



Pennsylvania
Department of Human Services

Sent via e-mail [REDACTED]
Sent via e-mail [REDACTED]
August 5, 2025

[REDACTED]
Administrator
Glencrest Manor, Inc.
[REDACTED]
[REDACTED]

RE: Glencrest Manor
115 Glencrest Road
Coatesville, PA 19320
License #: 19780

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on June 23, 2025 and July 5, 2025 of the above facility, we have determined that your submitted plan of correction for the April 14, 2025 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]

[REDACTED]
[REDACTED]

Enclosure
Licensing Inspection Summary

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

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: *13* Waking Staff: *10*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/14/2025*

Inspection Dates and Department Representative

04/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *13* Residents Served: *12*

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: *8*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

04/14/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/07/2025*

06/23/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/25/2025

06/24/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/30/2025

08/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home does not have a quality management policy.

Plan of Correction

Accept (█ - 06/23/2025)

The plan to move forward if for the home will have a written quality management plan by 6/30/25. The admin assistant will be responsible for writing the plan. To ensure further compliance the administrator will review the quality management annually and update it as needed and to ensure it is being done. Staff will receive training on the new policy and procedures to complete the quality management in an appropriate time by 6/30/25. The quality management will be added to the administrator's calendar to be done after the plan of corrections have been accepted and approved. There will be a licensing checklist created to verify we have a current quality management plan in place.

Licensee's Proposed Overall Completion Date: 06/30/2025

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

On 4/14/2025, at 8:51 am, the Department observed there was no staff at the home. There were 12 residents in the home at this time. The Department observed staff person A and staff person B return to the home at 8:57 am. They arrived in staff person A's vehicle and unloaded 5 bags of laundry with the help of two residents. Staff person A was then asked if they were the only direct care staff at the home. Staff person A stated yes and that they had only went to pick up staff person B from the laundry mat when the laundry was completed. Staff person A stated it was only a few minutes. Staff person A left the 12 residents alone in the home to also include 1 resident who has mobility needs. Residents stated staff leave them alone twice a week to drop-off and pick-up the housekeeper from the laundry mat. The home does not have a washer and dryer.

Plan of Correction

Accept (█ - 06/23/2025)

The staff member involved was immediately re-educated on supervision requirements and never leaving the home for any reason. All residents were verified to be safe and unharmed, and a qualified staff person came to the home short after. All staff were spoken to on 4/15/25, reinforcing that a staff member must remain in the home at all times when residents are present, The schedule was revised immediately to ensure that on Mondays and Fridays the overnight staff will stay till 7am until the housekeeper is dropped off at the laundromat and the housekeeper will be picked up after 8am when the day staff come in to work. The admin assistant will review the staff schedule weekly to verify there are no gaps in coverage. The administrator will check the cameras regularly and do random unannounced checks to ensure that the home is never left without staff. All current staff were retained on 4/15/25 on the homes policy and how important it is to never let this happen again; the training consisted of procedures for call-offs, emergencies and disciplinary actions for noncompliance.

Licensee's Proposed Overall Completion Date: 06/09/2025

52 - Hiring Staff

3. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons 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) and other applicable regulations.

Description of Violation

Staff person C, hired on [redacted] did not have a background check completed until [redacted] Staff person C started providing care on [redacted]

Plan of Correction

Accept ([redacted] - 06/23/2025)

There is a little confusion with this violation. Staff C was hired on [redacted], [redacted] did not start working the same day as hire, [redacted] was never left alone with the residents, [redacted] started training on [redacted] The background check was done on [redacted] Training is always a provisional time. [redacted] was not alone in the home providing care until after [redacted] On [redacted] was trained on policies and procedures, no resident care. The home is aware that a background check must be completed before the new staff does any care or be left alone in the home. Moving forward, the home will do a background check on all new employees before their first day of training, there is a new employee check list that will be utilized. The Admin assistant will handle the new employee background check

Licensee's Proposed Overall Completion Date: 06/09/2025

Implemented ([redacted] - 08/05/2025)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 4/5/2025, from 7:00 am to 10:00 pm, 12 residents were present in the home. During this time 0 staff persons were present in the home who were certified in cpr/first aid.

On 4/7/2025, from 4:00 pm to 10:00 pm, 12 residents were present in the home. During this time 0 staff persons were present in the home who were certified in cpr/first aid.

On 4/11/2025, from 10:00 pm to 7:00 am, 12 residents were present in the home. During this time 0 staff persons were present in the home who were certified in cpr/first aid.

