pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **SNH PENN TENANT LLC**
LEGAL ENTITY

To operate **GLEN MILLS SENIOR LIVING**
NAME OF FACILITY OR AGENCY

Located at **242 BALTIMORE PIKE, GLEN MILLS, PA 19342**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **100**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 22**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 26, 2025** until **June 26, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **145110**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: June 26, 2025

[redacted]
IntegraCare Corporation
[redacted]

RE: Glen Mills Senior Living
242 Baltimore Pike
Glen Mills, Pennsylvania 19342
License #: 145110

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on April 15 and 16, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

June 25, 2025

[redacted]
SNH PENN TENANT LLC
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/15/2025, 04/16/2025 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]

Legal Entity

Name: *SNH PENN TENANT LLC*

Address: [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**: *71* **Waking Staff**: *53*

Inspection Information

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

Reason: *Renewal, Complaint, Provisional, Incident* **Exit Conference Date**: *04/16/2025*

Inspection Dates and Department Representative

04/15/2025 - On-Site: [redacted]

04/16/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *41*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Life Stories* **Capacity**: *22* **Residents Served**: *11*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *41*

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

Have Mobility Need: *30* **Have Physical Disability**: *0*

Inspections / Reviews

04/15/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/16/2025*

05/22/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/17/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/27/2025*

Inspections / Reviews *(continued)*

06/03/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/17/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/17/2025*

06/25/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *06/17/2025*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #1's support plan dated [redacted]/2024 indicates that resident #1 requires total assistance (2 person assist) with toileting needs, transferring, dressing, turning and positioning and ambulating. Resident uses devices such as sit-to-stand transfer device and a power wheelchair for mobility. On [redacted], 2025, at 2:30pm, resident #1 rang their call bell to for assistance to use the toilet. Staff member A and staff member B came to assist. Resident 1 is often undressed in their room prior to moving into the bathroom for ease of assistance and then Resident is transferred into the bathroom. While receiving care, Resident #1 requested the door to the apartment be closed for privacy during undressing and toileting. Staff member B responded in a nasty tone "give me a second". Per staff member A, they removed resident #1's pants and adult brief in the bedroom and transferred to the bathroom. Staff then left the room to provide privacy for the resident. Resident #1 rang the call bell again after using the toilet and Staff member A and staff member B returned to assist. When transferring back to the bedroom, resident was naked from the waist down and at this time resident #1 noticed their apartment door was open again. Resident #1 told staff member B, "I asked you to close the door for a second time." Resident #1 went on to say, "Fuck you [staff member B's name] I am sick of this." Staff member B responded back, saying, "Fuck you [Resident #1's name] I don't have to deal with you. I don't like the way you talk to me." Staff member B left the room and Staff member A finished assisting the resident to dress and get seated in their power chair. Resident 1 went downstairs to speak to a supervisor regarding the interaction and ask that Staff member B be reassigned from care duties for Resident 1. Staff member B tried to enter the office where Resident 1 and a supervisor were talking, and Staff member B continued yelling and cursing toward the resident.

Plan of Correction ***Do Not Accept [redacted] - 05/22/2025)***

Executive Operations officer came into the building the date of incident and spoke to resident, Police department and [redacted]. Executive Operations officer spoke to Staff member B and suspended [redacted] until further investigation. After investigation, team member was [redacted] due to not tolerating this behavior

Executive Operations Officer will host staff meeting for Inservice training for Resident dignity and respect by 5/30/2025.

Licensee's Proposed Overall Completion Date: *05/30/2025*

Update: *05/22/2025*

Please indicate a method to monitor for ongoing compliance, such as weekly interviews with a sample of residents and staff to confirm protection of resident rights. Please indicate a start date, frequency, title of persons who are responsible for completing the action.

