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

July 31, 2026

[redacted]
SNH PENN TENANT LLC
[redacted]
C/O INTEGRACARE CORP
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2026 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: *GLEN MILLS SENIOR LIVING* **License #**: *14511* **License Expiration**: *06/26/2027*

Address: *242 BALTIMORE PIKE, GLEN MILLS, PA 19342*

County: *DELAWARE* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *SNH PENN TENANT LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *03/19/2010* **Issued By**: *Concord Township, Delaware County, PA*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *111* **Waking Staff**: *83*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *07/01/2026*

Inspection Dates and Department Representative

07/01/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *67*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Life Stories* **Capacity**: *22* **Residents Served**: *17*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *67*

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

Have Mobility Need: *44* **Have Physical Disability**: *1*

Inspections / Reviews

07/01/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/27/2026*

07/28/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/30/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/30/2026*

Inspections / Reviews *(continued)*

07/31/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/30/2026*

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

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] staff person A reported to staff person B, the Administrator, that they had witnessed staff person C grab resident [redacted] by the back of their shirt and pull them backwards as resident [redacted] was attempting to go through a doorway on Tuesday[redacted]. Staff person A also reported that they witnessed staff person C pinch resident [redacted] on the arm and speak to resident [redacted] in an aggressive and inappropriate manner by using foul language. Staff person A also states they have seen staff person C speak to residents in the secured dementia care unit (SDCU) in a disrespectful, aggressive and unprofessional manner.
This allegation of abuse was was not reported to the local area agency on aging unti[redacted]

Repeated Violation - [redacted], et al.

Plan of Correction ***Accept [redacted] - 07/28/2026)***

Immediate Action:: In response to the violation on[redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Executive Operations Officer upon identification of the deficiency, the residence immediately reviewed the incident and reporting process to ensure compliance with the requirements of PA Regulation 2600.25(a) and the Older Adults Protective Services Act (OAPSA). The Administrator and management team have reviewed and reinforced the residence's abuse reporting policy to ensure that all allegations or suspicions of abuse are reported immediately to the appropriate protective services agency and other required entities without delay.

Staff Education: By 7/30/26, all employees will receive mandatory re-education on:
Recognizing signs and symptoms of suspected abuse, neglect, exploitation, and abandonment.
The residence's internal reporting procedures. Documentation requirements and reporting time frames.
Training attendance will be documented and maintained in employee personnel files.

Long Term Plan: To ensure ongoing compliance, the Administrator or designee will review all incident reports upon occurrence to verify that any suspected abuse is reported immediately and in accordance with state regulations. A monthly staff meeting is scheduled for July, August and September to discuss resident abuse, the reporting protocols, timeliness and documentation. The Administrator will review the same information at the quarterly staff meetings thereafter. Additionally, all staff are required to complete 2 training modules: Client's Rights and Abuse Prevention for Older Adults living with Dementia, HIPAA and Elder Abuse Prevention and Neglect annually through the training platform, Care Academy.

Licensee's Proposed Overall Completion Date: *07/27/2026*

Implemented[redacted] - 07/31/2026)

15c - Supervision

2. Requirements

2600.
15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [redacted] at approximately 1:30 PM, staff person C allegedly pulled resident [redacted] by the back of their shirt, pinched the resident's arm and spoke to resident [redacted] in a disrespectful manner. This incident was observed by staff person A. This incident was reported to staff person B on [redacted] at approximately 4:00 PM. Staff person C was suspended and returned to work on [redacted] and [redacted] working the 7:00 AM to 3:00 PM shift and on [redacted] working the 11:00 PM to 7:00 AM shift.

Staff person C was not on an approved plan of supervision or cleared by the Department to return to work.

Plan of Correction ***Accept [redacted] 07/28/2026)***

Immediate Action: Administrator completed a final report for the Department of Human Services outlining the investigation and conclusion for approval.
Administrator immediately in-serviced all managers on 7/2/26, regarding the abuse allegation process and the need to submit the plan of supervision or notice of suspension of the affected staff person to the Department of Human Services.
Upon identification of the deficiency, the residence immediately reviewed its abuse reporting procedures to ensure compliance with PA Regulation 2600.15(c). The required plan of supervision (or notice of suspension, as applicable) was submitted to the Department's Personal Care Home Regional Office.

The Administrator and management staff reviewed the residence's abuse reporting policy and reporting timeline to reinforce the requirement that a plan of supervision or notice of suspension be submitted immediately whenever an allegation of abuse involving a staff member is reported.

Staff Training: All supervisory personnel will receive re-education regarding:

The requirements of PA Regulation 2600.15(c).
The immediate submission of a plan of supervision or notice of suspension to the Department's Regional Office.
Required documentation and reporting timeframes.
The residence's internal procedures for abuse reporting and follow-up.

