

Department of Human Services
Bureau of Human Service Licensing

June 14, 2021

[REDACTED] PRESIDENT AND COO
SNH PENN TENANT LLC
400 CENTRE STREET
ATTN LICENSING
NEWTON, MA 2458

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2021, 05/06/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

05/04/2021 - Partial

Lead Inspector:

Follow Up Type: *POC Submission*Follow-Up Date: *05/28/2021*

6/1/2021 POC Submission

Lead Reviewer:

Follow-Up Type: *Document Submission*Follow-Up Date: *06/18/2021*

6/14/2021 - Document Submission

Lead Reviewer:

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 04/20/2021 at around 08:30 PM, staff A entered resident 1's room to check on the resident. Staff A noticed that the resident's door was closed, which was unusual (the door is always open). The staff person announced their presence and proceeded to enter the room. The resident did not greet the staff, which was unusual for the resident. The resident normally greets staff first. The resident's bed is located out of sight from the door. Staff A walked past the bathroom to get to the resident's bed and observed staff B bolting from the resident's bedside and stumbling over the resident's walker, which was at the bedside a short distance apart from the night stand. Staff B then began to stand upright while proceeding to pull up their pant zipper. The resident was observed lying supine on the bed, with an adult brief dangling at the right ankle and the resident's genitals barely covered by the corner of the blanket. Staff A asked staff B to leave the room, who was lingering behind stating "it's a misunderstanding, I was just fixing the window." However, the window is visible from the door and staff B was not found near the window. When staff C interviewed the resident about an hour later, the resident reported, "It was almost sex, I guess I was lonely, and I don't want anybody to get into trouble." Staff B was last seen by staff D near the time clock around 09:00 PM. Staff D reported that staff B looked flustered and stated "it's a misunderstanding." Inappropriate sexual contact occurred between resident 1 and staff B, which was interrupted by staff A.

Staff B did not have a work order and there was not a reason to be in resident 1's bedroom.

Plan of Correction**Accept**

- 1. The resident remains safe in the community. On the date of the incident 4/20/2021, staff member A immediately contacted the Administrator to report inappropriate contact. The Administrator immediately responded by going to the community to investigate, and reported allegations to governing agencies and the state police. DHS has acknowledged that processes regarding allegations were complete and through.*
- 2. Staff B was immediately placed on Administrative Leave and subsequently resigned during the investigation. Team members will continue to report any allegations of abuse per regulations.*
- 3. All team members were re-in serviced by the Administrator on Resident Rights and The Older Adults Protective Service Act on 4/26/2021. Training on Residents Rights and The Older Adults Protective Service Act will continue upon hire and annually per regulations.*
- 4. ED will conduct random audits of 10 % of team member's files and report findings to QA committee.*

Completion Date: 04/26/2021

42b - Abuse (continued)

Document Submission **Implemented**

1. *The resident remains safe in the community. On the date of the incident 4/20/2021, staff member A immediately contacted the Administrator to report inappropriate contact. The Administrator immediately responded by going to the community to investigate, and reported allegations to governing agencies and the state police. DHS has acknowledged that processes regarding allegations were complete and through.*
2. *Staff B was immediately placed on Administrative Leave and subsequently resigned during the investigation. Team members will continue to report any allegations of abuse per regulations.*
3. *All team members were re-in serviced by the Administrator on Resident Rights and The Older Adults Protective Service Act on 4/26/2021. Training on Residents Rights and The Older Adults Protective Service Act will continue upon hire and annually per regulations.*
4. *ED will conduct random audits of 10 % of team member's files and report findings to QA committee.*

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 05/04/2021, Murine Ear Wax Removal System 6.5%, prescribed for resident #1, was in the home's medication cart; however, the medication was discontinued on 04/21/2021.

