

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

September 24, 2025

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

RE: MERRILL GARDENS 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 08/07/2025 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: MERRILL GARDENS AT GLEN MILLS License #: 14670 License Expiration: 10/16/2025  
 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**

Type: I-2 Date: 11/21/2017 Issued By: West Goshen Township

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 127 Waking Staff: 95

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 08/07/2025

**Inspection Dates and Department Representative**

08/07/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 120 Residents Served: 64

**Secured Dementia Care Unit**  
 In Home: Yes Area: Garden House 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: 84  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 63 Have Physical Disability: 37

**Inspections / Reviews**

08/07/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/05/2025

09/05/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/19/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/19/2025

Inspections / Reviews *(continued)*

09/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at 10:53 AM, a card with resident [REDACTED] emergency contact information was posted on a magnet attached to a lamp outside the resident's room.

Plan of Correction

Accept [REDACTED] - 09/05/2025)

The 2" x 3" sign was immediately removed. Determining who placed it and when did not reveal any clear answers. All Department Directors will be inserviced on 2600.17 by 9.12.25 by General Manager. All staff will be inserviced regarding the details of 2600.17 during monthly All Staff meetings by 9.26.25, by General Manager or designee, as well as monthly for the next 3 months through 12.26.25.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] - 09/24/2025)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics: staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, smoke detectors and fire alarms, telephone use and notification of emergency services until [REDACTED].

Repeat Violation: [REDACTED] et. al.

Plan of Correction

Directed [REDACTED] - 09/05/2025)

We respectfully request for this violation to be reconsidered. The notation of completion of the orientation in general fire safety and emergency preparedness for Staff Person A being completed on 5/27/25 was part of an internal audit form completed by new Business Office Director. The completed training was provided to Staff Person A on 5/6/25

65a FS Orientation 1st Day (continued)

as documented on the attached and was contained in the team member file provided to surveyor on site.

Proposed Overall Completion Date: 09/05/2025

Directed Plan of correction (redacted) 9/5/25):

In addition to the steps noted in the submitted Plan of Correction the

- 1. ED will redesign the Safety Orientation Checklist to include all required elements of 65a to ensure all staff are trained on the first day of hire, to maintain compliance with the regulation, within the next 10 days.
- 2. ED or Business Manager will redesign the New Employee File Checklist to move the fire safety elements required as part of 65a under the New Hire Document column, from the 40hour training documents section to reduce confusion, within the next 10 days.
- 3. Documentation of the changes will be maintained for the Departments review.
- 4. The Business Manager will audit all new employee records within 40 hours of hire to ensure all required trainings and documents are maintained, starting immediately.
- 5. The Business Manager will audit all employees file hired within the past 60 days to ensure the fire safety requirements of 65a have been completed timely, within the next 20 days.

Directed Completion Date: 09/19/2025

Implemented (redacted) - 09/24/2025)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On (redacted) at 10:21 AM there was a partially full, uncovered, unattended trash can in the 2nd floor public bathroom.

Plan of Correction

Accept (redacted) - 09/05/2025)

The unattended trash can without a lid was immediately removed. A trash can with a lid was put in its place on the day of the survey. Common area bathrooms are cleaned daily by the housekeeping team at the community. All housekeepers will be inserviced by 9/12/25 by the Guest Services Director regarding 2600.85.d and will be tasked with ensuring that these trash cans and those in kitchens and bathrooms are kept covered.

General Manager and/or designee will do spot checks on these areas weekly.

All staff will be inserviced regarding the details of 2600.85.d during monthly All Staff meetings by 9.26.25 by General Manager or designee, as well as monthly for the next 3 months through 12.26.25.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented (redacted) - 09/24/2025)

103c - Food Protected

4. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

103c Food Protected (continued)

Description of Violation

On [redacted] at 10:13 AM there were four uncovered carafes of water stored in the 2nd floor Bistro refrigerator.

Plan of Correction

Accepted [redacted] - 09/05/2025)

The referenced carafes of water were immediately discarded. All Department Directors will be inserviced on 2600.103.c by 9.12.25 by General Manager.

Executive Chef and/or designee will conduct spot checks of the refrigerator in the 2nd floor Bistro refrigerator weekly. All staff will be inserviced regarding the details of 2600.103.c during monthly All Staff meetings by 9.26.25 by General Manager or designee, as well as monthly for the next 3 months through 12.26.25.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [redacted] - 09/24/2025)

234d - Support Plan Revision

6. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident [redacted] was completed on [redacted]; however, on page 5 of 30 the level of aggression for the resident is listed as "A No Problem" and on page 9 of 30 for "Behaviors" the support plan reads [resident} "has current or history of minimal disruptive, aggressive, anxious, depressive, or socially inappropriate behavior, either verbally or physically improper."

Additionally, the resident has exhibited aggressive behaviors on [redacted] towards another resident, on [redacted] again towards another resident and on [redacted] towards staff. All of these incidents involve resident [redacted] punching another person, either resident or staff. The resident's support plan has not been revised to reflect this change.

Plan of Correction

Directed [redacted] - 09/05/2025)

We respectfully request this violation be reconsidered as the initial assessment completed on 4 17 25 has addendums attached reflecting the behaviors of resident [redacted] as well as the 30 day assessment.

Please see attached Initial Assessment and 30 day assessments. There are addendums

Proposed Overall Completion Date: 09/05/2025

Directed Plan of Correction [redacted] 9/5/25):

1. The Director of Nursing will audit all residents RASP's to ensure any recent changes are noted on an addendum and the needs identified and how the home will meet the needs within the next 15 days.
2. The ED will discuss with the Director of Nursing behavior techniques to document and train staff on how to meet behavioral needs identified and how the staff will support the resident's needs, within the next 15 days.
3. The ED will meet with the Director of Nursing, at least weekly for the next 3 months, to discuss residents with behavioral needs and how the staff are meeting those needs. Documentation of the meeting will be maintained by the ED, starting 9/15/25.
4. The resident was discharged, and the RASP cannot be updated at this time.

Directed Completion Date: 09/19/2025

Implemented [redacted] 09/24/2025)