sprinkler systems have not been functioning in full since █ when a sprinkler pipe burst in the foyer. The home has been conducting hourly fire checks in the building as advised by the local fire marshal but have not been completely 15 minutes checks of the affected boiler room.

During Water Based Fire Protection System Inspection that occurred on █ the following failures were noted:

Dry pipe system Valve:

Residual Pressure with open valve: unable to full flow due to water backing up out of drain cup

Partial trip test of dry pipe valve conducted with control valve partially opened: Fail

Wet System Inspection:

Sprinkler heads free of leakage, corrosion, external loading, damage or loss of fluid in glass bulb element, painted heads, and pointed in proper directions: Fail

Escutcheon and cover plates in place: Fail

List of sprinklers installed on property on head box: Fail

Anti freeze System

Information sign securely attached and legible: Fail

130h - Inoperable Smoke Detector (continued)*Inspector's Test Connection**- Stair Tower 3 Floor 3 Dry ITV: Fail**Alarm Devices**-Waterflow Alarm - Vane type - Boiler Rm Wet System -Functional test: Fail***Plan of Correction****Accept** ██████████ **04/01/2025)***Violation of 2600.130.h**Violation Description**Code Definition: The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.**Details: The home's emergency procedures indicate that if a faulty smoke detector is found in the community, the fire panel will indicate its location and the staff will begin a 15-minute fire watch in the affected area and will document checks. On 3/5/2025 the fire panel was beeping and indicated that the water flow in the 1st floor mechanical room was disabled. Staff person A, the director of safety and maintenance indicated that the alarm had been disabled in part because the fire pump and the jockey pump connected to the sprinkler system were not functional and would be fixed in 4 to 6 weeks at the soonest. The fire alarm and sprinkler systems have not been functioning in full since 1/23/2025 when a sprinkler pipe burst in the foyer.**Repair and Activation of Fire Safety Systems**System immediately alerted Fire Department/Fire Marshall who arrived within 15 minutes on January 23, 2025. The Fire Marshall placed the community on Fire Watch Status. Maintenance Director contracted repairs of fire safety systems**Certified fire safety technicians to assess and repair the fire pump and jockey pump*

- *Technicians repaired the pumps on 3/25/2025*
- *Fire Marshall removed the community from Fire Watch status on 3/25/2025*
- *System is operational*

*Certified technicians are completing the following repairs the week of March 31, 2025C**Dry pipe system Valve**Sprinkler heads free of leakage, corrosion, external loading, damage or loss of fluid in glass bulb element, painted heads, and pointed in proper directions**Escutcheon and cover plates in place**List of sprinklers installed on property on head box**Anti-freeze System - Information sign securely attached and legible**Stair Tower 3 Floor 3 Dry ITV**Waterflow Alarm - Vane type - Boiler Rm Wet System**On going compliance:**Maintenance Director/ designees will Audit the Dry pipe system Valve, Wet system Inspections, anti freeze systems, Inspectors test Connections, Alarm devices to ensure systems are working properly or systems issues are being*

130h - Inoperable Smoke Detector (continued)

scheduled, audit conducted monthly for 60 days. In addition to annual fire system inspections by Cintas

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [redacted] - 04/03/2025)

144c1 - Smoking Area Guidelines

5. 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

The home's designated smoking area for staff is off the back dock in the parking lot near a smoking tower. On [redacted], spent cigarettes littered the pavement and grass in front of the back dock by the boiler room doors. On the back dock there was an open uncovered household trash can that was filled with spent cigarettes, cardboard, cigarette packing, and other trash and had burn marking on the inside. This receptacle is not fireproof and was stored next to two red gasoline containers, trash and rusted paint cans.

Plan of Correction

Accept [redacted] - 03/27/2025)

Violation of 2600.144.c

Violation Description

Code Definition: 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: 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.

Details: The home's designated smoking area for staff is off the back dock in the parking lot near a smoking tower. On 3/5/2025, spent cigarettes littered the pavement and grass in front of the back dock by the boiler room doors. On the back dock, there was an open uncovered household trash can that was filled with spent cigarettes, cardboard, cigarette packing, and other trash and had burn markings on the inside. This receptacle is not fireproof and was stored next to two red gasoline containers, trash, and rusted paint cans.

Clean and Secure Smoking Area

Maintenance Director removed cigarettes, red gasoline containers, trash and rusted paint cans immediately on 3.05.25.

Staff Training on Fire Safety

Maintenance Director conducted a staff meeting to advise the importance of fire safety procedures and smoking policy on 3.5.2025

Maintenance Director conducted SQIRT meeting held on 3.11.2025 discussing the importance of fire safety, prevention of reoccurrence of hazards and discussed flammable materials. SQIRT meeting discussion/education will continue monthly for 60 days.

144c1 Smoking Area Guidelines (continued)

Monitoring and Maintenance

Steps: Dining Experience Director will audit loading dock and designated smoking area weekly for 30 days to ensure team members are smoking in designated areas.

Licensee's Proposed Overall Completion Date: 03/26/2025

Implemented [REDACTED] - 04/03/2025)

227g -Support Plan Signatures

6. 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, and there is no indication the resident was given the opportunity to sign.

Repeat violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] 04/01/2025)

Violation of 2600.227.g

Violation Description

Code Definition: Individuals who participate in the development of the support plan shall sign and date the support plan.

Details: Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan, and there is no indication the resident was given the opportunity to sign.

Review and Correct Documentation

Immediate actions: Resident [REDACTED] has signed (made mark) of their signature on the support plan.

Resident Wellness Director/Designee will conduct a chart review by March 28, 2025 to review signatures of support plan, RASP and assessments

Continued compliance

Resident Wellness Director/Designee will chart audit Monthly beginning in March for the next 60 days.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] - 04/03/2025)