

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

June 5, 2025

[REDACTED], GENERAL MANAGER
MG MEDIA SUBTENANT LLC
[REDACTED]
[REDACTED]

RE: TRUEWOOD BY MERRILL, GLEN
RIDDLE
263 GLEN RIDDLE ROAD
MEDIA, PA, 19063
LICENSE/COC#: 14582

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/02/2025, 04/03/2025 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: TRUEWOOD BY MERRILL, GLEN RIDDLE License #: 14582 License Expiration: 02/08/2026
Address: 263 GLEN RIDDLE ROAD, MEDIA, PA 19063
County: DELAWARE Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: MG MEDIA SUBTENANT LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/01/1996 Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 117 Waking Staff: 88

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 04/03/2025

Inspection Dates and Department Representative

04/02/2025 - On-Site: [Redacted]
04/03/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 153 Residents Served: 87
Secured Dementia Care Unit
In Home: Yes Area: Garden House Capacity: 41 Residents Served: 23
Hospice
Current Residents: 6
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 95
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 30 Have Physical Disability: 1

Inspections / Reviews

04/02/2025 - Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/03/2025

05/05/2025 - POC Submission
Submitted By: [Redacted] Date Submitted: 06/02/2025
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/10/2025

Inspections / Reviews *(continued)*

05/05/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/02/2025

06/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

On 4/2/2025 at approximately 9:20 am, there were uncovered garbage cans full of garbage in an unlocked room labeled the "trash room" on the first floor.

Plan of Correction

Accept (█ - 05/05/2025)

The door to the trash room was immediately locked and lids to the uncovered trash cans were immediately placed on the trash cans.

Signage was placed on the door "Please ensure that lids are on the trashcans and doors are locked at all times".

Trash is removed from the trash room twice daily by housekeeping and/or maintenance.

The Maintenance Director/designee shall conduct weekly rounds to ensure the door is locked and lids are on all trash cans for 3 months. 5-1-25 through 8-1-25

The General Manager will conduct random audits weekly to ensure compliance. 5-1-25 through 8-1-25

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

Implemented (█ - 06/05/2025)

88a - Surfaces

2. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 4/2/2025 at 9:15 am, the door to the attic in the stairwell next to the activities room was open, with bags of insulation materials placed precariously near the opening.

Plan of Correction

Accept (█ - 05/05/2025)

The door to the attic in the stairwell was immediately closed during the rounds with the State Surveyor.

The Maintenance Director/Designee shall conduct weekly rounds of the community to ensure that all areas are free of hazards x 3 months. 5-1-25 through 8-1-25.

The General Manager will conduct monthly rounds to ensure that all areas are in good repair and free of hazards x 3 months 5-1-25 through 8-1-25

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented (█ - 06/05/2025)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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

Resident #1's medical evaluation, dated [REDACTED], did not indicate the resident's ability to self-administer medications.

Plan of Correction

Accept ([REDACTED] - 05/05/2025)

*The RCD spoke to CRNP to make the necessary changes to the DME for Resident #1 dated 4-2-25.
 In-service completed by the Regional Director of Health Services on 5-1-25 with Garden House Director, Resident Care Director on ensuring DME’s completed accurately.
 An audit of all current residents DME’s will be conducted by Regional Director of Health Service by 5-31-25.
 Weekly audits will be conducted on initial, annual and change in condition DME’s by GHD/RCD/Designee x 3 months starting 5-1-25 through 8-1-25
 General Manager will review weekly audits
 The Regional Director of Health Services will conduct 2 random audits/month 5-1-25 through 8-1-25 to ensure compliance.*

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented ([REDACTED] - 06/05/2025)

181e - Capable to Self Administer

4. Requirements

2600.
 181.e. To be considered capable to self-administer medications, a resident shall:

Description of Violation

Resident #1 self-administers medications. On 4/3/2025, the resident was unable to identify which pills were which or the purpose/diagnosis for each. Resident #1 was only aware of which pills to take in the morning and at night.

Plan of Correction

Accept ([REDACTED] - 05/05/2025)

*The RCD contacted the POA for resident #1 to review findings during the Survey. The community is now responsible for assisting Resident #1 with medication administration. Care Plan updated.
 A re-evaluation of all residents who are deemed capable to self-administer will be completed by RCD/Designee by 5-7-25 to ensure residents are able to state what medication they are taking, the right dosage, time, reason and ensure that all medications the residents are taking are listed on the medication list the community has on file. Any discrepancies will be reviewed with PCP.*

181e - Capable to Self Administer (continued)

Self-Med Evaluations will be completed by the RCD/Designee on an annual basis or when there is a concern or change in condition that warrants a re-evaluation.

