

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BEAUMONT RETIREMENT COMMUNITY INC
LEGAL ENTITY

To operate BEAUMONT AT BRYN MAWR
NAME OF FACILITY OR AGENCY

Located at 601 NORTH ITHAN AVENUE, BRYN MAWR, PA 19010
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 15
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 27, 2013 until February 27, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127930

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 22 2013

Ms. Linda M. Lemisch, VP of Health Services
Beaumont Retirement Community, Inc.
Beaumont at Bryn Mawr
601 North Ithan Avenue
Bryn Mawr, Pennsylvania 19010

Dear Ms. Lemisch:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 4, 2012 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 Human Services 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 black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 12793 - 12/04/2012 - McHale, Christine
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The home's Certificate of Boiler or Pressure Vessel Operation expired on 8/11/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tracey Sutton - Vitabile RN-BC, PCA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tracey Sutton - Vitabile RN-BC, PCA* Date *12-28-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>1/11/13</u> (Date)</p> <p>The above plan of correction was approved by <u>CRM</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>1/11/13</u> (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation report 12/4/12 Regulation 55 Pa.Code 2600.18

Description of violation-The home's Certificate of Boiler Pressure Operation expired 8/11/12

Plan of Correction-

1. Director of Facilities, [REDACTED] contacted [REDACTED] of Department of Labor and Industry, Commonwealth of Pennsylvania, Certified State Inspector, regarding the expired certificates at time of inspection on 12/4/12. [REDACTED] completed the annual inspection of the boilers on 12/12/12.
2. Administrator shall submit copies of boiler certificates to the Department of Public Welfare upon receipt of same. Administrator is submitting copy of boiler certificates with date of re-inspection and initials of inspector, [REDACTED] dated 12/12/12 with this plan of correction.
3. Director of Facilities/ Administrator shall contact the Pennsylvania Department of Labor and Industry inspector one month prior to the expiration of boiler certificate to arrange for the annual inspection.

12/28/12 Tracey Sutton (Hacker RN-BC, PCA)

12/28/12 Tracey Sutton-Vitabile, RN-BC, PCA

Violation Report: 12793 - 12/04/2012 - McHale, Christine
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600

2600.183(f) - 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.

2a. DESCRIPTION OF VIOLATION

- On 3/29/11, Resident #1's Erythromycin Eye Ointment 3.5 gm was discontinued. On 12/4/12 this medication was observed on the medication cart with the resident's current medications.

- On 7/29/12, Resident #2's Diphenoxylate w/at 2.5 mg/0.025 mg was discontinued. On 12/4/12 this medication was observed on the medication cart with the resident's current medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Tracey Sutton - Vitabile RN-BC, PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tracey Sutton - Vitabile RN-BC, PCA* Date *12-28-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/11/13
(Date)

Plan of correction implementation status as of 1/11/13
(Date)

The above plan of correction was approved by *ASW*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation report 12/4/12

Description of violation

- On 3/29/11, Resident #1's Erythromycin eye ointment was discontinued. On 12/4/12 this medication was observed in the medication cart with the resident's current medications.
- On 7/29/12, Resident #2's Diphenoxylate was discontinued. On 12/4/12 this medication was observed in the medication cart with the resident's current medication

Plan of correction-

1. The medication stated above was disposed of, by the charge nurse, at time of inspection.
2. Training has been implemented to review Regulation 2600.183(f) regarding all medications. Administrator shall provide education to nurses on medication policy. Specific to this violation, nurses will be educated on the safe disposal of any discontinued medication at the time the order for discontinuation is received.
3. Nurses shall document discontinuation of medication order on the 24 hour report and document the disposal of discontinued medication on the 24 hour report and in the nurse's notes.
4. Administrator will conduct medication cart and documentation audits monthly X 3, then quarterly X 3

12/28/12 Tracey Sutton-Vitabile RN-BC, PCA
12/28/12 Tracey Sutton-Vitabile, RN-BC, PCA

Violation Report: 12793 - 12/04/2012 - McHale, Christine
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

From 9/17/12 until 9/21/12, and on 9/23/12, and 9/30/12, resident #3 refused to take a scheduled dose of Astelin Nasal Spray. On 9/12/12, resident #3 refused to take a scheduled dose of Cranberry Tab. On 12/3/12, resident #3 refused to take a scheduled dose of Estrace Vaginal Cream. The home did not report these refusals to the resident's doctor as required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tracey Sutton - Utahville Rn-BC, PCA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Tracey Sutton - Utahville Rn-BC, PCA

Date *12-28-12*

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The above plan of correction is approved as of *1/29/13*
 (Date)

Plan of correction implementation status as of *1/29/13*
 (Date)

The above plan of correction was approved by *C/S*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation report 12/4/12 Regulation 55Pa. Code 2600.187(c)

Description of violation:

From 9/17/12 until 9/21/12 and on 9/23/12 and 9/30/12, resident #3 refused to take a scheduled dose of Astelin nasal spray. On 9/12/12, resident # 3 refused to take a scheduled dose of cranberry tablet. On 12/3/12 resident #3 refused to take a scheduled dose of Estrace vaginal cream. The home did not report these refusals to the resident's doctor as required.

Plan of correction-

1. Administrator has implemented and completed training for nurses regarding this regulation and violation.
2. Administrator and the Medical Director of Beaumont at Bryn Mawr, James Morris, MD., have developed a policy for notifying the prescriber of medication refusals. The nursing staff shall notify the prescriber if the Resident refuses their medication 3 out of the 7 days in a week.
3. Documentation of the 3 refusals and this notification shall appear in the resident's chart and on the 24 hour nursing report.
4. Administrator shall conduct a medication documentation audit monthly X 3 then quarterly X3

12/28/12 Tracey Sutton Vitabile RN-BC, PCA
12/28/12 Tracey Sutton-Vitabile, RN-BC, PCA

Liseter Hall, Beaumont Retirement Community, Inc.

Chapter 2600.186-191

Medications

Addendum to policy

2600.187(c) If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours unless otherwise instructed by the prescriber. Subsequent refusal to take a prescribed medication shall be reported as required to the prescriber.

The Medical Director of Beaumont Retirement Community [REDACTED] MD., has instructed the nursing staff in the Personal Care Unit to notify the prescriber if the resident refuses the medication 3 out of the 7 days in the week.

Documentation of the 3 refusals shall appear in the resident's chart and on the 24 hour nursing report.

Wendy Sutton, UH Nurse RN - PC, PH

Violation Report: 12793 - 12/04/2012 - McHale, Christine
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION

The home's policies and procedures for managing records do not include storage, security, and who is responsible for the records.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tracey Sutton - Utah*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tracey Sutton - Vitalite Rn-BC, PA</i>	Date <i>12-28-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/29/13
 (Date)

Plan of correction implementation status as of 1/29/13
 (Date)

The above plan of correction was approved by CSM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation report 12/4/12 Description of violation- The home's policies and procedures for managing records do not include storage, security and who is responsible for the records

Plan of correction-

1. The home does have a policy on managing records. Policy was found in a different area of the home's policy and procedure manual, out of sequence.
2. Policy on managing records shall be included with the plan of correction
3. Policy has been placed in the correct area of the policy and procedure manual