

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

September 21, 2026

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

RE: COGIR 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 07/22/2026 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: COGIR AT GLEN MILLS

License #: 14670

License Expiration: 10/16/2026

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: 74.25

Total Daily Staff: 213.25

Waking Staff: 160

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 07/22/2026

Inspection Dates and Department Representative

07/22/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 120

Residents Served: 120

Secured Dementia Care Unit

In Home: Yes

Area: first floor

Capacity: 20

Residents Served: 19

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 89

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 19

Have Physical Disability: 0

Inspections / Reviews

07/22/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/17/2026

08/19/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/24/2026

Inspections / Reviews (*continued*)

08/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/09/2026

09/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], at 10:30 am, resident [REDACTED] was observed with bruising on the upper right side of their arm and the right side of the chest. The resident had pain and sensitivity around the bruised area but would not allow staff to perform an assessment. When the resident was asked about the bruising, they stated that it happened "a couple of days ago" and was told by staff not to tell anyone. The resident went to the hospital and was found to have a broken arm. Resident 1 was treated at the hospital with immobilization via sling and ongoing physical therapy prescribed before returning to the home. The resident confirmed they were still in pain during the time of the inspection and was observed holding their arm. Three staff persons were terminated after the home concluded their investigation.

Repeated Violation: [REDACTED], et al.

Plan of Correction**Accept [REDACTED] - 08/19/2026)**

All current associates shall be re-trained and re-educated on 2600.42 Abuse and Abuse Reporting by HWD by 8/31/2026. We will continue re-training annually including all new hires.

Beginning 09/01/2026, the Healthcare Director, Memory Care Director, and Exec Director and/or designee shall complete a monthly review of unexplained injuries, falls, hospital transfers, complaints, and allegations, for 8 weeks, to ensure compliance with this regulation is maintained.

To ensure consistent adherence to Regulation 2600.42b, compliance monitoring will be conducted during the monthly Quality Management meeting. This review shall occur at the next QA meeting on 8/24/2026, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/01/2026

Implemented [REDACTED] - 09/21/2026)**53a - Qualifications****2. Requirements**

2600.

53.a. The administrator shall have one of the following qualifications:

1. A license as a registered nurse from the Department of State.
2. An associate's degree or 60 credit hours from an accredited college or university.
3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
4. A license as a nursing home administrator from the Department of State.
5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

On [REDACTED] the home was serving 120 residents. Staff person A, the administrator does not have an associate's degree or 60 credit hours from an accredited college or university.

Plan of Correction**Accept [REDACTED] 08/21/2026)**

The licensed administrator at the time of inspection was [REDACTED] [REDACTED] has been in that role since

53a Qualifications (continued)

5/28/2026. As of 8/18/2026 the acting licensed administrator is [REDACTED]. The Executive Director has registered for PCHA classes that begin on 8/25/2026.

Documentation of the Administrator's qualifications shall be kept on site in the business office.

Beginning immediately, HR Director or designee will review all future PA Admin applications, before hiring, to ensure that the applicant meets the minimum requirements of this regulation. If not, they Cogir will ensure that there is an acting or interim Administrator who meets the minimum educational requirements, in place, until the candidate obtains the necessary qualifications.

Licensee's Proposed Overall Completion Date: 08/25/2026

Implemented [REDACTED] - 09/21/2026)

57d - Waking Hours**3. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [REDACTED], a total of 80 hours of direct care was required. However, only 52.5 of the 74.25 required hours were provided during waking hours.

On [REDACTED], a total of 80 hours of direct care was required. However, only 67.5 of the 74.25 required hours were provided during waking hours.

On [REDACTED] a total of 80 hours of direct care was required. However, only 60 of the 74.25 required hours were provided during waking hours.

Plan of Correction

Accept [REDACTED] - 08/21/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/07/2026 by the HWD.

To enhance the currently compliant operations, on 8/7the HWD or designee validate weekly compliance will the regulation based on our census.

Effective 8/7 the HWDF and MD will perform weekly audits of personal care and memory care staffing through to maintain ongoing compliance with the regulation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/21/2026

Implemented [REDACTED] - 09/21/2026)

62 - Contact List

4. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A, the administrator, did not provide a complete staff list. Staff person B was not listed on the provided staff list but was listed on the schedule.

Repeated violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] 08/21/2026)

-On 8/24/2026, the BOM or designee will complete an audit of current staff people and updated the staff list to be complete and placed a copy in the survey ready binder kept in the main office.

-Beginning 8/24/2026, the administrator or designee shall review the current staff list weekly to ensure accuracy and to capture newly hired associates as well as to remove terminated associates. The current staff list shall be printed weekly and placed in survey readiness binder for timely reference.

Licensee's Proposed Overall Completion Date: 08/24/2026

Implemented [REDACTED] - 09/21/2026)

64a - Admin Training**5. Requirements**

2600.

- 64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.
2. A 100-hour standardized Department-approved administrator training course.
3. A Department-approved competency-based training test with a passing score.
4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff person A, who is the home's administrator, has not successfully completed an orientation program approved and administered by the Department, a 100-hour standardized Department-approved administrator training course, Department-approved competency-based training test with a passing score.

Plan of Correction

Accept [REDACTED] - 08/21/2026)

At the time of the Inspection the [REDACTED] was serving as the Interim Administrator.

Beginning 8/01/2026, The Health Care Director is serving as the Interim Administrator. [REDACTED] has been submitted in the portal for review.

By 8/25/2026, The Executive Director will begin the 100 HOUR PCHA training course, test and orientation required that meets the qualifications for this section. [REDACTED] will then attend the next state orientation meeting qualifying [REDACTED] for the license.

By 9/17/2026, the Community's business office manager or designee will review all Leadership level personnel files to ensure the community has documentation of the minimum requirements for their position.

Documentation of the Administrator's qualifications shall be kept on site in the business office.

64a Admin Training (continued)

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented [REDACTED] - 09/21/2026)

131f - Fire Extinguisher Inspection**6. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers in Memory Care had not been inspected by a fire safety expert because the tag was not present on the extinguisher during the inspection.

Plan of Correction

Accept [REDACTED] - 08/19/2026)

On 8/17/2026, all fire extinguishers in the community were inspected by Maintenance Director and all tags were attached to the extinguishers..

On 8/17/2026, the MD or designee shall inspect the fire extinguishers will be checked on a monthly basis.

To ensure consistent adherence to Regulation 2600.131f compliance monitoring and this will be reviewed through our TELS system monthly.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 09/21/2026)