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

December 30, 2025

[redacted] , ADMINISTRATOR
GLENMAURA SENIOR LIVING AT MONTAGE LLC
11 GLENMAURA NATIONAL BLVD
MOOSIC, PA, 18507

RE: GLENMAURA SENIOR LIVING
11 GLENMAURA NATIONAL BLVD
MOOSIC, PA, 18507
LICENSE/COC#: 22845

Dear [redacted] ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/24/2025, 11/25/2025 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: *GLENMAURA SENIOR LIVING* **License #**: *22845* **License Expiration**: *12/06/2026*

Address: *11 GLENMAURA NATIONAL BLVD, MOOSIC, PA 18507*

County: *LACKAWANNA* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *GLENMAURA SENIOR LIVING AT MONTAGE LLC*

Address: *11 GLENMAURA NATIONAL BLVD, MOOSIC, PA, 18507*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *10/01/2019* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: *85* **Total Daily Staff**: *171* **Waking Staff**: *128*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *11/25/2025*

Inspection Dates and Department Representative

11/24/2025 - On-Site: [redacted]

11/25/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *86*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *24* **Residents Served**: *24*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *86*

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

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

Inspections / Reviews

11/24/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/22/2025*

12/23/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/30/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/30/2025*

Inspections / Reviews *(continued)*

12/30/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *12/30/2025*

Reviewer: [redacted] **Follow-Up Type:** *Bypass Document Submission*

12/30/2025 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *12/30/2025*

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

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 10/13/25, Resident #1 fell and was taken from the home to [redacted] by family at 12:45p.m. The family returned to the facility and notified them the resident had [redacted]. The home did not report the incident to the department until 10/15/25 at 1:15p.m.

Plan of Correction ***Accept ([redacted] - 12/30/2025)***

LPN M.A.H. was aware of reportable incident. LPN M.A.H. did not complete incident in a timely manner, when educating M.A.H. on 11/25/2025 on Regulation 16c and the importance of reporting an incident or condition in a timely manner, M.A.H. admitted that [redacted] was made aware of incident report but forgot to complete incident report and left and left [redacted] shift for the day. M.A.H. did not make Director of Wellness or Administrator aware of reportable incident. To ensure compliance with Regulation 16c., Director of Wellness, Administrator or Designee will be made aware of all reportable incidents when incident occurs, the Director of Wellness will ensure that all reportable incidents are reported within the 24 hour requirement. Director of Wellness or Designee will make Administrator aware of any reportable incidents. Administrator or Designee will monitor for compliance of reportable incidents.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 12/30/2025)

17 - Record Confidentiality

2. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 11/24/25 at 9:30 a.m., In the 2nd floor kitchen breakfast bar area, there was a resident personal care check list left unlocked, unattended and accessible. These sheets included resident name, room number, services received and DNR information.

Plan of Correction ***Accept ([redacted] - 12/23/2025)***

All staff were trained on Regulation 17, Confidentiality of Records. Training began 11/26/25 and was completed on 12/3/25, see attached training records. To ensure Resident Confidentiality, all DCS staff will complete ADL paperwork in secure Wellness Office.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 12/30/2025)

82a - Poisonous Materials

3. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 11/24/25 at approximately 9:35a.m., in the memory care unit kitchenette under the sink was an unlabeled spray bottle of what smelled like Pine Sol, with no manufacturer label.

Repeat Violation: 3/4/25.

