



Sent via e-mail tvitabile@beaumontretirement.com
July 31, 2020

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

RE: Beaumont at Bryn Mawr
License #: 127930

Dear Sutton-Vitabile:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 12 and 14, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BEAUMONT AT BRYN MAWR*

License Number: 12793

Address: *601 NORTH ITHAN AVENUE,, BRYN MAWR, PA 19010*

County: *MONTGOMERY*

Region: *SOUTHEAST*

Administrator

Name: *Tracey Sutton-Vitabile*

Phone: *6105267000*

Email: *TVITABILE@BEAUMONTRETIREMENT.COM*

Legal Entity

Name: *BEAUMONT RETIREMENT COMMUNITY INC*

Address: *601 NORTH ITHAN AVENUE, BRYN MAWR, PA, 19010*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *03/21/1996*

Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *64*

Total Daily Staff: *79*

Waking Staff: *59*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

02/12/2020 - On-Site: Christina Eberhart, Mia Johnson

02/14/2020 - On-Site: Christina Eberhart, Mia Johnson

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18*

Residents Served: *14*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *14*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *1*

Have Physical Disability: *0*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 2/12/20 the home's most recent License Inspection Summary, dated 6/11/19, was not posted in a conspicuous and public place in the home.

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 PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutton-Vitabile Tracey Sutton-Vitabile RN-BC, PCHA Date 3-2-2020
 Signature Printed Name and Title

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/30/2020 Plan of correction implementation status as of 7/30/2020
 (Date) Implemented (Date)
 The above plan of correction was approved by slw Not Implemented
 (Initials)

Beaumont at Bryn Mawr License-127930

Inspection date 2/12/2020 and 2/14/2020

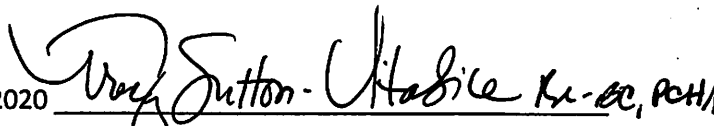
2600.3c The personal care home shall post the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous place in the personal care home

Violation 2600.28e- On 2/12/2020 the home's most recent License Inspection Summary, dated 6/11/19, was not posted in a conspicuous public place in the home

Plan of Correction-

1. On 2/12/2020 the most recent License Inspection Summary was posted in a conspicuous public place, which is the foyer before the sun porch
2. Admin. shall be responsible for ensuring future License Inspection Summaries are posted in this designated place once received by the Dept. of Human Services.

Signed 2/26/2020


Tracy Sutton - Utadice Kx-ec, PCHA

25b - Contract Signatures

Regulations

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.

Description of Violation

The resident-home contract, dated 8/23/19, for resident #1 was not signed by the resident.

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 PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutter-Vitabile RN-BC, PCHA
Signature

Tracey Sutter-Vitabile RN-BC, PCHA 3-2-
Printed Name and Title Date *2020*

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(Date)

Plan of correction implementation status as of 7/30/2020
(Date)

Implemented

Not Implemented

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(Initials)

Beaumont at Bryn Mawr License- 127930

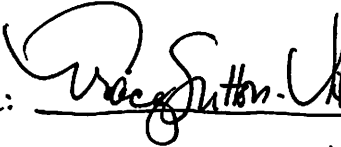
Inspection date 2/12/2020 and 2/14/2020

2600.25b. The contract shall be signed by the administrator or designee, the resident and the payor, if different from the resident and co-signed by the resident's designated person, if any, if the resident agrees.

Violation 2600.28e- The resident home contract dated 8/23/19, for resident #1, was not signed by the resident.

