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

July 13, 2026

[redacted], ADMINISTRATOR
GLENCREST MANOR INC
[redacted]

RE: GLENCREST MANOR
115 GLENCREST ROAD
COATESVILLE, PA, 19320
LICENSE/COC#: 19780

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2026 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: *GLENCREST MANOR* **License #**: *19780* **License Expiration**: *06/17/2026*

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**: *Valley Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *11* **Waking Staff**: *8*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *04/16/2026*

Inspection Dates and Department Representative

04/16/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *13* **Residents Served**: *11*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* **Are 60 Years of Age or Older**: *6*

Diagnosed with Mental Illness: *11* **Diagnosed with Intellectual Disability**: *0*

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

Inspections / Reviews

04/16/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/16/2026*

Inspections / Reviews *(continued)*

05/20/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/03/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *05/22/2026*

06/22/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/30/2026*

07/01/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/03/2026*

07/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/03/2026*

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

64f - Record of Training

1. Requirements

2600.
64.f. A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

Description of Violation

The home's record of administrator training for staff person A does not include copies of certificates.

Plan of Correction ***Accept ([redacted] - 05/20/2026)***

The administrator will obtain copies of all training certificates for staff person A and place them in their personnel file and the home's training record as trainings are completed. The administrator will review all staff training files to ensure each includes the required information, date, source, content, length of each course, and copies of certificates. Any missing certificates will be requested and filed accordingly. The facility administrator will be responsible for ensuring that all training records are complete and maintained in compliance with regulations.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented ([redacted] - 06/30/2026)

65g - Annual Training Content

2. 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 B did not receive training in 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 during training year 2025.

Plan of Correction ***Accept ([redacted] - 05/20/2026)***

staff person B will complete fire safety training conducted by a certified fire safety expert no later than June 3, 2026. Documentation of completion and the certificate will be placed in the employee's training file. The administrator will review all staff training records to verify that every staff person has received compliant annual fire safety training for the current and previous calendar years. Any identified deficiencies will be corrected immediately. Fire safety training will be scheduled annually in advance, and the administrator will maintain documentation verifying that the training was completed by or under the supervision of a fire safety expert. The administrator assistant is responsible for ensuring all staff complete and have documentation of required annual fire safety training.

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

65g Annual Training Content *(continued)*

Implemented (- 06/30/2026)

66b Training Plan Content

3. 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:
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 name, position and duties of each direct care staff person, the required training courses for each staff person, and locations of the scheduled training for each staff person for the upcoming year.

Repeated Violation - 4/14/2025

Plan of Correction ***Accept (- 05/20/2026)***

The administrator will update the home's staff training plan to include:
The name, position, and duties of each direct care staff person.
The required training courses specific to each staff person's role.
The dates, times, and locations of all scheduled trainings for the upcoming year.
The revised training plan will be completed and implemented by June 15, 2026. Going forward, the administrator assistant will develop the annual training plan prior to the start of each calendar year. A standardized training plan template will be used to ensure inclusion of all elements required by regulation. The administrator assistant will be responsible for developing, maintaining, and annually updating the comprehensive staff training plan.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented (- 06/30/2026)

95 Furniture and Equipment

4. Requirements

2600.
95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The shared bathroom for residents #1 and #2 did not have a toilet paper holder.

Plan of Correction ***Accept (- 05/20/2026)***

The home has put multiple holders in the bathroom with residents breaking each and every one. A new toilet paper holder will be installed in the shared bathroom for residents #1 and #2 on June 15, 2026, ensuring the fixture is securely mounted and functional. All resident bathrooms will be inspected by all the staff to confirm that each has a functional toilet paper holder and that all fixtures are in good repair and free of hazards. Any needed repairs or replacements will be completed promptly. The home has a bedroom/bathroom checklist that this will be added to. The administrator will oversee maintenance compliance and ensure any future repair needs are addressed immediately.