Plan of Correction

Accept ([redacted] - 06/23/2025)

The untrained staff person was removed from independent duty until CPR/FA training was complete. The staff person completed CPR/FA on 4/16/25. All other staff persons CPR/FA certifications were reviewed and verified by the admin assistant. Preventative measures to ensure on going compliance will be the home will implement a CPR/FA tracking system with a list of staff and when cards expire. The home will revise the policy to state. no staff member may be scheduled as the only staff on duty unless they have a valid CPR/FA certification. All new hires must complete CPR/FA training before their first independent shift.

Licensee's Proposed Overall Completion Date: 06/09/2025

Implemented ([redacted] - 08/05/2025)

65d - Initial Direct Care Training

6. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person C, hired on [REDACTED] began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept ([REDACTED] - 06/23/2025)

Staff person C did [REDACTED] Comp test on [REDACTED] first day of training [REDACTED] when [REDACTED] tried to print it off at the house [REDACTED] could not get into [REDACTED] account or [REDACTED] email [REDACTED] used, I asked [REDACTED] to work on getting it and forgot about it. [REDACTED] has been taken off independent shifts effective [REDACTED] and is scheduled to come retake the test on [REDACTED] Proof will be sent was test is complete. Ongoing prevention will be all new hires must complete the department approved training and pass the competency test prior to being scheduled for independent duties. The home will follow the new employee checklist to ensure all documentation and trainings are being completed. Admin assistant will oversee and track all trainings and testing records monthly to be complaint. A monthly audit on staff training records will be conducted by administrator effective 6/9/25.

Licensee's Proposed Overall Completion Date: 06/09/2025

66b - Training Plan Content

7. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

66b - Training Plan Content (continued)

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the required training courses for each staff person, the dates, times and locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction

Accept (█ - 06/23/2025)

A revised annual training plan is being developed and will be completed by 6/13/25. An updated training topic list was given by the inspector. The training plan will be updated annually in December for the upcoming calendar year. The administrator and admin assistant will coordinate with staff to schedule all mandatory trainings. All new employees will receive a training schedule upon hire. The admin assistant will review the training plan monthly to ensure all staff are on track. Any missed trainings will be rescheduled within 7 days. Annual audits will be conducted to ensure the training plan remains up to date.

Licensee's Proposed Overall Completion Date: 06/13/2025

85a - Sanitary Conditions

8. Requirements

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

Description of Violation

On 4/14/2025, there were uncovered toothbrushes in one cup on the sink in the shared ladies bathroom.

Plan of Correction

Accept (█ - 06/23/2025)

The uncovered toothbrushes were immediately removed and discarded; staff cleaned and disinfected the sink and surrounding areas. All residents that require one will be provided with a covered toothbrush holder. Staff have been retrained on 6/5/25 on proper hygiene and infection control procedures. Going forward, no toothbrushes will be stored openly in a shared bathroom. Daily checklists will be added to the housekeeping/shift duties checklist, Admin assistant will conduct weekly inspections on all bathrooms.

Licensee's Proposed Overall Completion Date: 06/09/2025

Implemented (█ - 08/05/2025)

101j2 - Bedroom Chairs

9. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

The shared women's bedroom is occupied by 4 residents; however, there were only 3 chairs in this room.

Plan of Correction

Accept (█ - 06/23/2025)

A fourth chair was added to the bedroom on 6/5/25. All bedrooms have been audited by the admin assistant to ensure all proper furniture is present for each resident. A checklist has been put in place for a weekly check to

101j2 - Bedroom Chairs (continued)

ensure all proper items are in the rooms, the housekeeper and admin assistant will complete the list. Any changed in a resident's room will be reported to the administrator asap. All direct care staff will be trained at the next staff meeting on 6/24/25 to explain what items are required to be in each room.

Licensee's Proposed Overall Completion Date: 06/24/2025

Implemented (█) - 08/05/2025)

101j7 - Lighting/Operable Lamp

10. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

Resident 2 does not have access to a source of light that can be turned on/off at bedside.

Resident 3 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█) - 06/23/2025)

some of the rooms do not have outlets to be able to plug a lamp into. The home will have tap lights added to the wall beside the beds of the residents that cannot have a lamp placed beside their beds, The room checklist will have the lights added to them to make sure the lights are in working condition and batteries. Tap lights have been ordered on 6/6/25 and should be received by 6/12/25. The lights will be placed by 6/30/25.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 08/05/2025)

102i - Soap Dispenser

11. Requirements

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

On 4/14/2025, there was an unlabeled bar of soap in the shared women's bathroom.