Plan of Correction-

1. Admin. shall have Resident #1 sign the contract by 2/26/2020
2. All resident home contracts will be audited by 3/15/2020 to ensure that they have been signed by the resident
3. Admin. has developed an admission document checklist to ensure that all required paperwork is in place and correctly completed. This checklist shall be completed with all new admissions.
4. Admin. shall educate staff on the admission document checklist, DHS required forms and correct completion of required forms
5. Admin. shall include an admission documentation audit in the home's quality management plan monthly

Signed:  Tracey Sutton-Vitabile RN-BC, PCHA 3-2-2020
Tracey Sutton-Vitabile RN-BC, PCHA 3-2-2020

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 2/12/20, at 9:41 am, observed open, unlabeled items: cup, 2 pickle jars, Reddi whip, bottle of rum, 2 jars of mayo, bottle of ketchup in the refrigerator . Observed item wrapped in aluminum foil in the freezer with no label or date.

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 PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutton - Vitabile RN-BC, PCHA
Signature

Tracey Sutton - Vitabile RN-BC, PCHA 3-2-2020
Printed Name and Title Date

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(Date)

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- Implemented
- Not Implemented

Beaumont at Bryn Mawr- License 12793

Inspection dates 2/12/2020 and 2/14/2020

2600.103e- Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be dated and labeled.

Violation- on 2/12/20, at 941am, observed open, unlabeled items: cup, 2 pickle jars, Redi whip, bottle of rum, 2 jars of mayo, bottle of ketchup in the refrigerator. Observed item wrapped in aluminum foil with no label or date

Plan of correction-

1. All unlabeled, undated or open food items were removed from refrigerator on 2/12/2020
2. A weekly cleaning schedule will be implemented and monitored by the PCU Administrator for compliance
3. Admin. shall provide training for 2600.103e to all staff
4. Admin. shall include violation 2600.103e in the home's Quality Management Plan monthly

Signed:

Wacey Sutton - Utahville Pa-Ba, PCHA 3-2-20

85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/12/20, at 9:41am, the second-floor kitchen/laundry room was observed with the trashcan 1/4 full with no lid. It was not in use at the time.

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 PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutton-Vitabile RN-OC, PCHA
Signature

Tracey Sutton-Vitabile RN-OC, PCHA
Printed Name and Title

Date *3-26-2020*

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(Date)

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(Date)

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Implemented
 Not Implemented

Beaumont at Bryn Mawr- License 12793

Inspection dates 2/12/2020 and 2/14/2020

2600.85d Trash in kitchens and bathrooms shall be kept in covered receptacles that prevent the penetrating of insects and rodents

Violation- On 2/12/2020, at 942 am, the second floor kitchen/laundry room was observed with a trashcan 1/4 full and with no lid. It was not in use at the time.

Plan of correction-

1. Admin. has purchased a trashcan with a lid and replaced the existing open trashcan
2. Admin. shall conduct an audit of all trashcans in the home to ensure that they have lids as required by 3/5/20
3. Admin. shall provide education on 2600.85d for all staff
4. Admin. shall include a trashcan audit in the home's Quality Management Plan monthly

Signed:

Macey Sutton - Utah State RN - cc. PCHH 2/2/20

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutton-Vitabile RN, DC, PCHA
Signature

Tracey Sutton-Vitabile RN, DC PCHA
Printed Name and Title

Date 5-20-2020

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(Date)

Plan of correction implementation status as of 7/30/2020
(Date)

Implemented

Not Implemented

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

Beaumont at Bryn Mawr License-127930

Inspection date – 2/12/2020 and 2/14/2020

2600.41e-A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the resident rights and complaint procedures.

