

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

October 16, 2025

[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 09/03/2025, 09/04/2025 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:** GLEN MILLS SENIOR LIVING      **License #:** 14511      **License Expiration:** 06/26/2026

**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:** 1-2      **Date:** 03/19/2010      **Issued By:** Concord Township, Delaware County PA

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 61      **Waking Staff:** 46

**Inspection Information**

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

**Reason:** Complaint, Incident      **Exit Conference Date:** 09/04/2025

**Inspection Dates and Department Representative**

09/03/2025 - On-Site: [REDACTED]

09/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 100      **Residents Served:** 49

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Memory Care      **Capacity:** 22      **Residents Served:** 12

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** NA      **Are 60 Years of Age or Older:** 49

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

**Have Mobility Need:** 12      **Have Physical Disability:** 1

**Inspections / Reviews**

09/03/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 10/13/2025

Inspections / Reviews *(continued)*

10/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/16/2025

10/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. Infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the home does not have dated documentation of staff person A completing and passing the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept [REDACTED] - 10/14/2025)

Short Term Actions

1. Cease Unsupervised Services by Unqualified Staff

Action Plan: Ensure all unsupervised ADL services are temporarily halted by unqualified staff.

Steps:

- Staff member A had direct caregiver certificate upon hire (2/4/25) however date of completion was not legible.
- Identify all direct care staff hired after April 24, 2006, who have not documented training and competency compliance.
- Immediately cease any unsupervised ADL services rendered by these individuals, including direct care staff person A.
- Communicate the immediate suspension of services internally to ensure compliance.

Responsible Party: ASD

Time line: Legible copy of caregiver certificate was obtained from Temple and sent to DHS via email on 9/8/2025. Complete audit of DHS Direct Care Certificate was completed on 9/8/2025, all certificates had legible dates. All Employee files are in compliance.

Staff Training Program Implementation:

65d - Initial Direct Care Training (continued)

- Administrative Services Director educated as to regulations for Direct Caregivers providing legible documentation of DHS training prior to be scheduled for resident direct care.  
Responsible Party: Executive Operations Officer  
Completed: 9/4/2025

Long Term Action:

Administrative Services Director will ensure DHS certificate is present and legible in all employee files prior to assignments of direct care.

- Administrative Services Director will audit employee file for all new employees during General Orientation and ensure DHS Certificate is in file prior to scheduling direct care work for 90 days

Responsible Party: Administrative Services Director

Timeline: Implementation Date 9/4/2025

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented [redacted] - 10/16/2025)

82c - Locking Poisonous Materials

2. 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

Tide Clear and Fresh Pods, with a manufacture's label indicating "If swallowed call poison control", was unlocked, unattended, and accessible in room [redacted] in the Secured Dementia Care Unit. Not all the residents of the home, including Resident [redacted] have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] 10/14/2025)

Short Term Actions

1. Secure Poisonous Materials

Action Plan: Ensure all poisonous materials are locked and inaccessible to unauthorized residents.

Steps:

- Immediately conduct a sweep of all resident areas, particularly focusing on those within the Secured Dementia Care Unit, to identify and secure any unlocked poisonous materials.
- Ensure all storage cabinets containing potentially poisonous materials have secured locks

Responsible Party: Lifestories Director

Time line: Completed 9/4/2025

3. Staff Training Program Implementation

Action Plan: Educate staff on the importance of securing poisonous materials and resident safety.

Steps:

- Develop a training focusing on the implications of unsecured poisonous materials, focusing on resident safety and regulation compliance.
- Conduct training sessions for direct care staff in the memory care area.

Responsible Party: Lifestories Director or Designee

82c - Locking Poisonous Materials (continued)

Time line: Completed 9/5/2025

Long Term Actions

1. Regular Inspection and Monitoring

Action Plan: Establish ongoing oversight to prevent recurrence of unsecured poisonous materials.

Steps:

- Continued routine inspections to ensure all poisonous materials remain secured and inaccessible to vulnerable residents.
- Maintain a documentation log of all inspections and their results weekly for 90 days

Responsible Party: Lifestories Director

Time line: Implemented 9/5/2025

Completion Date: 12/5/2025

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented [redacted] - 10/16/2025)

121a - Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 2:06 pm, a cleaning cart blocked egress from the top of the home's 2nd floor stairwell leading to the 1st floor.

Plan of Correction

Accept [redacted] - 10/14/2025)

Short Term Actions

1. Remove and Relocate Cleaning Cart

Action Plan: Ensure all egress routes are immediately unobstructed to comply with safety regulations.

Steps:

- Inspect and ensure all egress routes, including stairwells, are free from obstructions.
- Immediately remove the cleaning cart from the 2nd floor stairwell.
- Relocate cleaning tools and carts to designated storage areas away from egress paths.

Responsible Party: Safety & Maintenance Engineer

Time line: Completed on 9/4/2025

2. Conduct Staff Training on Obstruction Prevention

Action Plan: Educate housekeeping staff on the importance of keeping egress routes unobstructed at all times.

Steps:

- Organize a training session focusing on the importance of unobstructed egress routes.
- Explain the locations where cleaning carts and other items can be safely stored.

Responsible Party: Safety & Maintenance Engineer

Time line: Completed 9/4/2025

Long Term Actions

3. Implement Immediate Monitoring Protocols

Action Plan: Establish a system to regularly verify the clearance of egress routes.