Plan of Correction ***Accept (- 12/23/2025)***

Spray bottle was immediately removed from under sink and discarded. Dietary Staff were educated on Regulation 82a, Poisonous Materials. All staff were instructed to not use any unmarked bottles of cleaners and to immediately bring any unmarked bottles to Housekeeping Manager or Administrator. Housekeeping Manager will include checking under cabinets in ongoing weekly poisonous materials audit. See attached. Director of Wellness will continue with monthly audit already in progress. Administrator will monitor Director of Wellness monthly audit to ensure compliance.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented (- 12/30/2025)

89b - Hot Water Temperature

4. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 11/24/25 at approximately 9:20 a.m. the hot water temperature in the 2nd floor public restroom measured 128 degrees Fahrenheit. On 11/24/25 at approximately 2:58 p.m. the hot water temperature in the bathroom of room 321 measured 126 degrees Fahrenheit.
On 11/24/25 at approximately 3:16 p.m. the hot water temperature in bathroom of room 227 measured 126 degrees Fahrenheit.
On 11/24/25 at approximately 3:26 p.m. the hot water temperature in the 1st floor public bathroom measured 126 degrees Fahrenheit.

Plan of Correction ***Accept (- 12/23/2025)***

Maintenance Department was immediately notified of high-water temperature while inspectors were on site. Maintenance immediately lowered water temperature to 119F degrees. Maintenance continued to check water temperatures throughout building to ensure water was below 120F. degrees. Maintenance was educated on Regulation 89A, hot water temperature in areas accessible to resident may not exceed 120F degrees. (see attached record of training). On 11/25/25 when inspector returned (day 2 of inspection) water temperature was rechecked and temperature was in compliance with Regulation 89b. Maintenance Dept. or Designee will check water temperature at least once weekly in different areas of the building accessible to residents and document water temperature findings in Maintenance Water Temperature Log (see attached). Administrator or Designee will audit Maintenance Water Temperature Log biweekly to ensure ongoing compliance with Regulation 89b. Maintenance will report any unusual water temperature findings to Administrator or Designee. Appropriate Plumber/Contractor will be contacted if Maintenance Dept. cannot resolve any water temperature problems.

89b - Hot Water Temperature *(continued)*

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 12/30/2025)

103e - Left Overs

5. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 11/24/25 at approximately 9:40a.m. in the Secure Dementia Care Unit freezer, there was an unlabeled, undated container of what appeared to be vanilla ice cream.
On 11/24/25 at approximately 1:17 p.m. in the main kitchen refrigerator, there was a baked mini loaf cake that was unlabeled.

Plan of Correction ***Accept ([redacted] - 12/23/2025)***

Dietary staff was trained on Regulation 103E Left Over Foods, Training was completed on 11/26/2025. Dietary Manager or Designee will inspect refrigerators and dry storage daily and complete Audit of Foods and document audit daily in Daily Dietary Audit of Foods. See attached Daily Audit. Administrator will review Daily Audit weekly to ensure ongoing compliance with Daily Audit. Any non-dated or labeled food will be immediately discarded.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 12/30/2025)

103g - Storing Food

6. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 11/24/25 at approximately 1:23 p.m. in the walk-in kitchen freezer, there was an open and unsealed bag of frozen garlic bread.

Plan of Correction ***Accept ([redacted] - 12/23/2025)***

Dietary staff was trained on Regulation 103G, food shall be stored in closed or sealed containers on 11/26/2025. Dietary Manager or Designee will inspect refrigerators and freezers daily and complete Audit of Foods and document audit daly in Daily Dietary Audit of Foods. See attached Daily Audit. Adminsitrator will review Daily Audit weekly to ensure ongoing compliance with Daily Audit. Any open or unsealed containers will be discarded immediately.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 12/30/2025)

105g - Lint Removal and Duct Cleaning

7. 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 11/24/2025 at approximately 9:25 a.m., there was an approximate 1/8 of an inch accumulation of lint in the lint trap of dryer located on the 2nd floor westside laundry room dryer and there were no clothes in the dryer at the time.

Plan of Correction ***Accept (- 12/23/2025)***

Housekeeping Manager and staff were educated on Regulation 105G1, Lint Removal and Duct Cleaning on 11/26/25 & 11/30/25. Staff will check lint trap after each load of laundry is done drying. See attached training log. Staff reminder notification was also secured to top of dryer. To ensure compliance with Regulation 141b1, Housekeeping Manager will monitor dryer lint removal.