Violation- Resident #1's contract did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint statements

Plan of correction-

1. Admin. had Resident #1 sign the statement acknowledging receipt of resident rights and complaint procedures on 2/26/20
2. All resident contracts will be audited by 3/15/20 to ensure that they contain a statement by the resident acknowledging receipt of a copy of the resident rights and complaint procedures
3. Admin. has developed and admission document checklist that shall be completed with all new admissions.
4. Admin. shall educate staff on the admission document check list, DHS required forms and correct completion of forms.
5. Admin. shall conduct an audit of admission documents upon completion of each new admission
6. Admin. shall include an admission documentation audit in the home's quality management plan monthly

Signed: Tracey Sutton-Urbabile RN-CC, PCHA 3-2-20

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 2/14/20, at 11:55 am, in room 2008, observed the bathroom under construction. The bathroom was not blocked off to the resident. The ceiling in the bathroom was open exposing duct work. There was a large trashcan in front of the toilet. There was a large white drop cloth draped over the trash can and the toilet. These items posed a tripping hazard.

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 PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutton-Vitabile
Signature

Tracey Sutton-Vitabile RN-BC, PCHA 3-2-2020
Printed Name and Title Date

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Beaumont at Bryn Mawr- License 12793

Inspection dates 2/12/2020 and 2/14/2020

2600.88a Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards

Violation- On 2/14/20, at 1155am, in room 2008, observed the bathroom under construction. The bathroom was not blocked off to the resident. The ceiling in the bathroom was open exposing ductwork. There was a large trash can in front of the toilet. There was a large white drop cloth over the trash can and toilet. These items posed a tripping hazard.

Plan of correction-

1. Maintenance Staff returned to room 2008 on 2/12/20 to complete work in bathroom, work was completed, and work supplies were removed from bathroom
2. Admin. shall provide staff education for 2600.88a to the maintenance department
3. Maintenance dept. shall provide a safety sign to block off work areas in progress
4. This violation will be reviewed at the next scheduled safety committee meeting
5. Admin. shall include 2600.88a and violation in the home's Quality Management Plan monthly

Wendy Sutton - Utahville RN-CC, PCHA 3-2-20

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 2/12/20 at 3:15 pm, the hot water temperature in room 3005 measured 122.9 degrees Fahrenheit.

On 2/12/20 at 3:35 pm, the hot water temperature in the third floor hall bathroom measured 124.3 degrees Fahrenheit.

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 PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutton-Vitabile
Signature

Tracey Sutton-Vitabile RN-CC, PCHA
Printed Name and Title

Date *3-2-2020*

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(Date)

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(Initials)

- Implemented
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Beaumont at Bryn Mawr- License 12793

Inspections dates 2/12/2020 and 2/14/2020

2600.89b- Hot water temperature in areas accessible to the resident may not exceed 120 degrees

Violation-

On 2/12/2020 at 315pm, the hot water in room #3005 measured 122.9 degrees F

On 2/12/2020 at 335pm, the hot water temperature in the third floor hall bathroom measured 124.3 degrees.

Plan of Correction-

1. Maintenance staff made corrections to the water temperature on 2/12/20 by adjusting the temperature control valve in the boiler room. Water temperature returned to less than 120 degrees F on 2/12/20.
2. Maintenance staff to check boiler room temperature daily to ensure they are meeting guidelines as outlined in 2600.89b
3. Chief engineer will conduct audits on daily water temperature results to ensure they meet safety standards as outlined in 2600.89b
4. Maintenance staff will conduct random daily water temperature checks in the home. Any results outside of the 120 degree guideline will be immediately reported to the PCU Admin. and VP of Health Services for immediate remediation.
5. Admin. shall provide training on Pa2600.89b to all staff
6. Admin. shall audit water temperature documentation weekly X 3 months, then monthly thereafter
7. Admin. shall include 2600.89b and water temperature audits in the home's Quality Management Plan monthly

Signed:

 Tracy Sutton - Utah State PCUA 3-2-20

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 2/12/20, at 9:41 am, the refrigerator and freezer had no thermometers.