95 - Furniture and Equipment *(continued)*

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented ([redacted] - 06/30/2026)

132b - Safety Inspection/Fire Drill

5. 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 fire drill observed by a fire safety expert was conducted on 5/7/2024.

Plan of Correction ***Accept ([redacted] - 05/20/2026)***

The administrator assistant will schedule a fire safety inspection and fire drill with a certified fire safety expert to be completed by June30, 2026. The Admin Assistant has a couple of calls out to the community to help find a fire expert. After the completion, documentation of the inspection and drill will be maintained in the facility's safety records. Going forward, the administrator assistant will ensure the annual fire safety inspection and drill conducted by a fire safety expert are completed within 12 months of the previous date, and documentation is retained for compliance review. The administrator assistant will be responsible for ensuring timely scheduling, completion, and documentation of the annual fire safety inspection and drill.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented ([redacted] - 07/13/2026)

181c - Self-administration Assessment

6. Requirements

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #1 self-administers medications to include Trulicity 3mg/0.5ml once a week for diabetes; however, resident #1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Resident #2 self-administers medications to include testing blood sugar three times a day at 6am, 4pm and 8pm, Lantus Solostar 100 units/ml pen injected 20 units subcutaneously at 8:00 pm, and Insulin lispro 100 units/ml pen inject subcutaneously four times a day scaling scale; however, resident #2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

181c - Self-administration Assessment *(continued)*

Plan of Correction ***Accept ([redacted] - 05/20/2026)***

The administrator assistant will arrange for both residents #1 and #2 to be assessed by their primary care physicians, to evaluate their ability to self-administer medications and determine if medication reminders are necessary. Assessments will be completed and documented by June 30, 2026. The administrator assistant will review all residents' records at the monthly chart check to confirm that every resident who self-administers medications or insulin has a current and properly documented assessment completed by an authorized medical professional. Any missing assessments will be scheduled and completed as soon as possible. The administrator assistant will ensure that before any resident begins or continues to self-administer medications, a current medical assessment is obtained and kept on file. The administrator assistant will be responsible for ensuring all required self-administration assessments are completed, documented, and maintained in residents' records.

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

Implemented ([redacted] - 07/13/2026)

185a - Implement Storage Procedures

7. 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 4/16/2026, resident #2's glucometer was not calibrated to the correct time it displayed 1:40 pm at 2:38 pm.

Plan of Correction ***Accept ([redacted] - 05/20/2026)***

The Meter was changed at daylight savings, but some meters are very high tech and staff did not hit the save button. The administrator assistant recalibrated resident #2's glucometer to the correct time on April 16, 2026. The glucometer was tested to ensure accurate timekeeping and proper function. The admin assistant goggled how to change settings on the meter. All glucometers and other medical equipment used for medication management will be checked for proper calibration and time accuracy. Any discrepancies will be corrected immediately. The administrator assistant will oversee the calibration and maintenance of all medical equipment and ensure records are properly maintained and up to date.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Implemented ([redacted] - 06/30/2026)

8. 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 4/11/2026, at 8:00 pm, resident #1's blood sugar reading on the glucometer read 243; however, the blood sugar reading was documented as 285 on the medication administration record for April 2026.

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

Resident #1's (MAR) was immediately reviewed and corrected to reflect the accurate blood sugar reading obtained on 4/11/2026 at 8:00 p.m. The discrepancy between the glucometer reading and the MAR documentation was identified and addressed by staff.
An audit of blood sugar documentation and corresponding glucometer readings for all residents receiving blood

185a - Implement Storage Procedures (continued)

glucose monitoring was completed to ensure documentation accuracy and identify any additional discrepancies. Med trainer checks all the resident's readings every Friday to match the meter and the log that is used to document the numbers, med trainer would have corrected the mistake on Friday 4/17/26. Med trainer will continue to do the weekly meter/glucose number check on Fridays.
Beginning 6/18/2026, the Medication Trainer will conduct weekly audits every Friday of all resident blood glucose logs, glucometer memory readings, and corresponding MAR documentation to verify accuracy and identify discrepancies.
Any discrepancies identified during audits will be corrected immediately, documented, and reviewed with the staff member involved. Additional retraining will be provided as needed.
The House Manager will conduct monthly spot checks of at least 10 blood glucose entries for a period of three months beginning 6/1/2026 to ensure continued compliance with medication documentation procedures.
Audit results will be reviewed monthly by the House Manager and Medication Trainer to identify trends and determine if additional corrective actions are necessary.