Plan of Correction ***Accept [redacted] - 06/03/2025)***

Executive Operations Officer came into the building the date of incident and spoke to resident, Police department and [redacted] Executive Operations officer spoke to Staff member B and suspended [redacted] until further investigation. After investigation, team member was [redacted] due to not tolerating this behavior

Executive Operations Officer will host staff meeting for Inservice training for Resident dignity and respect by 5/30/2025.

42c - Treatment of Residents (continued)

Conduct weekly interviews for 3 residents and 2 team members regarding protections of residents right weekly for 60 days and Monthly for 90 days

Designated position responsible: Executive Operations Officer/Designee
Target Date: To be implemented by 6/2/25

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented ([redacted] - 06/25/2025)***

See attached.

42s - Privacy

2. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted]/25 at 2:30 pm, resident #1 did not have privacy during dressing and toileting. While receiving care, Resident #1 requested the door to their apartment be closed. After Resident#1 completed using the bathroom and requested assistance back to their bedroom to be dressed. Upon leaving the bathroom, Resident #1 was naked from the waist down. At this time, Resident #1 noticed the door to their apartment was still open, exposing resident to anyone who may have been in the hallway at that time.

Plan of Correction ***Do Not Accept [redacted] - 05/22/2025)***

Executive Operations officer came into the building the date of incident and spoke to resident, Police department and [redacted]. Executive Operations officer spoke to Staff member B and suspended [redacted] until further investigation. After investigation, team member was [redacted] due to not tolerating this behavior

Executive Operations Officer will host staff meeting for Inservice training for Resident dignity and respect by 5/30/2025.

Licensee's Proposed Overall Completion Date: *05/30/2025*

Update: *05/22/2025*

Please indicate a method to monitor for ongoing compliance, such as weekly interviews with a sample of residents and staff to confirm protection of resident rights. Please indicate a start date, frequency, title of persons who are responsible for completing the action.

Plan of Correction ***Accept ([redacted] - 06/03/2025)***

Executive Operations Officer came into the building the date of incident and spoke to resident, Police department and [redacted] Executive Operations officer spoke to Staff member B and suspended [redacted] until further investigation. After investigation, team member was [redacted] due to not tolerating this behavior

Executive Operations Officer will host staff meeting for Inservice training for Resident dignity and respect by 5/30/2025.

Conduct weekly interviews for 3 residents and 2 team members regarding protections of residents right weekly for

42s - Privacy (continued)

60 days and Monthly for 90 days

Designated position responsible: Executive Operations Officer/Designee

Target Date: To be implemented by 6/2/25

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented [redacted] - 06/25/2025)***

See attached.

51 - Criminal Background Check

3. 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 member C, with a date of hire of [redacted]/2021, did not have a completed criminal background check on file in the home.

Plan of Correction ***Do Not Accept [redacted] - 05/22/2025)***

Staff member C background check was processed and no record came back

Executive Operations Officer will complete Inservice training with the Administrative services Director to ensure background checks are processed prior to starting by 5.8.2025

Administrative Services Director or designee with audit all employee files by 5/30/2025 to ensure all backgrounds are completed

Licensee's Proposed Overall Completion Date: *05/30/2025*

Update: *05/22/2025*

Please indicate an ongoing method of auditing for compliance, such as a weekly audit for any new employee file, or a second tier review of new employee files prior to their official start date to ensure all required documents are complete. Please indicate a start date, frequency and title of person responsible for each action.

Plan of Correction ***Accept [redacted] - 06/03/2025)***

Staff member C background check was processed and no record came back

Executive Operations Officer will complete Inservice training with the Administrative Services Director to ensure background checks are processed prior to starting by 5.8.2025.

Administrative Services Director or designee will audit all employee files by 5/30/2025 to ensure all backgrounds are completed.

Effective 5/30/25, the Executive Operations officer or designee will audit new employee files 24 hours prior official

51 - Criminal Background Check (continued)

start date to ensure all backgrounds are completed

Designated position responsible: Executive Operations Officer/Designee

Target Date: To be implemented by 6/2/25

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented ([redacted] - 06/25/2025)***

See attached.