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 PLAN OF CORRECTION

Legal Entity Representative


Tracey Sutton-Vitabile RN-BC, RCHA
Date 3-2-2020

Signature _____ Printed Name and Title _____

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 (Date) (Date)

Implemented
 Not Implemented

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 (Initials)

Beaumont at Bryn Mawr- License 12793

Inspection dates 2/12/2020 and 2/14/2020

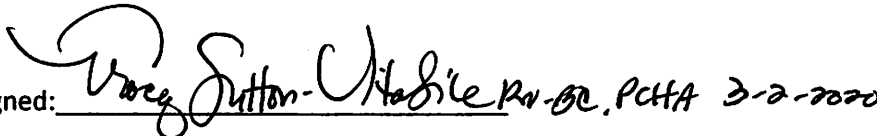
2600.103.f Food requiring refrigeration shall be stored at or below 40 degrees. Frozen food shall be kept at or below 0 degrees. Thermometers are required in refrigerator and freezer.

Violation- On 2/12/2020 at 941 am, the refrigerator and freezer had no thermometers

Plan of Correction-

1. Thermometers were placed in the refrigerator and freezer on 2/12/20
2. A daily temperature documentation sheet will be completed and audited by the Admin. monthly
3. Admin. shall provide training for 2600.103f for all staff
4. Admin. shall include 2600.103f and violation the home's quality management plan monthly

Signed:

 Tracy Sutton - Mobile Pn-02, PCHA 3-2-2020

109b - Rabies Vaccination

Regulations

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The home does not have a current certificate of rabies vaccination for the feline which resides in room 3001.

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 PLAN OF CORRECTION

Legal Entity Representative

 Signature	<u>Tracey Sutton - Vitabile RN-02, PCFA</u> Printed Name and Title	<u>Tracey Sutton - Vitabile RN-02, PCFA 3-2-2020</u> Date
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The above plan of correction was approved by	<u>slw</u> (Initials)	<input checked="" type="checkbox"/> Implemented	<input type="checkbox"/> Not Implemented
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Beaumont at Bryn Mawr- License 12793

Inspection dates 2/12/2020 and 2/14/2020

2600.109b Cats and dogs present in the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed vet shall be kept.

Violation- The home does not have a current certification of rabies for the feline which resides in room 3001.

1. Admin. has made an appt. for a veterinary exam and vaccinations for this feline. Appt. occurred on 2/29/2020.
2. Admin. shall keep a copy of the rabies certificate on file for the feline residing in room 3001.
3. Admin. shall place a prompt for the next appt. for the feline residing in 3001 in the home's appt. book
4. Admin. will perform an audit to ensure that all animals present in the home have a current rabies vaccination
5. Admin. shall provide training for 2600.109b to all staff to ensure that if an animal enters the home that a current rabies vaccination certificate will be obtained
6. Admin. shall include 2600.109b in the home's quality management plan monthly

Signed: Tracey Sutton-Utahile Ki-DC, PCHH 3-2-20

132f - Alternate Exit Routes

Regulations

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

Fire drills conducted on 3/19/19, 4/12/19, and 5/15/19 all used "fire door" as the exit.

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 PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutton-Vitabile RN-CC, PCHA
Signature

Tracey Sutton-Vitabile RN-CC, PCHA
Printed Name and Title

Date 3-2-2020

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(Date)

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(Date)

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(Initials)

Implemented
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Beaumont at Bryn Mawr- License 12793

Inspection dates 2/12/2020 and 2/14/2020

2600.132f- Alternate exit routes shall be used during fire drills

Violation- Fire drills conducted 3/19/19, 4/12/19 and 5/15/19 all used " fire door" as the exit

Plan of correction-

1. Chief engineer and Admin. have informed the fire safety expert that conducts our fire drills of the violation, the regulation and requirement to alternate exit routes during drill
2. Admin. shall audit each fire drill documented during 2020 to ensure that alternate exit routes are used during fire drills.
3. Admin. shall include 2600.132f in the home's quality management plan monthly

DPOC:

1. The administrator or designee will conduct a training with the staff and residents of the home on the importance of alternating exits during fire drills, within 15 days of receipt of this plan of correction.
2. The administrator or designee will place a poster at one of the exits during the monthly fire drills to indicate the exit is not available during the fire drill to help residents locate alternative exits, starting immediately.