Steps:

121a Unobstructed Egress (continued)

- Weekly inspections of all egress routes by designated staff for 90 days
- Use a checklist to ensure all egress paths, including stairwells, are unobstructed.

Responsible Party: Safety & Maintenance Engineer

Time line: Implemented 9/5/2025

Completion Date: 12/5/2025

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented [REDACTED] - 10/16/2025)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], give 1/2 tablet by mouth twice a day for Resident [REDACTED] was torn on pill slots 30 and 25. The pills remained in place.

On [REDACTED], give 1 tablet every 6 hours for Resident [REDACTED] was torn on pill slots 4, 5, 8, 7, 24 and 26. The pills remained in place.

Plan of Correction

Accept ([REDACTED] 10/14/2025)

Short Term Actions

1. Audit and Secure Medication Storage

Action Plan: Ensure all medications are stored properly and securely to comply with regulation 2600.183.e.

Steps:

- Conduct an audit of all medication storage areas to check for other damaged or improperly stored medications.
- Damaged blister packs or packaging discovered during the audit have been sent back to the pharmacy and replacement blister packs in place.
- Secure all medications in accordance with the manufacturer's instructions, ensuring proper organization and conditions.

Responsible Party: Resident Wellness Director or Designee

Time line: Completed 9/4/25

2. Staff Training on Medication Storage

Action Plan: Educate staff on proper medication storage techniques to prevent future violations.

Steps:

- Conduct a training session for all staff involved in medication management on appropriate storage conditions for medications.
- Review with staff the 2600.183.e regulations on medication storage.
- Document attendance of training session.

Responsible Party: Resident Wellness Director or Designee

Time line: Completed 9/5/25

Long Term Actions

183e - Storing Medications (continued)

1. Implement Quarterly Storage Audits

Action Plan: Regularly monitor medication storage practices to ensure ongoing compliance with 2600.183.e.

Steps:

- Establish a weekly schedule for comprehensive audits of medication storage.
- Compile a report of each audit for review by administration.

Responsible Party: Resident Wellness Director

Time line: To be implemented by 9/18/2025

Completion Date: 12/18/2026 (90 days)

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented [redacted] - 10/16/2025)

184a - Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident [redacted] does not include the prescribed dosage and instructions for administration.

Plan of Correction

Accept [redacted] - 10/14/2025)

Short Term Actions

1. Correct Medication Labeling

Action Plan: Ensure correct labeling of resident [redacted]'s medication to comply with regulations.

Steps:

- Immediately contact the pharmacy to rectify the missing information on resident [redacted]'s medication label.
- New corrected label with correct dosage and administration instructions was provided by the pharmacy.
- Complete audit of medication carts for accuracy in labeling.

Responsible Party: Executive Operations Officer or Designee

Time line: Completed on 9/5/2025

2. Conduct Staff Training on Medication Labeling Requirements

Action Plan: Educate staff about medication labeling requirements to prevent future occurrences.

Steps:

- Mandatory training session for all staff involved in medication handling.
- Review the requirements of 2600.184.a and provide examples of compliant medication labels.

Responsible Party: Resident Wellness Director

Time line: 9/5/25

Long Term Actions

1. Update Policies and Procedures on Medication Labeling

Action Plan: Ensure all prescription labels match physician orders. .

Steps:

- Cart audit completed to ensure prescription labels match physician orders for all medications on 9/8/25 & 9/9/25
- Weekly cart audit for new prescriptions to ensure prescription labels match physicians orders for 90 days

184a Resident's Meds Labeled (continued)

Responsible Party: Resident Wellness Director or Designee

Time line: starting 9/18/25 and weekly for 90 days

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented ( ) - 10/16/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] "Take .25ml (5mg) by mouth or sublingually three times". However, resident [redacted] was not administered [redacted] syringe on [redacted] and [redacted] at 8am, 2pm and 8pm.

Plan of Correction

Accept ( ) - 10/14/2025)

Short Term Actions

1. Ensure Proper Medication Administration

Action Plan: Resume and ensure consistent administration of prescribed medication for Resident [redacted]

Steps:

- Immediately resume the administration of [redacted] as prescribed.
- Document each administered dose in the resident's medication record to ensure compliance.

Responsible Party: Nursing staff

Time line: Implemented on 8/31/2025 beginning at 0900

2. Staff Training on Medication Compliance

Action Plan: Educate staff on the importance of adherence to medication administration schedules and prescriber's directions.

Steps:

- Educate Medication Technician focusing on medication administration protocols.
- Review the specifics of medication scheduling and importance of accuracy.
- Highlight the consequences of failing to follow prescriber's directions.

Responsible Party: Resident Wellness Director

Time line: Completed 9/5/2025

3. Long Term Actions

Action Plan: Ensure ongoing staff competence in medication management protocols.

Steps:

- Pharmacy and hospice company contacted regarding the breakdown of hospice/pharmacy communication of new orders and in the new order starting.
- Weekly MAR reviews to ensure proper documentation and administration of prescribed medications.

Responsible Party: Resident Wellness Director or Designee

Time line: To be implemented by 9/18/2025

Completion date: 12/18/2025

Licensee's Proposed Overall Completion Date: 10/13/2025

187d Follow Prescriber's Orders (*continued*)

*Implemented ( [REDACTED] - 10/16/2025)*