



February 9, 2021

Mr. Douglas Spear
Authorized Person
MG Media Subtenant, LLC
One SeaGate, Suite 1500
Toledo, Ohio 43604

RE: The Residence at Glen Riddle
263 Glen Riddle Road
Media, Pennsylvania 19063
Certificate #: 145820

Dear Mr. Spear:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on December 9, 2020 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive, flowing style.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *The Residence of Glenn Riddle* License #: *14582* License Expiration Date:
 Address: *263 Glen Riddle Road, Media, PA 19063*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: *Lisa Grech* Phone: *610-358-9933* Email: *LisaGr@merrillgardens.com; shparker@pa.gov*

Legal Entity

Name: *MG Media Subtenant LLC*
 Address: *One SeaGate, Suite 1500, Toledo, PA, 43604*
 Phone: *484-886-6379* Email: *LisaGr@merrillgardens.com*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/01/1996* Issued By: *CWOPA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *113* Waking Staff: *85*

Inspection

Type: *Partial* Notice: *Announced* BHA Docket #:
 Reason: *Change Legal Entity* Exit Conference Date: *12/09/2020*

Inspection Dates and Department Representative

12/09/2020 - On-Site: Sabrina Freeman, Alexander Goldstein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *153* Residents Served: *74*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *41* Residents Served: *32*

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *39* Have Physical Disability: *0*

Inspections / Reviews

12/09/2020 - Partial

Lead Inspector: *Sabrina Freeman* Follow-Up Type: *POC Submission* Follow-Up Date: *01/14/2021*

Inspections / Reviews *(continued)*

1/28/2021 - POC Submission

Lead Reviewer: *Shawn Parker*

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/04/2021*

2/8/2021 - Document Submission

Lead Reviewer: *Shawn Parker*

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. 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 12/9/20 at 10:10am, Resident Room 171 in the SDCU had a mouth rinse antiseptic bottle on the bathroom counter. The bottle read call poison control center if swallowed.

Plan of Correction

Accept

The mouthwash was immediately locked underneath the sink by the General Manager in the presence of the inspector. (12/9/20).

Rooms were checked for compliance by the med tech on date of inspection. (12/9/20)

Rooms are spot checked daily by nurse/med tech and any issues are corrected immediately,

Staff working in SDCU were trained on proper storage of any items marked "Call Poison Control" and have signed acknowledgement of same. This is part of onboarding for new team members. (1/14/21) (See attachment)

Completion Date: 01/14/2021

Document Submission

Implemented

The mouthwash was immediately locked underneath the sink by the General Manager in the presence of the inspector. (12/9/20).

Rooms were checked for compliance by the med tech on date of inspection. (12/9/20)

Rooms are spot checked daily by nurse/med tech and any issues are corrected immediately,

Staff working in SDCU were trained on proper storage of any items marked "Call Poison Control" and have signed acknowledgement of same. This is part of onboarding for new team members. (1/14/21) (See attachment)

Completion Date: 01/14/2021

87 - Lighting

1. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 12/9/20 at 9:30am, resident room 232 did not have operable lighting in the bathroom. Resident #1 stated that the bathroom light had been out since 12/8/20.

Plan of Correction

Accept

Bulb was replaced on date of inspection. (12/9/20)

Rooms were checked by housekeepers to be sure all bulbs were working on day of inspection(12/9/20)

Resident assistants will check bathroom lighting daily when performing duties and will report any lighting issues to concierge for immediate replacement.

Completion Date: 12/09/2020

87 - Lighting (continued)

Document Submission

Implemented

Bulb was replaced on date of inspection. (12/9/20)

Rooms were checked by housekeepers to be sure all bulbs were working on day of inspection(12/9/20)

Resident assistants will check bathroom lighting daily when performing duties and will report any lighting issues to concierge for immediate replacement.

Completion Date: 12/09/2020

101j5 - Bedside Table/Shelf

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 5. A bedside table or a shelf.

Description of Violation

On 12/9/20 at 10:18am, Resident Room 178 did not have bedside table.

Plan of Correction

Accept

This resident had a bedside floor lamp that was her preference. This lamp was moved and replaced by her nightstand with a table lamp on top on date of inspection. (12/9/20)

Rooms were checked by maintenance to be sure that both a table/nightstand and lamp were in place next to each bed. (12/9/20)

Housekeeping will check when in rooms for continued compliance.