SLW 7/30/2020

Signed: Wacey Sutton-Vitale RN-BC, PCHA 3-2-20

141a - Medical Evaluation

Regulations

2600.

141.a. 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.

Description of Violation

Resident #2, admitted 08-26-19, did not have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department.

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 PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutton-Vitabile RN-BC, PCHA
Signature

Tracey Sutton-Vitabile RN-BC, PCHA
Printed Name and Title
3-2-20 Date

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(Initials)

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Beaumont at Bryn Mawr- License 12793

Inspection dates 2/12/2020 and 2/14/2020

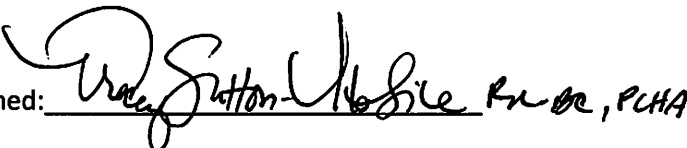
2600.141a- A Resident shall have a medical evaluation done by a physician, physician's assistant or CRNP documented on a form specified by the Dept. within 60 days prior to admission or within 30 days after admission.

Violation-Resident #2 , admitted on 8/26/2020 did not have a medical evaluation by a physician, physician's assistant or CRNP documented on a form specified by the Dept.

Plan of Correction-

1. Admin. has requested that the Physician that conducted the exam on Resident #2 on 9/11/2019, provide that information on the state specified medical evaluation form
2. The state specified medical evaluation form will be updated by the Physician when received. Admin. to ensure that this occurs by 3/15/20.
3. All resident records will be audited to ensure that all medical evaluations completed by a physician, physician's assistant or CRNP are documented correctly on a form specified by the department by 3/15/20.
4. Admin. has developed an admission documentation checklist that shall be completed for all new admissions
5. Admin. shall provide training for the admission documentation checklist, DHS required forms and correct completion of forms to all nursing staff
6. Admin. shall conduct an audit of admission documents upon completion of each new admission
7. Admin. shall include an admission documentation checklist audit with the home's quality management plan monthly

Signed: _____


Tracy Sutton-Webster RN BC, PCHA

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

On resident #1's DME dated 8/5/19, section 5 was not completed to indicate whether the resident has allergies.

On resident #3's DME dated 1/21/20, section 9 indicating health status is incomplete.

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 PLAN OF CORRECTION

Legal Entity Representative


Tracey Sutton-Vitabile RN-BC, PC-HA
Tracey Sutton-Vitabile
3-2-20

Signature Printed Name and Title Date

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 (Date) (Date)

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 (Initials)

Plan of Correction-

Admin. has requested that the Physician that conducted the exam on Resident #1 and #3 to provide that information on the state specified medical evaluation form

The state specified medical evaluation form will be updated by the Physician when received.

Admin, to ensure that this occurs by 3/15/20.


All resident records will be audited to ensure that all medical evaluations completed by a physician, physician's assistant or CRNP are documented correctly on a form specified by the department by 3/15/20.

Admin, has developed an admission documentation checklist that shall be completed for all new admissions

Admin, shall provide training for the admission documentation checklist, DHS required forms and correct completion of forms to all nursing staff

Admin, shall conduct an audit of admission documents upon completion of each new admission

Admin, shall include an admission documentation checklist audit with the home's quality management plan monthly

Signed:  W. Sutton-Webster RN BC, PCHA

162c - Menu Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 2/12/19, at 9:49 am, there was no menu posted in the home.