Plan of Correction **Accept**

1. *The medication was immediately removed from the medication cart and properly discarded.*
2. *Medication Technician and Nurses were in –serviced on 5/4/2021 on medication storage and destruction.*
3. *DRC/designee will conduct cart audits weekly beginning 5/4/2021 X 4 weeks and then monthly for compliance of regulation.*
4. *ED/designee will conduct quarterly audits for compliance of this regulation.*

Completion Date: 05/04/2021

Document Submission **Implemented**

1. *The medication was immediately removed from the medication cart and properly discarded.*
2. *Medication Technician and Nurses were in –serviced on 5/4/2021 on medication storage and destruction.*
3. *DRC/designee will conduct cart audits weekly beginning 5/4/2021 X 4 weeks and then monthly for compliance of regulation.*
4. *ED/designee will conduct quarterly audits for compliance of this regulation.*

185a - Implement Storage Procedures

1. 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

Resident #1 is prescribed Loperamide HCL 2 mg, Refresh Tears 0.5% Drops, and Milk of Magnesia as needed. On 05/04/2021, these medications were not available in the home.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

- 1. The mentioned as needed medication were discontinued on 5/5/2021 by the Physician.
- 2. Medication Technician and Nurses were in serviced on 5/4/2021 on as needed medication availability.
- 3. DRC/designee will conduct cart audits weekly beginning 5/4/2021 X 4 weeks and then monthly for compliance of regulation.
- 4. ED/designee will conduct quarterly audits for compliance of this regulation.

Completion Date 05/04/2021

Document Submission

Implemented

- 1. The mentioned as needed medication were discontinued on 5/5/2021 by the Physician.
- 2. Medication Technician and Nurses were in-serviced on 5/4/2021 on as needed medication availability.
- 3. DRC/designee will conduct cart audits weekly beginning 5/4/2021 X 4 weeks and then monthly for compliance of regulation.
- 4. ED/designee will conduct quarterly audits for compliance of this regulation.

187a - Medication Record

1. Requirements

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
 - 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 was prescribed Voltaren Gel and Debrox Ear Drops for 7 days on 04/26/2021. However, resident #1's medication administration record does not indicate the diagnosis for these medications.

Plan of Correction

Accept

- 1. The mentioned medication diagnoses were added on 5/4/21.
- 2. Medication Technician and Nurses were in-serviced on 5/19/2021 on the need for diagnosis for each medication ordered.
- 3. DRC will conduct MAR audits weekly beginning 5/20/21 X 4 weeks and then monthly for compliance of this regulation.
- 4. ED/designee will conduct quarterly audits for compliance of this regulation

Completion Date: 05/04/2021

Document Submission

Implemented

- . The mentioned medication diagnoses were added on 5/4/21.
- 2. Medication Technician and Nurses were in-serviced on 5/19/2021 on the need for diagnosis for each medication ordered.
- 3. DRC will conduct MAR audits weekly beginning 5/20/21 X 4 weeks and then monthly for compliance of this regulation.
- 4. ED/designee will conduct quarterly audits for compliance of this regulatio

187b - Date/Time of Medication Admin.

1. Requirements

187b - Date/Time of Medication Admin. *(continued)*

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 Simbrinza 1%-0.2% Drops. Resident #1's May medication administration record does not include the initials of the staff person who administered it on 05/01, 02, and 03/2021 at 08:00 PM.

Plan of Correction

Accept

1. Resident remains safe in community.
2. Medication Technician and Nurses were re-in serviced on proper medication administration documentation on 5/4/2021.
3. DRC will conduct MAR audits weekly beginning 5/4/21 x 4 weeks and then monthly for compliance of this regulation.
4. ED/designee will conduct random audits of MAR for compliance of this regulation.

Completion Date: 05/04/2021

Document Submission

Implemented

1. Resident remains safe in community.
2. Medication Technician and Nurses were re-in serviced on proper medication administration documentation on 5/4/2021.
3. DRC will conduct MAR audits weekly beginning 5/4/21 x 4 weeks and then monthly for compliance of this regulation.
4. ED/designee will conduct random audits of MAR for compliance of this regulation.