Completion Date: 12/09/2020

Document Submission

Implemented

This resident had a bedside floor lamp that was her preference. This lamp was moved and replaced by her nightstand with a table lamp on top on date of inspection. (12/9/20)

Rooms were checked by maintenance to be sure that both a table/nightstand and lamp were in place next to each bed. (12/9/20)

Housekeeping will check when in rooms for continued compliance.

Completion Date: 12/09/2020

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 12/9/20 at 10:18am, Resident Room 178 did not have a operable lamp or lighting that could be reached from bedside.

101j7 - Lighting/Operable Lamp (*continued*)**Plan of Correction****Accept**

The resident in room 178 did have a floor lamp beside her bed and within reach that could be turned on at bedside. As per inspector's request, this was replaced by her nightstand and table lamp on date of inspection. (12/9/20)

Rooms were checked on date of inspection by General Manager to be sure that each had operable lamps/lighting within reach to be turned on at bedside, (12/9/20)

Housekeeping will check weekly for ongoing compliance.

Completion Date: 12/09/2020

Document Submission**Implemented**

The resident in room 178 did have a floor lamp beside her bed and within reach that could be turned on at bedside. As per inspector's request, this was replaced by her nightstand and table lamp on date of inspection. (12/9/20)

Rooms were checked on date of inspection by General Manager to be sure that each had operable lamps/lighting within reach to be turned on at bedside, (12/9/20)

Housekeeping will check weekly for ongoing compliance.

Completion Date: 12/09/2020

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 12/9/20 at 10:40am, the temperature in the walk-in kitchen freezer was 19 degrees Fahrenheit and contained resident food.

On 12/9/20 at 10:40am the temperature in the walk-in kitchen Fridge was 46 degrees Fahrenheit and contained resident food.

Plan of Correction**Accept**

Contractor was in to inspect the walk-in freezer and refrigerator and adjusted the thermostat (see attached invoice dated 12/28/20)

Daily temperature logs are kept for both the walk-in fridge and freezer and are monitored daily by the Executive Chef and cooks. Variances will be reported to the General Manager who will call in contractor to correct any issues. There will be two thermometers in both the walk-in refrigerator and freezer.

Completion Date: 12/28/2020

Document Submission**Implemented**

Contractor was in to inspect the walk-in freezer and refrigerator and adjusted the thermostat (see attached invoice dated 12/28/20)

Daily temperature logs are kept for both the walk-in fridge and freezer and are monitored daily by the Executive Chef and cooks. Variances will be reported to the General Manager who will call in contractor to correct any issues. There will be two thermometers in both the walk-in refrigerator and freezer.

Completion Date: 12/28/2020

121a - Unobstructed Egress

1. 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 12/9/20, a blocked egress was observed in fire tower F and fire tower G.

The exit in fire tower F does not have a walkway or steps that lead to the road or flat area. The exit has a 3 ft by 3 ft landing that opens to 3 bags of Quikrete concrete mix and a grassy slope leading to the road.

The exit in fire tower G does not have a walkway or steps that lead to the road or flat area. The exit has a landing that opens to a grassy slope that is more than foot down from the landing.

Plan of Correction

Accept

Contractor submitted ramp drawings on December 30, 2020. Work will be completed as soon as weather permits. Photos will be sent upon completion. (see attached plans and invoice).

Completion Date: 04/30/2021

Document Submission

Implemented

Contractor submitted ramp drawings on December 30, 2020. Work will be completed as soon as weather permits. Photos will be sent upon completion. (see attached plans and invoice).

Completion Date: 04/30/2021 (weather permitting)

144c1 - Smoking Area Guidelines

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The memory care patio is not a designated smoking area. On 12/9/20 at 10:30am, 5 cigarette butts were found in the memory care patio.

Plan of Correction

Accept

Known smokers were spoken to by General Manager on date of inspection.

Non-smoking areas will be monitored by all department heads for ongoing compliance.

Staff will be inserviced on smoking policy and will all sign acknowledgement of same by January 21, 2021. (See attachment)

Completion Date: 01/21/2021

144c1 - Smoking Area Guidelines (continued)**Document Submission****Implemented**

Known smokers were spoken to by General Manager on date of inspection.

Non-smoking areas will be monitored by all department heads for ongoing compliance.

Staff will be inserviced on smoking policy and will all sign acknowledgement of same by January 21, 2021. (See attachment)

Completion Date: 01/21/202