



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 24 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Joseph H. Fortenbaugh, III, President
Beaumont Retirement Community, Inc.
Beaumont at Bryn Mawr
601 North Ithan Avenue
Bryn Mawr, Pennsylvania 19010

Dear Mr. Fortenbaugh:

As a result of the Department of Public Welfare's licensing inspection on September 8, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ithan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Wendy McHale, PCCHA</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	Resident #1 fell in the home on 4/10/09 and was treated at the hospital. The home did not report the incident to the Department until 4/13/09.	4-13-09 11-5-09	1. Nurse failing to report incident was educated on DPW2600 16b on 4-13-09. 2. Admin./Designee shall provide education to staff re:DPW2600 16b and homes P & P on 2600.16b. 3. Admin./Designee will include training for 2600.16b in Annual training plan. 4. Admin./Designee will complete staff training by 11-5-09 - See attached training log and policy for 2600.16b. 5. Staff training shall be included in Homes' quality management plan. Random audits will be performed by Admin./Designee and reported on QMP.	Steps have been taken to correct violation; full compliance is not verifiable <u>3-11-10</u> <i>AK</i> Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ltham Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Christine McHale</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a2, 141a</p> <p>22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.</p> <p>141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.</p>	Resident #2 was admitted to home on 1/8/09. The medical evaluation was completed for this resident on 2/9/09.	11-5-09	<p>1. Admin./Designee has developed an Admission document checklist to be completed for each new resident.</p> <p>2. Admin./Designee shall educate staff on all DPW required documents and time frame for completion.</p> <p>3. Admin./Designee shall complete staff training by 11-5-09.</p> <p>4. Documentation audit will be included in homes Quality Management Plan to ensure that violation will not recur.</p> <p>- See attached document checklist and training log.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>2-11-10</u> <i>[Signature]</i> Date Initials (DPW)</p>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ithan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevonn Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Christine McHale</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a5, 25a</p> <p>22a5 The following admission document shall be completed for each resident - Resident-home contract completed prior to admission or within 24 hours after admission.</p> <p>25a Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.</p>	<p>Resident #2 was admitted to the home on 1/8/09. The contract was completed on 1/22/09.</p>	<p>11-5-09</p>	<p>1. Admin./Designee has developed an Admission document checklist to ensure that all required documentation is in place as specified by the DPW.</p> <p>2. Admin./Designee will educate staff on DPW required forms and time frame for completion by 11-5-09.</p> <p>3. Document Audit will be included in Quality Management Plan to ensure that violation does not recur.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-11-10 <i>[Signature]</i> Date Initials (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ithan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevonn Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Wally Ullrich for PCHH</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	- Resident #2's contract was not signed by the resident. The resident's name was written in on the resident signature line of the document. - Resident #3's contract was not signed by the resident.	9-8-09	1. Both contracts had been signed by resident's designee at time of admission. 2. Resident #2 signed contract on 9-8-09. 3. Resident #3 preferred not to sign. Documentation stating this and written on contract. 4. Admin./Designee has developed an admission document checklist to ensure that all required paperwork is in place and correctly completed. 5. Admin./Designee will educate staff on DPW required forms and correct completion. 6. Documentation Audit will be included in home's Quality Management Plan.	Steps have been taken to correct violation; full compliance is not verifiable <u>3-11-10</u> <i>[Signature]</i> Date Initials (DPW)

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ithan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevonn Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Mary Chabice Rn PCAH</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/09

1. REGULATION 55 Pa.Code § 2600.	2. VIOLATION/CLASS	3. DATE BY WHICH CORRECTION WILL BE COMPLETED	4. PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5. DATE COMPLIANCE VERIFIED BY DPW
25c2 The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	- Resident #2's contract states "Facility will provide ancillary services, at the option and upon the request of the Resident, in exchange for additional charges as those charges are reflected in the Fee Schedule attached to this agreement and incorporated by reference." The fee schedule is not attached to the resident's contract. - Resident #3's contract states "Facility will provide ancillary services, at the option and upon the request of the Resident, in exchange for additional charges as those charges are reflected in the Fee Schedule attached to this agreement and incorporated by reference." The fee schedule	9-8-09	1. Fee schedules provided to residents #2, 3, 4 on 9-8-09. 2. Fee schedules attached to all current resident's charts on 9-8-09. 3. Admin./Designee has developed an admission document checklist. 4. Admin./Designee shall educate staff on all DPW required documents specified by DPW 2600.25, A-G. 5. Admin./Designee shall include document audit in Quality Management Plan to ensure the violation does not recur. 6. Training shall be completed by 11-5-09.	3-11-10 JH

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ltham Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Macey Habibe Rn PCMH</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	<p>is not attached to the resident's contract.</p> <p>- Resident #4's contract states "Facility will provide ancillary services, at the option and upon the request of the Resident, in exchange for additional charges as those charges are reflected in the Fee Schedule attached to this agreement and incorporated by reference." The fee schedule is not attached to the resident's contract.</p>			3-11-10 <i>JH</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ithan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Wesley U. Herrera RCHA</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/09



