



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 28 2018

Ms. Tracey Sutton-Vitabile, RN-BC
Personal Care Home Administrator
Beaumont Retirement Community, Inc.
601 North Ithan Avenue
Bryn Mawr, Pennsylvania 19010

RE: Beaumont at Bryn Mawr
License #: 127930

Dear Ms. Sutton-Vitabile:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 7, 2018 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.

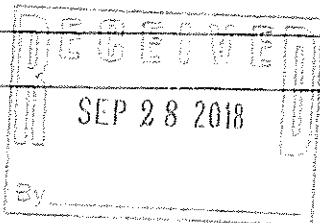
The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing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

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: BEAUMONT AT BRYN MAWR		License Number: 12793
Address: 601 NORTH ITHAN AVENUE, BRYN MAWR, PA 19010		County: Montgomery
Administrator: TRACEY SUTTON - VITABILE		Region: SOUTHEAST
Legal Entity Name: BEAUMONT RETIREMENT COMMUNITY INC		
Legal Entity Address: 601 NORTH ITHAN AVENUE, BRYN MAWR, PA 19010		
Certificate(s) of Occupancy C-2 LP 03/21/1996 CWOPA Dept of L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/07/2018: Thomas, Tahesia; Vasquez, Jennie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18 Number of Residents Served: 11 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 11 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 12793 - 08/07/2018 - Thomas, Tahesia
 PCH Name: BEAUMONT AT BRYN MAWR

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident # 1 did not have a medical evaluation completed for 2017. The home has DME's dated 07/11/16 and 02/15/18 for resident # 1.

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.

Violation report 12793-8/7/2018

Beaumont at Bryn Mawr

1.Regulation code 55 Pa. 2600-2600.141(b)(1)

2. Resident #1 did not have a medical evaluation done for 2017. The home has DME dated 7/11/16 and 2/15/18

3. Plan of Correction-

1. Admin. has developed a calendar for required documents and medical evaluation dates have been added.

2. Home's residents are seen by their medical providers quarterly or more often

3. Admin. has conducted an audit to all other residents, ensuring that all medical evaluation forms are current.

The administrator is responsible for ensuring continued compliance @ 11/13/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tracey Sutton - Vitabile RN-CC, PCHA

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

Tracey Sutton - Vitabile RN-CC, PCHA

Date *9-24-18*

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

The above plan of correction is approved as of *9/28/18*
 (Date)

Plan of correction implementation status as of *11/13/18*
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 12793 - 08/07/2018 - Thomas, Tahesia
 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

The home did not have resident # 1's PRN Lorazepam 0.5 mg tablets available to administer due to the home failing to re-order the medication.

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.

Violation report 12793-8/7/2018-Thomas, Tahesia

Beaumont at Bryn Mawr

1. Regulation 55. Pa. 2600-2600.185(a)

2. Description of violation- The home did not have resident #1's PRN Lorazepam 0.5mg tablets available to administer due to the home failing to re-order the medication.

3. Plan of correction-

1. Lorazepam was immediately re-ordered and received from pharmacy

2. Staff/Admin. shall conduct quarterly medication cart audits (see attached)

3. Admin. shall review long standing medication re-order routine with staff. (see attached)

audits shall be maintained for Department review. The administrator is responsible for maintaining continued compliance (M) 11/13/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Tracey Sutton-Vitabile RN-CC, PCHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Tracey Sutton-Vitabile RN-CC, PCHA</i>	<i>9-24-18</i>

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 (Date)

Plan of correction implementation status as of 11/13/18
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The above plan of correction was approved by *(M)*
 (Initials)

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