



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

Ms. Lynn G. Plasha, VP of Health Services
Beaumont Retirement Community, Inc.
601 North Ithan Avenue
Bryn Mawr, Pennsylvania 19010

RE: Beaumont at Bryn Mawr
License #: 127930

Dear Ms. Plasha:

As a result of the Department of Human Services' annual licensing inspections on February 9, 2016 and April 14, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 12793 - 02/09/2016 - Kazimer, Lauren
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600

2600.25(b) - 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.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, resident #2, and resident #3 were not signed by the resident.

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 - Utahie

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

Tracey Sutton - Vitalize ENOC, PCHA

Date

4-12-16

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

The above plan of correction is approved as of

4/14/16
 (Date)

Plan of correction implementation status as of

4/14/16
 (Date)

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

The above plan of correction was approved by

TS
 (Initials)

Violation report 12793-2/9/2016

Beaumont at Bryn Mawr

1. Regulation code 55 Pa. Code 2600
2. 2.2600.25

2a. Description of violation-The contract for residents #1,#2, #3 were not signed by the resident. Residents' designated person had signed the contract.

3. Plan of correction-

1. Admin. corrected violation at time of inspection.
2. Admissions director has been educated
3. Admissions director/Admin. Shall have all future contracts per regulation

Signed 4/8/201

Wendy Sutton-Uhler, R.OC, PCHA

Violation Report: 12793 - 02/09/2016 - Kazimer, Lauren
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person A, the home's administrator, completed only 17 hours of annual training in training year 2015.

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 - Vitabile*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tracey Sutton - Vitabile, P.N. BC, PCHA* Date *4-12-16*

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

The above plan of correction is approved as of <i>4/14/16</i> (Date)	Plan of correction implementation status as of <i>4/14/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation report 12793-2/9/2016

Beaumont at Bryn Mawr

1.Regulation 55Pa.Code2600

2.2600.64(c)

2a. Description of violation-Staff person A, the home's admin., completed only 17 hours of annual training in year 2015

3. Plan of correction-

1. Admin. has currently completed 20 hrs. of approved annual training for 2016

2. Admin. has registered for additional approved training for up to 32 additional hours for 2016.

3. Admin. shall ensure that all training is offered by an approved provider. Admin. shall reference 2600.64c.

*see attached sheets

Signed 4/8/2016

Wendy Sutton - Ukasie B. McC., RN

Violation Report: 12793 - 02/09/2016 - Kazimer, Lauren
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 There were four large trash cans located in the home's main kitchen that had raised dome lids. The lids had square openings in the front of them, preventing the trash cans from being covered completely.

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-Vitabile*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tracey Sutton-Vitabile, PN-OC, PCHA</i>	Date <i>4-12-16</i>
--	---------------------

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

The above plan of correction is approved as of <u><i>4/14/16</i></u> (Date)	Plan of correction implementation status as of <u><i>4/14/16</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation report 12793-2/9/2016

Beaumont at Bryn Mawr

1. Regulation 55 Pa.code 2600
 2. 2600.85(d) Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents
- 2a. There were four large trash cans in the home's kitchen that had raised dome lids. The lids had square openings in the front of them, preventing the trash cans from being completely covered
3. Plan of correction-
 1. 4 new lids have been purchased by the Executive Chef and have replaced open front dome lids. New lids have flap closure to prevent penetration of insects and rodents
 2. Training has been provided to food service staff re: new lids. Cleaning of lids has been placed on the routine cleaning schedule.
 3. Admin. shall inspect trash cans in kitchen monthly X3, then quarterly X4 to ensure that the violation does not occur again
- See attached sheets

Signed 4/8/2016

Wendy Sutton-Uhale, P.E., PCHA

Violation Report: 12793 - 02/09/2016 - Kazimer, Lauren
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa. Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the municipal emergency management agency since 2012.

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-Vitabile RN-AC, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tracey Sutton-Vitabile RN-AC, PCHA</i>	Date <i>4-12-16</i>
---	------------------------

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

The above plan of correction is approved as of <i>4/14/16</i> (Date)	Plan of correction implementation status as of <i>4/14/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation report 12793-2/9/2016

Beaumont at Bryn Mawr

1.Regulation code 55 Pa. Code 2600

2. 2600.107(d)- the written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency

2a. Description of Violation-The home's written procedures have not been submitted to the municipal emergency management agency since 2012.

3. Plan of correction-

1. Admin. has submitted the home's written emergency procedures to the Montgomery County Dept. of Public Safety

2. The home's admin. shall review, update and submit these written procedures annually to the Montgomery County Dept. of Public Safety. This shall be scheduled annually, to occur by March of each coming year.

3. The home's admin shall provide annual training to staff on disaster preparedness and the home's emergency procedures and staff responsibilities. Training has been initiated and shall be completed by 4/30/2016.