1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25d(c) A signed statement by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in subsection (a) is to be kept in the resident's record.	The rent rebate statement informing the resident of this information was not signed by Resident #5.	9-8-09	<ol style="list-style-type: none"> 1. Resident #5 declined to sign form. Resident's [redacted] had signed form on 9-3-09. Admin./Designee documented resident's refusal to sign. 2. Home's residents are not eligible for rent rebates, thus Home does not collect any portion of rent rebate. 3. All current residents have rent rebate statements attached to chart. 4. All future contracts will contain rent rebate statements. 5. Admin./Designee will educate staff on DPW specified info. on contract. 6. Admin./Designee will include document audit in QMP. 	3-11-10 <i>[Signature]</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Lhan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Wayne Mobile PA PCHA</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/01

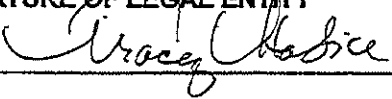

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in 41d, or documentation of efforts made to obtain signature, shall be kept in the resident's record.	- The home did not have a signed statement acknowledging that Resident #3 received a copy of the Resident Rights. - The home did not have a signed statement acknowledging that Resident #5 received a copy of the Resident Rights. Repeat Violation: 8/20/08	9-8-09	1. Resident #3 did have Resident Rights attached to her signed contract. 2. Resident #5 did have a signed statement acknowledging receipt of Resident Rights dated 9-4-08. 3. Admin./Designee added statement to Resident #5 document that resident declined to sign. POA signed document. 4. Going forward, the resident/designee will sign that a copy of the "Resident Rights" was received.	Steps have been taken to correct violation; full compliance is not verified. <u>3-11-10</u> <i>[Signature]</i> Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Lhan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 3-10-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/10/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
103g Food shall be stored in closed or sealed containers.	A pan of potato salad and a pan of coleslaw were found unsealed in the home's walk-in refrigerator.	9-8-09	<ol style="list-style-type: none"> 1. Pans sealed at time of inspection. 2. Admin./Designee shall provide staff education on policy for food storage in refrigerator. 3. Admin./Designee shall audit walk-in refrigerator weekly X4 then monthly X4. 4. See attached training log and audit tool. 5. Results of audits will be reported to QMP monthly to assure continual compliance. 	3-11-10 JH.

VIOLATION REPORT
PERSONAL CARE HOMES -- 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ithan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/10/11

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	There were three bowls of cat food and water found on the first exterior step at the exit of the home's first floor dining room.	9-8-09 11-5-09	1. Cat bowls were moved at time of inspection. 2. Admin./Designee shall provide education to 3 staff members that care for the cat in DPW 2600.121a. 3. Admin./Designee shall conduct audit of exterior steps weekly X 4, then monthly X 4. 4. See attached training log and audit tool. 5. Audits will be included in QMP.	3-11-10 JH

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ltham Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Wesley Hooper, PMA</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW																
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home is not evacuating the entire building within 2 minutes 30 seconds. The home does not have a valid letter from a fire safety expert providing an extended evacuation time. <table border="1"> <thead> <tr> <th>Date</th> <th>Amount of Time to Evacuate</th> </tr> </thead> <tbody> <tr> <td>10/29/08</td> <td>3 min 10 sec</td> </tr> <tr> <td>11/22/08</td> <td>4 min 25 sec</td> </tr> <tr> <td>12/30/08</td> <td>4 min 10 sec</td> </tr> <tr> <td>3/31/09</td> <td>3 min 30 sec</td> </tr> <tr> <td>4/29/09</td> <td>4 min 20 sec</td> </tr> <tr> <td>6/25/09</td> <td>3 min 40 sec</td> </tr> <tr> <td>8/10/09</td> <td>4 min 15 sec</td> </tr> </tbody> </table> Repeat Violation: 8/23/07, 8/20/08	Date	Amount of Time to Evacuate	10/29/08	3 min 10 sec	11/22/08	4 min 25 sec	12/30/08	4 min 10 sec	3/31/09	3 min 30 sec	4/29/09	4 min 20 sec	6/25/09	3 min 40 sec	8/10/09	4 min 15 sec	11-10-09	<ol style="list-style-type: none"> Home received letters from Fire Marshall, [REDACTED] indicating evacuation times as determined by him. Letters are dated 5-21-07, 7-31-08 and 7-10-09. Included are copies of letters from the Fire Marshall indicating allowable evacuation times. Letter from Fire Marshall indicates that building features allow Home to have extended evacuation times. Admin./Designee shall continue to obtain documentation from Home's fire safety expert pertaining to evacuation times as specified by 2600.132d. <p><i>Home received a new letter from Deputy fire Marshal [REDACTED] of the Township of Lower Merion Fire Department on 3-16-10. The Home will evacuate all residents within the 5 minutes and 30 seconds specified by the Deputy fire Marshal.</i></p>	3-16-10 <i>JH</i>
Date	Amount of Time to Evacuate																			
10/29/08	3 min 10 sec																			
11/22/08	4 min 25 sec																			
12/30/08	4 min 10 sec																			
3/31/09	3 min 30 sec																			
4/29/09	4 min 20 sec																			
6/25/09	3 min 40 sec																			
8/10/09	4 min 15 sec																			