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 04/12/25, 04/13/25, and 04/15/25, from 11 pm to 7 am, 41 residents were present in the home. During this time no staff persons who were certified in first aid, obstructed airway techniques and CPR, were present in the home.

Plan of Correction ***Do Not Accept [redacted] - 05/22/2025)***

Executive Operations officer scheduled CPR, AED AND FIRST AID course on 5/21/2025 to ensure compliance

Executive Operations officer placed a reminder on calendar for yearly CPR renewal

Licensee's Proposed Overall Completion Date: *05/22/2025*

Update: *05/22/2025*

Please indicate a method to audit for ongoing compliance such as a weekly review of the upcoming staff schedules compared to the current certified staff list to ensure the proper number of certified staff are scheduled for each shift. Please indicate a start date, frequency, and title of person responsible for each action.

Plan of Correction ***Accept [redacted] - 06/03/2025)***

Executive Operations officer scheduled CPR, AED AND FIRST AID course on 5/21/2025 to ensure compliance.

Executive Operations officer placed a reminder on calendar for yearly CPR renewal.

Executive Operations officer or Designee will conduct weekly review of schedule for 90 days to ensure compliance of CPR with at least one staff person for every 50 residents.

Designated position responsible: Executive Operations Officer/Designee
Target Date: To be implemented by 6/2/25

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented [redacted] - 06/25/2025)***

See attached.

65e - 12 Hours Annual Training

5. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person D received only 52 minutes of annual training in training year 2024.

Direct care staff person E received only 0 hours of annual training in training year 2024.

Plan of Correction ***Do Not Accept ([redacted] - 05/22/2025)***

Direct care staff persons D was advised to complete the training for 2025, unable to return until training is completed

Direct care staff person E is on Leave for [redacted] and will not return until completed.

Administrative services director has sent out emails to all staff to complete training

Licensee's Proposed Overall Completion Date: *05/30/2025*

Update: *05/22/2025*

Please indicate any initial audits of all employee files to ensure compliance with annual training requirements. Please also indicate a method to monitor for ongoing compliance such as a weekly or monthly audit of employee files to ensure completion of required annual trainings in conjunction with the annual staff training plan. Please indicate a start date, frequency and title of person responsible for each step, as well as actions to be taken if an employee is not compliant.

Plan of Correction ***Accept [redacted] - 06/03/2025)***

Direct care staff person D is a [redacted] staff member who worked minimally in 2024. Staff person D has been contacted regarding the training requirements for 2025 relating to their job duties.

Direct care staff person E is on Leave for [redacted] and will complete training requirements upon returning.

Administrative Services Director has sent out emails to all staff to review the training schedule and required modules to complete for the current calendar training year.

Administrative Services Director completed audit of all team employee files to ensure appropriate progress for existing staff and completion of general orientation for team members hired at December 2024 on 5.23.2025

Administrative Services Director or Designee will audit training logs monthly to ensure all staff are on track to meet the 12-hour requirement for 60 days

Designated position responsible: Administrative Services Director or Designee
Target date: 6.2.2025

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented [redacted] - 06/25/2025)***

See attached.

65e - 12 Hours Annual Training *(continued)*

65f - Training Topics

6. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person D and E did not receive training in the following topics during the January to December 2024 training year:

- *Medication self-administration training*
- *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*
- *Care for residents with dementia and cognitive impairments.*
- *Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.*
- *Personal care service needs of the resident.*
- *Safe management techniques.*

Plan of Correction ***Do Not Accept [redacted] - 05/22/2025)***

Direct care staff persons D was advised to complete the training for 2025, unable to return until training is completed

Direct care staff person E is on Leave for [redacted] and will not return until completed.

Administrative services director has sent out emails to all staff to complete training

Licensee's Proposed Overall Completion Date: *05/30/2025*

Update: *05/22/2025*

Please indicate any initial audits of all employee files to ensure compliance with annual training requirements. Please also indicate a method to monitor for ongoing compliance such as a weekly or monthly audit of employee files to ensure completion of required annual trainings in conjunction with the annual staff training plan. Please indicate a start date, frequency and title of person responsible for each step, as well as actions to be taken if an employee is not compliant.