*see attached documents

Signed 4/11/2016

Wacey Sutton - Upland, PA PCIA

Violation Report: 12793 - 02/09/2016 - Kazimer, Lauren
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions:

2a. DESCRIPTION OF VIOLATION
 According to the manufacturer's instructions, Lantus vials may only be stored for 28 days after opening. On 2/09/2016, resident #4's Lantus 100unit/ml vial was stored in the medication cart, opened and not dated.

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-Vitale RN-OC, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tracey Sutton-Vitale RN-OC, PCHA* Date *4-12-16*

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

The above plan of correction is approved as of *4/14/16*
 (Date)

Plan of correction implementation status as of *4/14/16*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation report 12793- 2/9/2016

Beaumont at Bryn Mawr

1. Regulation 55 Pa. Code.2600
2. 2600.183e- Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with manufacturers instructions
- 2a. According to manufacturer's instructions, Lantus vials may only be stored for 28 days after opening. On 2/9/2016, resident #4's Lantus vial was stored in the medication cart, opened and not dated.
3. Plan of correction-
 1. Admin. disposed of lantus vial at time of inspection.
 2. Admin. shall provide training for nurses to include specific violation, correction of violation, review of policy and procdures related to medication and Regulations 182-191. Training will be completed by 4/30/2016.
 3. Admin. shall conduct audit of insulin bottles monthly X 3. Admin shall assign monthly medication cart audits X 12 months.

- See attached documents

Signed 4/12/16

Theresa Sutton, UHable R-n-c, PHN

Violation Report: 12793 - 02/09/2016 - Kazlmer, Lauren
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
- (1) The resident's name.
 - (2) The name of the medication.
 - (3) The date the prescription was issued.
 - (4) The prescribed dosage and instructions for administration.
 - (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 The label for resident #5's Senna 8.6mg does not match the MAR and the physician's order. The MAR and the physician's order reads, "Take 1 tab twice a day PRN." The pharmacy label reads, "Take 2 tabs=17.2mg by mouth once daily PRN."

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-Vitabile*

Printed Name and Title of Legal Entity Representative *Tracey Sutton-Vitabile* Date *4-12-16*
 (Required on EVERY Page) *Tracey Vitabile RN, BC, PCH*

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

The above plan of correction is approved as of 4/14/16
 (Date)

Plan of correction implementation status as of 4/14/16
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation report 12793-2/9/2016
Beaumont at Bryn Mawr

1. Regulation 55 Pa.Code2600
2. 2600.184(a)- the original container for a prescription medication shall be labeled with a pharmacy label that includes the following-(1) resident's name (2)the name of the medication (3)the date the prescription was issued (4)the prescribed dosage and instruction for administration (5)the name and title of prescriber
- 2a. Description of Violation- the label for resident #5's Senna 8.6 does not match the MAR and the physician's order. The MAR and the physician's order reads, "take 1 tab twice a day prn". The pharmacy label reads "take 2 tabs=17.2mg by mouth once daily PRN"
3. Plan of Correction-
 1. Admin. removed medication with incorrect label from cart.
 2. Admin. determined that the MAR and order matched, pharmacy label was incorrect. Correct order confirmed and correct dosage and labeling obtained.
 3. Admin. shall assign medication audit to be completed monthly X 12
 4. Admin. shall provide training for nurses to include specific violation, correction of violation, review of policy and procedures related to medications and Regulations 182-191. Training will be completed by 4/30/2016.

*see attached documents

Signed 4/12/2016 _____

Wendy Sutton - Uta Bie RN-BC, PHN

Violation Report: 12793 - 02/09/2016 - Kazimor, Lauren
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 There was a loose PRN Loperamide 2mg pill belonging to resident #6 located in the bottom of the resident's clear plastic reclosable pharmacy bag.

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-Vitabile*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tracey Sutton-Vitabile ABC, PCHA</i>	Date <i>4-12-16</i>
---	------------------------

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

The above plan of correction is approved as of <u><i>4/14/16</i></u> (Date)	Plan of correction implementation status as of <u><i>4/14/16</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation report 12793- 2/9/2016

Beaumont at Bryn Mawr

1. Regulation 55 Pa. Code 2600
2. 2. 2600.185(a)- the home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons
- 2a. Description of Violation- There was a loose prn Loperamide 2mg pill to resident #5 located in the bottom of the resident's clear plastic reclosable pharmacy bag
3. Plan or Correction-
 1. Admin. removed loose pill and disposed of pill at time of inspection
 2. Admin. determined that there were no other loose pills inside the clear plastic bag at time of inspection
 3. Admin. shall assign medication cart audit) to include examining clear plastic bags containing medications) monthly X 12
 4. Admin. shall provide training for nurse to include specific violation, correction of violation, review of policy and procedures related to medications and Regulations 182-191. Training will be completed by 4/30/2016

- See attached documents

Signed 4/12/2016 _____

W. Sutton-Ukable, RN-BC, PCHA