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 THE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutton-Vitabile Rn-BC, PHA
Signature

Tracey Sutton-Vitabile Rn-BC, PHA
Printed Name and Title
Date *8-2-20*

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(Date)

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(Initials)

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 Not Implemented

Beaumont at Bryn Mawr- License 12793

Inspection dates 2/12/2020 and 2/14/2020

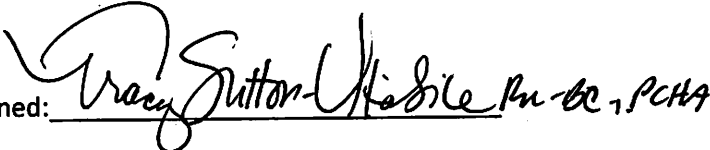
2600.162c- Menus stating the specific food being served at each meal shall be prepared 1 week in advance and shall be followed. Weekly menus shall be posted one week in advance in a conspicuous and public place in the home

Violation- On 2/12/2020, at 949a, there was no menu posted in the home

Plan of Correction-

1. The current week and following week's menus were posted on 2/12/20 in a public and conspicuous place in the home
2. Admin. shall ensure compliance by placing a prompt in the home's schedule book.
3. Admin. shall conduct a weekly audit X 2 months to ensure the menu is posted and then monthly thereafter
4. Admin. shall include 2600.162c in the home's Quality Management plan monthly

Signed:

 Tracy Sutton - Mobile Public Health

184a - Labeling OTC/CAM

Regulations

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.

Description of Violation

Resident #4 is prescribed Famotidine 20 Mg. MAR reads "1 Tab by mouth once per day". The pharmacy label reads "Famotidine 2 tablets orally once daily".

Resident #5 is prescribed Vitamin D3 2000 Unit Tablet, 1 tablet by mouth once per day. The pharmacy label reads "Vitamin D3 1000 Unit Tablet orally once per day".

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 THE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutton-Vitabile RN-BC, PCHA Tracey Sutton-Vitabile RN-BC, PCHA Date 3-2-20
 Signature Printed Name and Title

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2600.184a

1. Resident #4's MAR and packaged dosage for Famotidine 20 mg were correct. Pharmacy label was incorrect. The pharmacy was notified, and correct label was sent.

Resident #5's original order for Vitamin D3 1000-unit tablet was changed to Vitamin D3 2000-unit on 2-4-20 Pharmacy notified of the new order for Vitamin D3 2000-unit, and new prescribed dosage was delivered to the facility.

2. An audit of current residents medications was completed to ensure that the original container for prescription medications are labeled with a pharmacy label that includes: the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instruction for administration, and the title of the prescriber.
3. All licensed nurses will be re-educated by the PC Administrator regarding the proper labeling of prescription medications from the pharmacy which must include: the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instruction for administration, and the title of the prescriber.
4. The PC Administrator/designee will conduct an audit of residents' medications monthly for three months then quarterly thereafter to ensure proper labeling of prescription medications. The results of the audits will be presented to the homes Quality Management Plan monthly for review to ensure compliance.
5. This POC will be completed April 2, 2020

Tracy Sutton - UHABIC RN-OR, PCHA 3-2-20

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted 8/23/19, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.)

Legal Entity Representative


Tracey Sutton-Vitabile Rn BC, PCHA 3-2-20
Tracey Sutton-Vitabile Rn BC, PCHA
Date 3-2-20

Signature _____ Printed Name and Title _____ Date _____

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Beaumont at Bryn Mawr- License 12793

Inspection 2/12/2020 and 2/14/2020

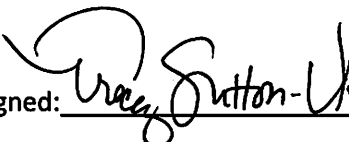
2600.191 Resident Education- The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education will be kept.