Proposed Overall Completion Date: 06/30/2026

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented (- 12/30/2025)

141b1 - Annual Medical Evaluation

8. 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 The resident's previous medical evaluation was completed on

Plan of Correction ***Accept (- 12/23/2025)***

Resident #4 cancelled appointment with PCP and did not make Director of Wellness or Administrator aware of cancelled appointment. Director of Wellness was made aware of resident #4 cancelling appointment when called resident's PCP requesting status of completed DME. PCP's nurse said resident has a rescheduled PCP appointment for which was the next available appointment and DME will be completed at that visit. Director of Wellness spoke to Resident #4 and educated resident on importance of notifying Director of Wellness or Administrator when an appointment is cancelled so a new appointment can be rescheduled as soon as possible to ensure resident is in compliance with Regulation 141b1. Director Of Wellness was educated on Regulation 141b1. Director of Wellness or Designee will confirm any PCP yearly appointments that have direct impact on resident's annual evaluations and compliance with Regulation 141b1. (see attached note and Record of Training and documentation of nurses note from 7/1/25)

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented (- 12/30/2025)

185a - Implement Storage Procedures

9. Requirements

185a - Implement Storage Procedures *(continued)*

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 11/25/25, Resident #5's Tramadol HCL 50 mg tablet #11 medication packet was opened and resealed with clear tape on the back of the card holding the pill in place.
On 11/25/25, resident #6's Nueynta ER 200 MG medication card contained 30 pills, the narcotic log indicated that there were 31 pills remaining.
On 11/25/25, resident #7's Tramadol HCL 50 MG medication card had 72 pills, the narcotic log indicated that there were 71 pills remaining.

Plan of Correction ***Accept ([redacted] - 12/23/2025)***

All staff qualified to pass medications were educated on Regulation 185a and facility policy (see attached) on 11/26/25. See attached record of training. Med tech did administer medication to resident #6 in a timely manner and signed medication out on EMAR but did not document administration in NARC record. To ensure compliance with Regulation 185a, all qualified staff will document medication administration when administered. Any discrepancies in NARC count will be immediately reported to Director of Wellness or Administrator. Director of Wellness will audit NARC records, copy of audit attached. Administrator will monitor for compliance with audits.

Proposed Overall Completion Date: 06/30/2026

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 12/30/2025)

187a - Medication Record

10. 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

On 11/25/25, resident #7's prescribed Triamcinolone 0.1 % ointment was on the medication cart; however, the medication was not listed on the medication administration record.

Plan of Correction ***Accept ([redacted] - 12/30/2025)***

Resident #7 had an active order for the Triamcinolone 0.1% ointment, no discontinue order was issued by prescriber. Pharmacy was contacted and Triamcinolone was added back onto resident's EMAR. All qualified staff to pass medications were educated on Regulation 187a on 11/26/2025. See attached training record and Medication Administration Policy. A medication cart audit was completed on 11/28/2025 by Director of Wellness. No other medication issues were found. Train-the-Trainer will complete a cart audit monthly to ensure all medications that are in medication cart are actively on resident EMAR. Any medication discrepancies found in cart or on EMAR will be reported to Director of Wellness. Director of Wellness will monitor cart audits for compliance.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 12/30/2025)

231c - Preadmission Screening

11. 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 # 8 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's cognitive preadmission screening was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 12/23/2025)***

Resident #8 's Preadmission was completed when Director of Wellness went to assess Resident #8 in person on [redacted] prior to [redacted] return to Glenmaura. Resident did not return to facility until [redacted] Director of Wellness and Designee were educated on Regulation 231c. Director of Wellness or Designee will complete preadmission screening in accordance with Regulation 231c. Administrator will review all preadmission screenings to ensure compliance with Regulation 231c.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 12/30/2025)