Plan of Correction ***Accept [redacted] 06/03/2025)***

Direct care staff person D is a [redacted] staff member who worked minimally in 2024. Staff person D has been contacted regarding the training requirements for 2025 relating to their job duties.

65f - Training Topics (continued)

Direct care staff person E is on [redacted] *and will complete training requirements upon returning.*

Administrative Services Director has sent out emails to all staff to review the training schedule and required modules to complete for the current calendar training year.

Administrative Services Director completed audit of all team employee files to ensure appropriate progress for existing staff and completion of general orientation for team members hired at December 2024 on 5.23.2025

Administrative Services Director or Designee will audit training logs monthly to ensure all staff are on track to meet the 12-hour requirement for 60 days

Designated position responsible: Administrative Services Director or Designee
Target date: 6.2.2025

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented*** [redacted] ***- 06/25/2025)***

See attached.

65g - Annual Training Content

7. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person D and E did not receive training in the following topics for the January 2024 to December 2024 training year.

- *Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.*
- *Emergency preparedness procedures and recognition and response to crises and emergency situations.*
- *Resident rights.*
- *The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*
- *Falls and accident prevention.*

Staff person C and F did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during

65g - Annual Training Content (continued)

training year January 2024 to December 2024.

Plan of Correction ***Do Not Accept [redacted] - 05/22/2025)***

Executive Operations officer scheduled fire safety education review on 5.5.2025 with [redacted] Fire & Life Safety Instructor. Safety and Maintenance Director will complete train the trainer training on 5.14.2025 to host an Inservice training for staff.

Fire safety training was completed on 5.5.2025

Safety and Maintenance Director will complete another fire safety training by 5.30.2025

Licensee's Proposed Overall Completion Date: *05/30/2025*

Update: *05/22/2025*

Please remove all identifying names and use job titles only.
Please indicate any initial audits of all employee files to ensure compliance with annual training requirements. Please also indicate a method to monitor for ongoing compliance such as a weekly or monthly audit of employee files to ensure completion of required annual trainings in conjunction with the annual staff training plan. Please indicate a start date, frequency and title of person responsible for each step, as well as actions to be taken if an employee is not compliant.

Plan of Correction ***Accept ([redacted] - 06/03/2025)***

Executive Operations Officer scheduled fire safety education review on 5.5.2025 with a fire safety expert. The Safety and Maintenance Director completed train the trainer training on 5.14.2025 and will conduct training for staff on-going.

First round Fire safety training was completed on 5.5.2025.

Safety and Maintenance Director will complete fire safety training by 5.30.2025 to ensure all current staff receive the annual fire safety training. All new staff receive fire safety training upon hire.

Administrative Services Director completed audit of all team employee files to ensure appropriate progress for existing staff and completion of general orientation for team members hired at December 2024 on 5.23.2025

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented [redacted] - 06/25/2025)***

See attached.

82c - Locking Poisonous Materials

8. 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.

82c - Locking Poisonous Materials *(continued)*

Description of Violation

On 4/16/25, a can of Barbasol shaving cream, with a manufacturer's label indicating "to keep out of reach of children," was unlocked, unattended, and accessible to residents in the memory care unit. Not all the residents of the home, including resident #2, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction ***Accept [redacted] - 05/22/2025)***

Executive Operations Officer discussed with [redacted] the importance of locking up Poisonous materials on 4/16/2025.

Executive Operations Officer will send letter to all families in memory care the importance of locking up poisonous materials by 5.30.2025

Executive Operations Officer will host Inservice training for Poisonous materials by 5/30/2025

Memory care Director or Designee will audit weekly room inspections for 30 days beginning 5/07/2025

Licensee's Proposed Overall Completion Date: *05/30/2025*

Evidence of Completion ***Implemented [redacted] - 06/25/2025)***

See attached.