JH 3-16-10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ithan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Vince Habig PCMH</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a The medical evaluation shall include the following: (6) Immunization history.	Resident #4's medical evaluation dated on 8/7/09 did not include an immunization history.	9-8-09	<ol style="list-style-type: none"> 1. At time of admission, resident was not able to provide immunization history. 2. On 9-8-09, Admin./Designee documented on medical evaluation form that Resident was not able to provide immunization history. 3. Admin./Designee shall educate staff on completion of admission documents. 4. Admin./Designee shall include admission document audit in Qualifying Management Plan. 	3-11-10 <i>[Signature]</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ithan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Craig Habibullah Petta</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/09

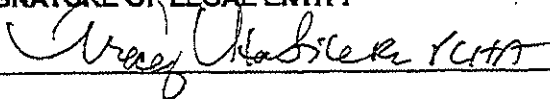
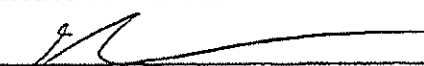
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the home's gray Ford Five-hundred did not have a thermometer.	9-9-09 11-5-09	1. Admin./Designee supplied said first aid kit with a thermometer. 2. Admin./Designee shall conduct audit of vehicle first aid kits monthly X4. 3. Admin./Designee shall educate drivers on required contents. Admin./Designee shall educate drivers on notifying Admin./Designee if any items from kits are used. To be completed by 11-5-09. 4. Admin./Designee shall include first aid kit audit in Quality Management Plan. 5. See attached training log and audit tool.	3-11-10 JK

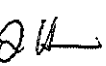
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ithan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Christine McHale RCHHA</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/1/09

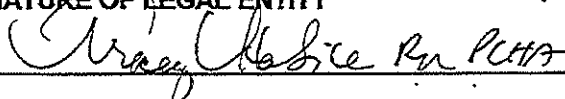
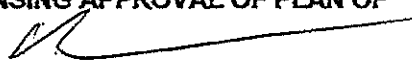
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	- A box of Phillips' laxatives was found unlocked in the bathroom sink cabinet in resident bedroom #202. - A tube of Ozonol antibiotic cream, 2 tubes of Clobetasol Propionate, and 2 tubes of Balmex were found unlocked in the medicine cabinet and right drawer of the sink in the bathroom of resident bedroom #203.	9-8-09 9-8-09 11-10-09	1. Said items removed from #202 and #203 at time of inspection. 2. Audit of each resident room conducted on 9-8-09. 3. Admin./Designee shall educate staff on DPW2600.183.b. 4. Admin./Designee shall conduct room audit for unlocked meds monthly X4 and random audits will be completed thereafter. 5. Admin./Designee shall include room audits pertaining to 2600.183b in Quality Management Plan. 6. See attached training log and audit tool.	3-11-10 <i>[Signature]</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ithan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevonn Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/10/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	A box of Phillips' laxatives that expired 11/08 was found in the bathroom sink cabinet in resident bedroom 202.	9-8-09 11-10-09	1. Admin./Designee removed and disposed of expired med. 2. Admin./Designee conducted audit of all resident rooms for expired meds on 9-8-09. 3. Admin./Designee conducted audit of Med Cart and medication refrigerator on 9-9-09. 4. Admin./Designee shall educate staff on 2600.183f. 5. Admin./Designee shall conduct audit for discontinued or expired meds quarterly X2 and random thereafter by Admin./Designee. 6. Admin./Designee shall include 2600.183f in Quality Management Plan. 7. See attached training log and audit tool.	3-11-10 

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ithan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (Include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/10/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	The home did not have documentation that Resident #2, 3, 4, and 5 were educated on their right to question or refuse medication.	10-27-09 11-10-09	1. Home educated Residents on right to question or refuse meds if he/she believes there may be a medication error. 2. Documentation of education was placed in medical record of each Resident. 3. 2600.191 shall be included in admission contracts. 4. Admin./Designee shall educate staff on 2600.191. 5. Admin./Designee shall include Resident rights in documentation audit tool. 6. Admin./Designee shall include documentation audit in Quality Management Plan.	3-11-10 JH

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Beaumont at Bryn Mawr 601 North Ithan Avenue, Bryn Mawr, PA 19010		CURRENT LICENSE NUMBER 127930	
INSPECTION DATE(S) (include all dates of the inspection) September 8, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevonn Mitchell	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #5's support plan dated 8/12/09 states that the resident assisted in completing the plan. Resident #5 did not sign this support plan.	9-8-09 9-8-09	1. Resident #5 unable to sign. Preferred that [redacted] sign. 2. Resident's [redacted] had signed document dated 8-12-09 as Resident was not able to sign. 3. Admin./Designee provided documentation of resident's inability to sign and preference to have [redacted] sign. 4. Admin./Designee shall educate staff on document completion. 5. Admin./Designee shall include document audit in Quality Management Plan.	3-11-10 JH