Documentation of the education will be maintained in employee training records.

Long Term Plan: To ensure ongoing compliance, the Administrator or designee will review all reportable incidents involving allegations of abuse at the time of occurrence to verify that the required plan of supervision or notice of suspension has been submitted to the Department without delay. Monthly audits of reportable incidents and related documentation will be conducted for 90 Days beginning 7/1/2026 through 9/29/2026. Any identified deficiencies will be addressed immediately through corrective action and additional staff education.

The Administrator is responsible for monitoring compliance with PA Regulation 2600.15(c) and ensuring that all required documentation is submitted timely to the Department.

Responsible Person: Administrator

Licensee's Proposed Overall Completion Date: *07/27/2026*

15c - Supervision *(continued)*

Implemented (07/31/2026)

82c - Locking Poisonous Materials

3. 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.

Description of Violation

On at approximately 10:10 AM, the door to the "Wellness Room" in the SDCU was unlocked and unattended. Inside the room were 9 unlocked resident toiletries containers containing the residents daily toiletries. Additionally, there was Dove Antibacterial Hand Soap and a container of Arm and Hammer liquid laundry detergent. Several items within the toiletry containers and the soap and laundry detergent have warning labels indicating if ingested, contact a physician or a Poison Control Center.

Repeated Violation - , et al., , et al., , et al.

Plan of Correction ***Accept - 07/28/2026)***

Immediate Action: Upon identification of the deficiency, the residence immediately secured all poisonous and hazardous materials by locking and securing Memory Care Wellness Door.

Staff Education: The Safety and Maintenance Engineer and Executive Operations Officer will review the residence's policies and procedures regarding the storage of poisonous and hazardous materials with all applicable staff on 7/30/2026 at the all company meeting. Documentation of education will be added to employee files.

Long term Plan: Life Stories Director or designee will provide weekly audits of the MC Wellness door for a time period of 90 days beginning 7/1/26 through 9/29/2026 to ensure the security of any/all poisonous items.

Licensee's Proposed Overall Completion Date: *07/22/2026*

Implemented (- 07/31/2026)

103e - Left Overs

4. 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

A partially eaten cup of ice cream and a milkshake were observed in the SDCU's kitchenette freezer opened, unsealed, unlabeled, and undated.

Plan of Correction ***Accept - 07/28/2026)***

Immediate Action: Upon identification of the deficiency, the residence immediately discarded any food that had been served to and returned from a resident's plate in accordance with PA Regulation 2600.103(e). In addition, all leftover food items were reviewed to ensure they were properly labeled and dated. Any undated or improperly labeled food

103e - Left Overs (continued)

items were discarded.

Staff Education: Executive Operations Officer will review the residence's food safety and sanitation policies with all dietary staff on 7/30/2026 during the mandatory all company meeting.
Re-education to include:

Food that has been served to and returned from a resident's plate shall never be reserved or incorporated into the preparation of other food items.
All leftover food must be promptly placed in appropriate storage containers and clearly labeled with the contents, preparation date, and/or discard date in accordance with the residence's food safety policy.
Proper storage, rotation, and disposal of leftovers using first-in, first-out (FIFO) principles.
Staff responsibilities for maintaining compliance with food safety regulations and preventing cross-contamination.

Documentation of all staff education will be maintained in employee training records.

Long Term Plan: Life Stories Director or Designee will perform weekly audits on the memory care kitchen/Refrigerator to ensure no food is stored without proper labeling/dating, and that all items without proper labels/dates are discarded immediately for a period of 90 days beginning 7/1/2026 through 9/29/2026.

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented [redacted] - 07/31/2026)

233c - Key-Locking Devices

6. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the SDCU's courtyard door.

Repeated Violation - [redacted] et al., [redacted] et al.

Plan of Correction ***Accept [redacted] - 07/28/2026)***

Immediate Action: Executive Operations Officer posted gate code within view of gate to provide instruction for immediate egress.

Staff Education: Executive Operations Officer will review will all staff the importance of code postings at each secured door, as well as the importance of reporting missing code postings to the appropriate managers for resolution on 7/30/2026 during the all company mandatory meeting. Documentation of education will be added to employee files.

Long Term Plan: Safety and Maintenance Engineer or designee will perform weekly audits on secured door postings throughout the facility beginning 7/1/2026 for a period of 90 days ending 9/29/2026.

233c - Key-Locking Devices *(continued)*

Licensee's Proposed Overall Completion Date: *07/22/2026*

Implemented [redacted] - 07/31/2026)