85a - Sanitary Conditions

9. Requirements

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

Description of Violation

On 04/15/25 at 10:23 am, the woman's bathroom on the 1st floor had black stains on the tile floor, underneath the sink.

On 04/16/25 at 1:07 pm, the boiler room had a water leak. There was a large puddle of water underneath the fire extinguisher and pipes and water damage to the wall around it.

Plan of Correction ***Do Not Accept [redacted] 05/22/2025)***

Safety and Maintenance Director completed a deep cleaning in the woman's bathroom on the 1st floor. Stains has been removed on 4.16.2025

Executive Operations Officer will complete Inservice training with Safety and Maintenance Director to ensure sanitary conditions are being maintained 5.16.2025

Licensee's Proposed Overall Completion Date: *05/17/2025*

Update: *05/22/2025*

Please indicate a method to audit for ongoing compliance. Include start dates, frequency, and title of persons responsible for each action.

85a - Sanitary Conditions *(continued)*

Plan of Correction ***Accept [redacted] - 06/03/2025)***

Safety and Maintenance Director or designee will conduct weekly walk through of the common area bathrooms for 60 days to ensure sanitation is in compliance.

Safety and Maintenance Director reached out to Shannon Fire protection and received a letter advising that fire pump does not need additional services and sometimes water may leak when in "test" mode.

Wall repairs will be completed by 6.13.2025

Safety and Maintenance Director or designee will conduct weekly walk through of the boiler room to ensure all is properly operating. Any wet areas will be addressed accordingly.

Target date: 6.2.2025

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented [redacted] - 06/25/2025)***

See attached.

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

Repeat Violation 04/23/24.

Plan of Correction ***Accept [redacted] - 05/22/2025)***

Safety and Maintenance Director immediately replaced lamp in resident 3 bed room.

Safety and Maintenance Director will complete Inservice training with maintenance team by 5.30.2025

Safety and Maintenance Director or designee will complete weekly audit of bed room lamps for 30 days starting 5.01.2025.

Licensee's Proposed Overall Completion Date: *05/30/2025*

Evidence of Completion ***Implemented [redacted] - 06/25/2025)***

See attached.

103f - Refrigerator/Freezer Temps

11. Requirements

103f - Refrigerator/Freezer Temps *(continued)*

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 04/16/25 at 1:55 pm the temperature in the refrigerator was 42 degrees Fahrenheit and at 2:53 pm it was 43 degrees Fahrenheit.

Plan of Correction ***Do Not Accept [redacted] - 05/22/2025)***

Maintenance and safety Director adjusted temperature, temperature is at 38 degrees

Memory care Director or designee will audit fridge daily to ensure compliance

Licensee's Proposed Overall Completion Date: *05/30/2025*

Update: *05/22/2025*

Please indicate if any additional training for staff was completed.

Plan of Correction ***Accept [redacted] 06/03/2025)***

Maintenance and safety Director adjusted temperature, temperature is at 38 degrees.

Memory care Director or designee will audit fridge daily to ensure compliance.

Executive Operations Officer will conduct Inservice training by 5.30.2025 on regulation 103F and the required temperatures of refrigerator and freezer.

Designated position responsible: Executive Operations Officer
Target date 5.30.2025

Licensee's Proposed Overall Completion Date: *05/30/2025*

Evidence of Completion ***Implemented ([redacted] - 06/25/2025)***

See attached.

105g - Lint Removal and Duct Cleaning

12. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 04/16/25, there was an approximate 1/2 inch thick accumulation of lint in the lint trap of the 2nd floor dryer. There were no clothes in the dryer at the time.