The Regional Director of Health Services will review self-med evaluations annually to ensure compliance. Ongoing

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented (█ - 06/05/2025)

181f - Record of Medication**5. Requirements**

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 4/3/2025, resident #1's record did not include a current list of medications. The list in the resident's record was missing current prescriptions for 50-mcg vitamin D capsules, 20-mg Furosemide tablets, 500-mg Acetaminophen, and a PRN prescription for MiraLAX.

Plan of Correction

Accept (█ - 05/05/2025)

The RCD removed the medications not on the current medication list from Resident #1's room and contacted the PCP to review all medications. Updated medication list received.

A re-evaluation of all residents who are deemed capable to self-administer will be completed by RCD/Designee by 5-7-25 to ensure residents are able to state what medication they are taking, the right dosage, time, reason and ensure that all medications the residents are taking are listed on the medication list the community has on file. Any discrepancies identified will be addressed with PCP and rectified.

Self-Med Evaluations will be completed by the RCD/Designee on an annual basis or when there is a concern or change in condition that warrants a re-evaluation.

The Regional Director of Health Services will review self-med evaluations annually to ensure compliance. Ongoing

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented (█ - 06/05/2025)

185a - Implement Storage Procedures**6. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 3/30/25, a reading of 77 was taken at 7:11 am according to resident #2's glucometer, but logged at 9:35 am on the resident's MAR.

On 4/1/2025 at 7:20 pm, resident #2 registered a blood-sugar reading of 559. This reading was not logged in the resident's medication administration record.

On 4/2/25, resident #2's blood sugar was 263 at 4:49 pm according to the resident's glucometer, but this reading was

185a - Implement Storage Procedures (continued)

logged at 6:28 pm on the MAR.

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

The RCD is in the process of conducting in-service with all Med Techs and Nurses reviewing the documentation expectations; recording results in a timely manner and ensuring as needed blood sugar checks are documented on the EMAR. To be completed by 5-5-25

The RCD/Designee will conduct weekly audits on accu-cheks to ensure documentation is completed in a timely manner for 3 months. Starting 5-1-25 through 8-1-25

The General Manager will review the weekly audits for 3 months 5-1-25 through 8-1-25

The Regional Director of Health Services will conduct random audits 2/month for 3 months. 5-1-25 to 8-1-25 to ensure compliance.

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

Implemented () - 06/05/2025)**187a - Medication Record****7. 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 #2's medications include 100-mg Benzonatate capsules, 6.25-mg Carvedilol tablets, 500-mg Citrucel tablets, 40-mg Furosemide tablets, 25-mg Losartan Potassium tablets, and probiotic capsules. However, resident #2's medication administration record does not indicate the diagnoses or purposes for these prescriptions.

Resident #3's medications include 325-mg Acetaminophen tablets, 500-mg Levetiracetam tablets, 7.5-mg Mirtazapine capsules, and 100-MG Sertraline tablets, Resident #3's medication administration record does not indicate the diagnoses or purposes for these prescriptions.

Resident #4's medications include 2.5-mg tablets of Amlodipine, 10 mls of 100mg/5ml Guaifenesin, and 3 mls of Ipratropium solution as needed. Resident #4's medication administration record does not indicate the diagnoses or purposes for these prescriptions.

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

RCD immediately added the missing diagnoses to the EMAR for Resident #2, #3 and #4

The RCD and Regional Director of Health Service will conduct a complete audit of all residents' medications to ensure there is a corresponding diagnosis for every medication by 5-31-25.

Pharmacy inputs all new orders, and the Nurses verify the orders. Nurses have been in-serviced by The Regional Director of Health Services on ensuring all orders have a corresponding diagnosis. Completed 5-1-25

RCD/Designee to review all new orders weekly to ensure medications have a corresponding diagnosis. 5-7-25 to 8-7-25

Regional Director of Health Service to conduct random audit monthly of EMAR's x 3 months to ensure compliance.

187a - Medication Record (continued)

5-7-25 to 8-7-25

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█) - 06/05/2025

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed glucometer readings at 8:00 am, 12:00 pm, and 5:00 pm. On 3/31/25, a reading of 303 was taken at 3:53 pm according to the resident's glucometer. More than one hour prior to the prescribed time.

Plan of Correction

Accept (█) - 05/05/2025

The RCD is in the process of conducting in-service with all Med Techs and Nurses reviewing the documentation expectations; recording results in a timely manner and ensuring as needed blood sugar checks are documented on the EMAR. To be completed by 5-5-25

The RCD/Designee will conduct weekly audits on accu-cheks to ensure documentation is completed in a timely manner for 3 months. Starting 5-1-25 through 8-1-25

The General Manager will review the weekly audits for 3 months 5-1-25 through 8-1-25

The Regional Director of Health Services will conduct random audits 2/month for 3 months. 5-1-25 to 8-1-25 to ensure compliance.

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

Implemented (█) - 06/05/2025