



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Ms. Lynn G. Plasha
VP 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 inspection on February 7, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12793 - 02/07/2017 - Gray, Dean
 FCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 02/07/17, the water temperature in the bathroom of apartment 2005 measured 123.8 degrees Fahrenheit.

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.

Plan of correction-

1. Maintenance Dept. immediately turned down the water temperature at the supply when violation was found 2/7/17.
2. Maintenance Dept. will check water temperatures daily and document results effective 2/20/2017. This will be an on-going routine.
3. Water temperature readings over 120 degrees will result in lowering the water temperature at the mixing valve and temperature will be re-checked to ensure that temperature has dropped to a safe level
4. Maintenance staff has received training

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Tracey Sutton - Utahville Rn - BCC, PLHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tracey Sutton - Utahville</i>	Date <i>5-29-17</i>
---	---------------------

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

The above plan of correction is approved as of 6/19/17
 (Date)

Plan of correction implementation status as of 6/19/17
 (Date)

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

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

Violation Report: 12793 - 02/07/2017 - Gray, Dean
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 On 02/07/17, an Atrovent HFA Inhaler, for resident #1, was observed in the home's medication cart. This is not an current prescription.

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.

Plan of Correction-

1. Admin. removed the Atrovent inhaler from the medication cart at the time that the violation occurred.
2. Staff will be educated in removing any discontinued medications from the cart at the time of the medication being discontinued
3. Staff shall audit the medication cart, as assigned, to ensure that only current meds are present in the cart. Audits will be conducted monthly X6, quarterly X4 and then every 6 months.

audits can be maintained per Departmental Review (M)

Repeat Violation: No.	Date(s) of Previous Violation(s):		
-----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative <i>Troy Sutton - Vice President, PCHA</i>	
---	--

Printed Name and Title of Legal Entity Representative <i>Troy Sutton - Vice President, PCHA</i>	Date <i>5-29-17</i>
--	------------------------

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

The above plan of correction is approved as of <u>6/19/17</u> (Date)	Plan of correction implementation status as of <u>6/19/17</u> (Date)
The above plan of correction was approved by <u>(M)</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 - 02/07/2017 - Gray, Dean
 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

On 02/07/17 Residents # 1's and #2's glucometers were not calibrated to the correct date and time.

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.

Plan of Correction-

1. Admin. calibrated glucometers for Resident's #1 and #2 to the correct date and time.
2. Nurses shall conduct audits of glucometers #1 and #2 monthly. Nurses shall document that correct dates and times are indicated on each glucometer
3. Documentation shall be recorded monthly in vital signs and weight log.
4. Admin. shall educate Nurses about monthly glucometer audits and documentation.

Audits to be maintained for Departmental Review (Signature)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/09/2016	
-----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative (Required on EVERY Page)
Tracey Sutton - Vitalis RNBC, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 Tracey Sutton - Vitalis RNBC, PCHA Date 5-22-17

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

The above plan of correction is approved as of 6/19/17
 (Date)

Plan of correction implementation status as of 6/19/17
 (Date)

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

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