Plan of Correction ***Do Not Accept [redacted] - 05/22/2025)***

Executive Operations officer removed lint immediately on 4/16/2025

Executive operations officer will host staff meeting for Inservice training for lint removal and duct cleaning by 5.30.2025

105g - Lint Removal and Duct Cleaning (continued)

Administrative Services Director or Designee will audit the daily lint log weekly for 30 days starting 5.01.2025

Licensee's Proposed Overall Completion Date: *05/30/2025*

Update: *05/22/2025*

Please indicate who is responsible for completing the daily lint log. Is this a daily check of all dryers to ensure removal of lint?

Plan of Correction ***Accept [redacted] - 06/03/2025)***

Executive Operations officer removed lint immediately on 4/16/2025

Executive operations officer will host staff meeting for Inservice training for lint removal and duct cleaning by 5.30.2025. Staff will be instructed to complete the lint log each time before and after use (at minimum)

Safety and Maintenance Director or Designee will audit the daily lint log weekly for 60 days starting 6.2.2025

Designated position responsible: Safety and Maintenance Director or Designee

Target date: 6.2.2025

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented [redacted] - 06/25/2025)***

See attached.

132b - Safety Inspection/Fire Drill

13. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and drill observed by a fire safety expert was conducted on 10/28/24. The previous fire safety inspection and drill observed by a fire safety expert was conducted on 08/24/23.

Plan of Correction ***Accept [redacted] - 05/22/2025)***

Executive Operations Officer newly appointed and has created a reminder for 9/1/25 to schedule the fire inspection to occur prior to the due date of 10.28.2025. Current letter is on file, though it did exceed the 1 year, 15 day period from the 2023 inspection. It will be back on schedule and timely, not to exceed one year from the 2024 inspection.

Licensee's Proposed Overall Completion Date: *05/30/2025*

Evidence of Completion ***Implemented [redacted] - 06/25/2025)***

See attached.

181f - Record of Medication

14. Requirements

2600.

181f - Record of Medication *(continued)*

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 04/16/25, resident #4 record did not include a current list of medications. The list in the resident's record did not include Vitamin D3-25mcg 2000 IU Caps.

Plan of Correction ***Do Not Accept [redacted] - 05/22/2025)***

Resident 4 [redacted] notified to bring in vitamin D3 25mcg. [redacted] brought in Vitamin D and Medication is up to date.

Resident wellness Director, LPN or designee will audit self medicator biweekly for 30 days starting 5.19.2025

Licensee's Proposed Overall Completion Date: *06/19/2025*

Update: *05/22/2025*

It is recommended that an ongoing audit or review of medications be completed for all residents who self-administer their own medications. Does the home have a policy established for self-administration of medications and does it include routine reviews by a staff person to ensure compliance with self-administration ability and maintenance of medication availability? If not, please indicate what will be done to implement this.

Plan of Correction ***Accept [redacted] - 06/03/2025)***

Per our policy the meds on hand in the resident room will be reconciled vs the EMAR monthly. Any differences will be reviewed with the Physician for clarification and/or new orders. Any new medication required will be received from the pharmacy. Per our policy Residents who self-administer medication are evaluated quarterly to ensure ability to self-administer and ensure compliance.

Resident 4 [redacted] notified to bring in vitamin D3 25mcg. [redacted] brought in Vitamin D and Medication is up to date.

Resident Wellness Director, LPN or designee will audit self-medicator monthly for 90 days.

Designated: Resident Wellness Director, LPN or designee
Target start date: 6.2.2025

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented [redacted] - 06/25/2025)***

See attached.

185a - Implement Storage Procedures

15. 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

Resident #5 is prescribed a glucose check at 9 am and 9 pm.
On 04/02 at 9:05 am, the glucometer read 95, and the MAR read 92.
On 04/06 at 9:10 am, the glucometer read 160, and the MAR read 162.
On 04/08 at 8:51 pm, the glucometer read 159, and the MAR read 156.

185a - Implement Storage Procedures (continued)

On 04/12 at 8:42 pm, the glucometer read 153, and the MAR read 157.

Repeat Violation 09/12/24.