Licensee's Proposed Overall Completion Date: *06/18/2026*

Implemented ([redacted] - 06/30/2026)

187b - Date/Time of Medication Admin.

9. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed metoprolol tartrate 25mg. Resident #1's April 2026 medication administration record does not include the initials of the staff person who administered metoprolol tartrate 25 mg on 4/15/2026 at 5:00 pm.

Plan of Correction ***Accept ([redacted] - 05/20/2026)***

Resident #1's April 2026 MAR was immediately reviewed. The staff member who administered the metoprolol tartrate 25 mg dose on 4/15/2026 at 5:00 p.m. was identified, and the MAR was updated in accordance with facility policy. All trained medication administration staff were re-educated on medication documentation requirements, including the requirement that medications administered must be documented with staff initials/signature at the time of administration. Re-education was done on 4/20/26

Licensee's Proposed Overall Completion Date: *05/18/2026*

Implemented ([redacted] - 06/30/2026)

187d - Follow Prescriber's Orders

10. Requirements

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

Description of Violation

Resident #2 is prescribed Insulin lispro 100 units/ml pen injected subcutaneously four times a day on a scaling scale. Blood sugar checks 141-180=2 units, 181-210=3 units, 211-240=4 units, 241-270=5 units, 271-300=6 units, 301-350= 7 units, 351-400= 8 units.
The glucometer reading on 4/11/2026 at 8:00 pm was 243. However, 285 was documented on the medication administration record for April 2026. The resident was administered 6 units of Insulin lispro instead of 5 units on

187d - Follow Prescriber's Orders (continued)

4/11/2026 at 8:00 pm.

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

The MAR and glucometer readings for Resident #2 were reviewed and corrected to reflect the accurate blood sugar reading and corresponding insulin dose per physician order. A comprehensive audit of insulin administration records, sliding scale orders, glucometer readings, and corresponding documented insulin doses for all resident's receiving insulin was completed to identify any additional discrepancies. Any findings were corrected immediately and addressed with involved staff. A training was re-done to re-educate staff on administration of sliding scale insulin orders on 4/23/26.
Effective 6/18/2026, all medication-trained staff will be required to verify the glucometer reading against the sliding scale order prior to insulin administration and documentation on the MAR. Medication-trained staff received re-education on 4/23/2026 regarding accurate blood glucose documentation, following physician orders, and correct calculation and administration of sliding scale insulin.

Monitoring and Auditing:
Beginning 5/18/2026, the Medication Trainer will conduct weekly audits every Friday of all residents receiving insulin. The audit will compare glucometer readings, blood glucose logs, MAR documentation, and insulin doses administered to ensure compliance with physician orders.
Any discrepancies identified will be corrected immediately and reviewed with the staff member involved. Additional retraining will be provided as needed.
Beginning 6/18/2026, the House Manager/med tech will conduct monthly spot checks of insulin administration records for three months to verify ongoing compliance. Results of all audits and spot checks will be reviewed by the Medication Trainer and House Manager monthly to identify trends and implement additional corrective action if needed.

Licensee's Proposed Overall Completion Date: *06/18/2026*

Implemented ([redacted] - 06/30/2026)

225c - Additional Assessment

11. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #3's assessment, dated [redacted], does not include the residents need for help managing their finances. The assessment for resident #3, dated [redacted], indicates the resident does not have a need for managing [redacted] finances.

