

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

October 20, 2025

[REDACTED]  
GLENMAURA SENIOR LIVING AT MONTAGE LLC  
[REDACTED]

RE: GLENMAURA SENIOR LIVING  
11 GLENMAURA NATIONAL BLVD  
MOOSIC, PA, 18507  
LICENSE/COC#: 22845

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2025 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		
<b>Name:</b> GLENMAURA SENIOR LIVING	<b>License #:</b> 22845	<b>License Expiration:</b> 12/06/2025
<b>Address:</b> 11 GLENMAURA NATIONAL BLVD, MOOSIC, PA 18507		
<b>County:</b> LACKAWANNA	<b>Region:</b> NORTHEAST	

Administrator		
<b>Name:</b> [REDACTED]	<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]

Legal Entity		
<b>Name:</b> GLENMAURA SENIOR LIVING AT MONTAGE LLC		
<b>Address:</b> [REDACTED]		
<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]	

Certificate(s) of Occupancy		
<b>Type:</b> I-1	<b>Date:</b> 10/01/2019	<b>Issued By:</b> L & I

Staffing Hours		
<b>Resident Support Staff:</b> 0	<b>Total Daily Staff:</b> 117	<b>Waking Staff:</b> 88

Inspection Information		
<b>Type:</b> Partial	<b>Notice:</b> Unannounced	<b>BHA Docket #:</b>
<b>Reason:</b> Complaint, Incident		<b>Exit Conference Date:</b> 09/09/2025

Inspection Dates and Department Representative	
09/09/2025 - On-Site: [REDACTED]	

Resident Demographic Data as of Inspection Dates			
General Information			
<b>License Capacity:</b> 100		<b>Residents Served:</b> 94	
Secured Dementia Care Unit			
<b>In Home:</b> Yes	<b>Area:</b> unit	<b>Capacity:</b> 24	<b>Residents Served:</b> 20
Hospice			
<b>Current Residents:</b> 4			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0		<b>Are 60 Years of Age or Older:</b> 94	
<b>Diagnosed with Mental Illness:</b> 0		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 23		<b>Have Physical Disability:</b> 0	

Inspections / Reviews		
09/09/2025 Partial		
<b>Lead Inspector:</b> [REDACTED]	<b>Follow-Up Type:</b> POC Submission	<b>Follow-Up Date:</b> 10/06/2025
10/17/2025 - POC Submission		
<b>Submitted By:</b> [REDACTED]	<b>Date Submitted:</b> 10/20/2025	
<b>Reviewer:</b> [REDACTED]	<b>Follow-Up Type:</b> POC Submission	<b>Follow-Up Date:</b> 10/14/2025

Inspections / Reviews *(continued)*

10/20/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

10/20/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] by mouth twice daily for neuropathy. Resident [redacted] was administered 9ML on [redacted] and [redacted] at 8:00am.

Plan of Correction

Accept [redacted] - 10/07/2025)

All Med Techs were immediately educated on Regulation 2600.188 b and 187d. Retraining of all Med Techs was completed on 4/23/25 and 4/25/25 by Facility Train-the-Trainer [redacted]. Med Techs were reeducated on proper reading of medication label, accuracy when drawing up liquid suspension medications, proper storage of medications and teachback by each Med Tech was observed by [redacted]. See attached training record. To prevent any future errors, all future liquid suspension medications will be filled by Pharmacy in one dose syringes unless contraindicated.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] 10/20/2025)

188c - Medication Error Documentation

2. Requirements

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident [redacted] is prescribed [redacted] by mouth twice daily for neuropathy. Resident [redacted] was administered 9ML on [redacted] and [redacted] at 8:00am. There is no documentation of the response from the Primary Care Physician in the resident's record.

Plan of Correction

Accept [redacted] - 10/20/2025)

[redacted], LPN did not document [redacted] call to resident's PCP. [redacted] was verbally educated on Regulation 188c and the importance of proper and timely documentation when notifying resident's prescriber immediately after any incident and placing any response from prescriber in the resident's records. To prevent future occurrences, Director of Wellness, [redacted], will review documentation of each incident to ensure prescriber was notified and response from prescriber is accurately documented in resident's chart. Director of Wellness [redacted], will document [redacted] review in resident's chart.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 10/20/2025)