Plan of Correction ***Do Not Accept [redacted] - 05/22/2025)***

Resident #5 glucose check was corrected

Executive Operations officer and Regional nurse conducted an Inservice on 4.22.2025 to educate Med Tech

Resident Wellness Director, LPN or designee will audit Glucometer weekly for 30 days starting 5.1.2025

Licensee's Proposed Overall Completion Date: *05/30/2025*

Update: *05/22/2025*

Please indicate if the in-service was completed for ALL med techs or just the one who made the errors.
It is recommended that a longer audit period be initiated to ensure ongoing compliance

Plan of Correction ***Accept [redacted] - 06/03/2025)***

Resident #5 glucose check was corrected

Executive Operations Officer and Regional nurse conducted an Inservice on 4.22.2025 to educate all active Med Techs including the Med tech who made the error.

Resident Wellness Director, LPN or designee will audit Glucometer monthly for 90 days starting 5.01.2025

Designated: Resident Wellness Director, LPN or designee

Target start date: 6.2.2025

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented ([redacted] - 06/25/2025)***

See attached.

187d - Follow Prescriber's Orders

16. Requirements

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

Description of Violation

Resident #6 is prescribed Acetaminophen 650 mg; take one tablet by mouth weekly on Monday, Wednesday, and Friday. However, on 04/16/25 at 9 am, this medication was not administered to resident #6, because the medication was not available in the home.

Repeat Violation 10/28/24, 06/05/24 et al.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction ***Do Not Accept [redacted] 05/22/2025)***

Med tech contacted pharmacy and medication was administered the next med pass.

Resident Wellness Director, LPN or designee will audit random medication cart biweekly starting 4.25.2025 for 30 days.

Licensee's Proposed Overall Completion Date: *05/30/2025*

Update: *05/22/2025*

Please indicate if an in-service was completed to ensure ongoing compliance.
It is recommended that a longer audit period be initiated to ensure ongoing compliance.

Plan of Correction ***Accept ([redacted] - 06/03/2025)***

Med tech contacted pharmacy and medication was administered the next med pass.

Executive Operations Officer hosted Inservice on the importance of following prescribers order to active full time Med tech 5.27.2025

Resident Wellness Director, LPN or designee will audit random medication cart weekly for 90 days starting 4.25.2025 and monthly for 90 days

Designated: Resident Wellness Director, LPN or designee
Target start date: 6.2.2025

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented [redacted] - 06/25/2025)***

See attached.

228b - Discharge or Transfer

17. Requirements

2600.
228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On 04/10/25, the home discharged resident #7 due to a recent health status change. However, the home did not issue a 30-day notice or obtain a physician's certification letter for the discharge.

Plan of Correction ***Do Not Accept ([redacted] 05/22/2025)***

Executive Operations officer received a letter from PCP advising Glen Mills is unable to provide the appropriate care for Resident #7 due to stage 3 wound.

228b - Discharge or Transfer (continued)

Executive Operations Officer will ensure a 30 day notice is provided for all discharges in the future.

Licensee's Proposed Overall Completion Date: *05/13/2025*

Update: *05/22/2025*

Please indicate any in-service training to ensure ongoing compliance with discharges in conjunctions with the homes admission and discharge criteria and delivery and management of services. Emphasis should be placed on why a resident can be discharged and what is required to properly document or initiate the discharge.

Plan of Correction ***Accept [redacted] - 06/03/2025)***

Executive Operations Officer received a letter from PCP advising Glen Mills is unable to provide the appropriate care for Resident #7 due to stage 3 wound.

Executive Operations Officer will ensure a 30-day notice is provided for all discharges initiated by the home.

Executive Operations Officer received Inservice training to ensure ongoing compliance with discharges in conjunction with the home admission and discharge criteria and delivery and management of services from Area General Manager on 4.16.2025

Designated: Executive Operations Officer
Target start date: 6.2.2025

Licensee's Proposed Overall Completion Date: *06/02/2025*

Evidence of Completion ***Implemented [redacted] - 06/25/2025)***

See attached.

[redacted]