Repeated Violation - 08/13/2025

225c - Additional Assessment *(continued)*

Plan of Correction ***Accept (- 05/20/2026)***

I do not believe this was the same violation. Resident 3 has a rep payee but does not need help with spending or managing personal allowance. Designated staff put the need of financial assistance on the residents RASP on 4/17/26. Staff responsible for completing and reviewing resident assessments were re-educated on assessment requirements, including the need for assessments to accurately reflect all resident care needs, changes in condition, and required services on 4/20/26. The Amin assistant will continue to do chart checks monthly.

Licensee's Proposed Overall Completion Date: *05/18/2026*

Implemented (- 07/13/2026)

227e - Self Administer Medication

12. Requirements

2600.
227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident #1's assessment, dated , states that the resident cannot self-administer medication. However, resident #1 self-administers Trulicity 3mg/0.5ml once a week for diabetes.

Resident #2's assessment, dated states the resident cannot self- administer medication. However, resident #2 self- administers, Lantus Solostar 100 units/ml pen injection, Insulin lispro 100 units/ml pen injection, and test blood sugars three times a day.

Plan of Correction ***Accept (- 05/20/2026)***

Resident 1 has an appt with new family doctor on insurance has changed and getting a new doctor took time. Admin assistant will send along a DME/MA51 to be re-done to have the accurate info under medication administration. Resident 2 has her Dr appt on to re-do DME/MA51 to also have correct info.
A comprehensive review of all resident assessments and support plans was completed to ensure documentation accurately reflects each resident's medication self-administration abilities and assistance needs. All discrepancies identified will be corrected at upcoming appts. Staff responsible for assessments and support plan development were re-educated on regulatory requirements related to documenting residents' medication self-administration capabilities, supervision needs, and medication assistance requirements on 4/23/26. Chart checks are still completed monthly by admin assistant. The home reinforced procedures to ensure assessments, support plans, and medication management documentation remain consistent with residents' current functioning and physician orders.

Licensee's Proposed Overall Completion Date: *05/18/2026*

Implemented (- 07/01/2026)

251c - Standardized Forms

13. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

251c Standardized Forms *(continued)*

Description of Violation

Resident #1's documentation of medical evaluation, dated [redacted], was not completed on the Department's current standardized form.

Plan of Correction ***Accept ([redacted] - 05/20/2026)***

Resident 1 will have a new DME/MA51 done at [redacted] upcoming [redacted] appt. [redacted] switched [redacted] when coming to GCM and [redacted] insurance got messed up and has now become valid as 5/1/26, finding a new PCP without a yearlong waiting list was a struggle. A review of all current resident medical evaluation records was conducted to ensure the Department's current standardized forms are being utilized throughout the home. Any outdated or incorrect forms identified were replaced immediately with the current approved versions. Staff responsible for maintaining resident records and obtaining medical evaluations re educated [redacted] on the DHS website to keep up on all forms and changes on the requirement to use only the Department's current standardized forms for resident documentation. The home implemented a process to verify that only current Department approved forms are maintained in admission packets, resident record systems, and administrative files to prevent future use of outdated forms. This will be included in the already done monthly chart checks.

Licensee's Proposed Overall Completion Date: *05/18/2026*

Implemented ([redacted] - 07/01/2026)

252 - Record Content

14. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

252 - Record Content *(continued)*

19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident #3's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction ***Accept ([redacted] - 05/20/2026)***

Resident #3's record was updated on 4/21/26 to include a current photograph that is no more than two years old in accordance with regulatory requirements. Staff re-did all outdated pics on the same day and ran out of ink, then forgot to print it off. Med tech checks pictures monthly during chart/MAR checks to make sure resident info is correct. The home will implement a tracking process to monitor photograph dates and ensure resident photographs are updated at least every two years or sooner if needed by 6/1/26. The admin assistant will check all these when doing the monthly checks.

Licensee's Proposed Overall Completion Date: *06/01/2026*

Implemented ([redacted] - 07/01/2026)