Repeat Violation: 6/13/2024

Plan of Correction

Accept (█) - 06/23/2025)

The bar of soap was discarded immediately after the inspection. Staff spoke with the resident that keeps getting the bars of soap and informed (█) that everything must be labeled and used only by one resident to prevent cross contamination and ensure proper sanitation and the soap must be in a container. The admin assistant checked all bathrooms immediately to checks for any items that should not be out and made sure items were stored properly. This item will also be added to the bedroom/bathroom weekly checklist that the housekeeper and admin assistant will perform weekly, these 2 staff will sign off on the checklist. The administrator will review the checklist monthly

102i - Soap Dispenser (continued)

to ensure all rooms are being checked. The administrator will have a resident meeting on 6/17/25 to go over proper hygiene and storing to keep everyone healthy. Random unannounced spot checks will be done monthly by the admin assistant.

Licensee's Proposed Overall Completion Date: 06/17/2025

Implemented (█) - 08/05/2025)

102l - Shelves/Hooks

12. Requirements

2600.

102.l. Shelves or hooks for the resident's towel and clothing shall be provided.

Description of Violation

On 4/14/2025, the home had multiple unlabeled bath towels hanging in the shared women's bathroom. There are no clothing shelves or hooks in the shared women's bathroom.

Plan of Correction

Accept (█) - 06/23/2025)

All unlabeled towels were immediately removed and laundered after the inspection. A new hook rack was purchased and placed in the bathroom and labels were added to the wall with the names of each resident for proper storing of towels and wash cloths with each resident having their own specific spot. The labels and racks for towels will be added to the bathroom/bedroom checklist that will be conducted by the housekeeper and admin assistant weekly and checked by the administrator monthly. Maintenance will be responsible for ensuring the hooks and labels remain in place and in good condition. Direct care staff will be retrained by 6/30/25 and residents at the next meeting on 6/17/25 to be retrained on sanitation requirements and cross contamination.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 08/05/2025)

107c - Food/Water 3 Day Supply

13. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 4/14/2025, the home served 12 residents, requiring 36 gallons of emergency drinking water. However, the home had only 12 gallons. The home does not have a contract with a local bottled water supplier that includes the amount of water to be delivered, a guarantee that the water will be delivered immediately upon request, 24-hours per day, and a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

Plan of Correction

Accept (█) - 06/23/2025)

An inventory was conducted on 6/6/25 to evaluate what additional nonperishable food and water supplies will be needed to have the appropriate emergency supply of food. The administrator and admin assistant have researched boxes of food on Amazon, and they will be purchased by 6/30/25. The home has also spoke to staff about not drinking the emergency water multiple times. All emergency supplies will be stored in a designated area, clearly

107c - Food/Water 3 Day Supply (continued)

labeled and accessible. An emergency food and water inventory checklist will be created when the items come to keep track of required amounts for our census. The admin assistant will conduct a monthly check of the emergency supplies using the created inventory list. Direct care staff will be trained on the food and water supply requirements by 6/30/25, training will include how to monitor and when to restock any supplies.

Licensee's Proposed Overall Completion Date: 06/30/2025

107d - Procedure Emergency Management Agency Submission

14. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency. The home could not provide documentation that the plan has been submitted annually.

Repeat Violation: 6/13/2024

Plan of Correction

Accept (█) - 06/23/2025)

The current Emergency preparedness plan will be submitted to the local emergency management office on 6/13/25, proof will be sent once submitted with confirmation of receipt. A reoccurring annual reminder was scheduled in the administrator and admin assistants google calendar with a 30-day advance alert to allow updates and on-time submission. A tracking log will be made and maintained to record the date of submission a contact person to the office of EMS and a copy of the receipt. The administrator will handle the submission is the admin assistant is not able to. The emergency Preparedness policy will be updated annually if needed.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented (█) - 08/05/2025)

141b1 - Annual Medical Evaluation

15. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 4's most recent medical evaluation was completed on █.

Repeat Violation: 6/13/2024

Plan of Correction

Accept (█) - 06/24/2025)

Resident 4's DME was completed when █ was originally supposed to be admitted to the home, the admission got delayed due to █ spending █ rent money and the prior home not gathering █ medications or scripts. The staff is aware that a DME must be completed prior to admission to the home and the allotted time before admission that it has to be completed, a training was completed on 5/15/25 to go over DME/MA-51 with the designated staff that can perform admissions. Admin assistant will check DHS regs and email consistently to ensure we are following all the protocols and keeping up with compliance. The home will continue to do all chart checks monthly for required paperwork and forms. Admin assistant will also check over all paperwork prior to admission to make sure the dates are not out of range for compliance. Residents last DME/MA-51 was completed on 4/1/25, so she is current till

141b1 - Annual Medical Evaluation (continued)

next year.

Licensee's Proposed Overall Completion Date: 06/24/2025