

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

June 20, 2025

[REDACTED]
BH GLEN MILLS MANAGEMENT PA LLC
[REDACTED]

RE: MERRILL GARDENS AT GLEN MILLS
52 BALTIMORE PIKE
GLEN MILLS, PA, 19342
LICENSE/COC#: 14670

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/14/2025 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: MERRILL GARDENS AT GLEN MILLS License #: 14670 License Expiration: 10/16/2025
 Address: 52 BALTIMORE PIKE, GLEN MILLS, PA 19342
 County: DELAWARE Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: BH GLEN MILLS MANAGEMENT PA LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 107 Waking Staff: 80

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 05/14/2025

Inspection Dates and Department Representative

05/14/2025 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 87

Secured Dementia Care Unit
 In Home: Yes Area: Garden House Capacity: 20 Residents Served: 19

Hospice
 Current Residents: 3

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 87
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 20 Have Physical Disability: 0

Inspections / Reviews

05/14/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 05/30/2025

06/02/2025 POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/20/2025
 Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 06/07/2025

Inspections / Reviews *(continued)*

06/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/22/2025

06/20/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

105g - Lint Removal and Duct Cleaning

1. 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 [REDACTED], there was an approximate 1/2 inch accumulation of lint in the lint trap of the dryer on floor 2. There were no clothes in the dryer at the time.

Plan of Correction

Accept [REDACTED] - 06/10/2025)

Lint immediately removed from dryer on floor 2. notes placed above dryer as reminder to remove lint from lint trap when removing clothes after each load.

Frequent checks to be conducted by caregivers on each shift to ensure lint traps are emptied. Discussed at all staff meetings on 5/28/25, 5/29/25, 5/30/25. General Manager will review at monthly ALL staff meetings and Resident Council meetings through 6/30/2025.

The plan of correction for oversight of lint removal is ongoing. This was an oversight. To ensure compliance, a new audit tool is in place. Caregiver/Medtech/designee will verify that lint traps are cleaned each shift starting 6/6/25. GM/HSD will conduct random weekly checks for the next 3 months through September 6, 2025.

Regional Director of Health Services will check when on site for the next 3 months through September 6, 2025.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented [REDACTED] - 06/20/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] -Take one tablet by mouth twice daily, [REDACTED] -Take one tablet mouth every night before bedtime, [REDACTED] -Take one tablet by mouth every night at bedtime and [REDACTED] -Take one tablet by mouth every night at bedtime. However, resident [REDACTED] was not administered any of these medications on [REDACTED].

Plan of Correction

Directed [REDACTED] - 06/10/2025)

This was a new admission to the community. We do follow prescribers orders for new admissions. Residents receive the medication within 24 hours of admission from pharmacy. This was the only day from [REDACTED] admission to current where there was a drug not available, other than within hours of [REDACTED] admission. All eMAR's for January, February, March, April and May were state compliant and reviewed by the surveyor on 5/14/25. Audits are in process from a previous POC. Inservices have been conducted (see attached). Med cart audits /weekly cycle fill comparison will be ongoing conducted by the Memory Care Director and Health Services Director /Wellness Nurse. General Manager will continue to review weekly audits for the next 3 months through September 6, 2025. Regional Director of Health Services will conduct random audits when on site for the next 3 months through September 6, 2025.

187d Follow Prescriber's Orders (continued)

Proposed Overall Completion Date: 07/31/2025

Directed Completion Date: 6/20/25

Directed Completion Date: 06/20/2025

Implemented [REDACTED] - 06/20/2025)

231c - Preadmission Screening

3. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident [REDACTED] written cognitive preadmission screening was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 06/10/2025)

All SDCU charts have been audited for prescreen completion within 72 hours prior to admission and are in compliance. Regional Director of Health Services verbally reviewed the requirement for this regulation with the Memory Care Director and Health Services Director. Audit tool to be completed for every new admission to maintain compliance by Memory Care Director for 3 months. Regional Director of Health Services will review the audits for the next 3 months. The audit was completed on 5/30/25 (see attached). The community is fully occupied in the SDCU. All charts have been audited. The same process will be followed for new admissions moving forward for the next 3 months through September 6, 2025.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented [REDACTED] - 06/20/2025)