Violation- Resident #1, admitted on 8/23/19, has not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error

Plan of Correction-

1. Admin. shall provide education to the resident #1 that they have the right to refuse medication if that resident believes that there may be a medication error
2. Admin. will provide education to all residents on their right to refuse medications if the resident believes that there may be a medication error. This education will be completed by 3/15/20.
3. Admin. has developed an admission documentation checklist which will be completed for all new admissions. This document includes the residents right to refuse medication if the resident believes there may be a medication error.
4. Admin. shall educate nursing staff on the admission document checklist, DHS required forms and correct completion of forms by 3/15/20.
5. Admin. shall conduct an audit of admission document forms upon the completion of each new admission
6. Admin. shall include an admission document audit in the home's Quality Management Plan monthly

Signed:

 Tracy Sutton - UH file #11-00-PC44 3-2-20

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's pre-admission screening form, dated 8/5/19, does not include a determination that the needs of the resident can be met by the services provided by the home.

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 THE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutton-Vitabile RN-BC, PCHA
Signature

Tracey Sutton-Vitabile RN-BC, PCHA
Printed Name and Title

Date 3-7-20

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Plan of correction implementation status as of 7/30/2020
(Date)

- Implemented
- Not Implemented

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(Initials)

Beaumont at Bryn Mawr- License 12793

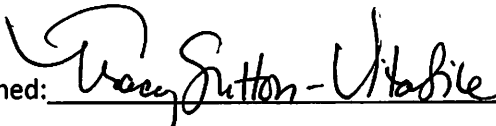
Inspection 2/12/2020 and 2/14/2020

2600.224a- A determination shall be made within 30 days prior to admission and documents on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home

Violation- Resident #1's preadmission screening form, dated 8/5/2019, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction-

1. Admin. corrected the preadmission screening form on 2/12/20 to indicate that it was determined that the needs of the resident could be met by the services provided by the home
2. All resident records will be audited by 3/15/20 to ensure that the preadmission screening form is completed and includes a determination of whether the needs of the resident can be met by the services provided by the home
3. Admin. has created an admission document checklist that shall be completed with all new admissions
4. Admin. shall educate nursing staff on the admission document checklist, DHS required forms and correct completion of the forms by 3/15/20.
5. Admin. shall conduct an audit of admission documents on completion of each new admission
6. Admin. shall include an admission document audit in the home's Quality Management plan monthly

Signed:  Wacey Sutton - Utahville RN-CC, RHA 3-2-20

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated 9/3/19, indicates the resident has a need for securing healthcare. The resident's support plan, dated 9/3/19 does not document how this need will be met.

RASP for resident #3 dated 1/23/18 is incomplete. The making and keeping appointments section is not complete for both the assessment and the support plan.

RASP for resident #3 dated 1/24/19 is incomplete. The using prosthetic device section is not complete for both the assessment and the support plan.

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 THE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

Tracey Sutton-Vitabile
Signature

Tracey Sutton-Vitabile RN-BC, RCHA
Printed Name and Title
Date *3-2-20*

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(Initials)

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Beaumont at Bryn Mawr- License 12793

Inspection 2/12/2020 and 2/14/2020

2600.227.d- Support plan

Violation-

1. The assessment for resident #2, dated 9/3/19, indicates the resident has a need for securing healthcare. The resident's support plan, dated 9/3/19 does not document how this need will be met
2. RASP for resident #3, dated 1/23/18 is incomplete. The making and keeping of appointments section is not complete for both the assessment and support plan
3. RASP for resident #3, dated 1/24/19 is incomplete. The using prosthetic device section is not complete for both assessment and the support plan

Plan of correction-

1. Admin. has made the corrections for residents #2 and #3 on 2/12/20
2. All resident records will be audited to ensure that their support plans and RASPs are complete and accurate by 3/15/20
3. Admin. has developed an admission document checklist that shall be completed for all new admissions
4. Admin. shall conduct an audit of the admission document checklist for all new admissions
5. Admin. shall educate nursing staff on the admission document checklist, DHS forms and correct completion of forms by 3/15/20.
6. Admin. shall conduct an audit for the home's Quality Management Plan monthly

Signed: _____

Wendy Sutton - Ulafile RN-DC, PCHA 3-7-20