Department of Human Services
Bureau of Human Service Licensing

October 8, 2021

[redacted]
THE BRYN MAWR TERRACE
773 EAST HAVERFORD ROAD
BRYN MAWR, PA 19010

RE: THE BRYN MAWR TERRACE
773 EAST HAVERFORD ROAD
BRYN MAWR, PA, 19010
LICENSE/COC#: 12849

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/08/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Sandi Wooters

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *THE BRYN MAWR TERRACE* **License #**: *12849* **License Expiration Date**: *03/30/2022*
Address: *773 EAST HAVERFORD ROAD, BRYN MAWR, PA 19010*
County: *DELAWARE* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *4846380917* **Email**: [redacted]

Legal Entity

Name: *THE BRYN MAWR TERRACE*
Address: *773 EAST HAVERFORD ROAD, BRYN MAWR, PA, 19010*
Phone: *4843805400* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *09/03/2014* **Issued By**: *Haverford Township*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *40* **Waking Staff**: *30*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Complaint* **Exit Conference Date**: *09/08/2021*

Inspection Dates and Department Representative

09/08/2021 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *33* **Residents Served**: *23*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Basement* **Capacity**: *25* **Residents Served**: *17*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *23*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *17* **Have Physical Disability**: *0*

Inspections / Reviews

09/08/2021 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/28/2021*

Inspections / Reviews *(continued)*

9/28/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/13/2021*

65b - Rights/Abuse 40 Hours

1. **Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A and B reportedly completed [redacted] 40th scheduled work hour. The documentation to support this training was not signed or dated and could not determine if the training was actually completed.

Plan of Correction **Accept**

Why did it happen?

• Staff member A and B both had general orientation training which was signed and dated on [redacted] first day or orientation at Saunders House. The additional training hours the second day of orientation was not dated with the date of completion. The new training sheet (which was created last inspection did not have a line for the date the training/orientation was completed) was not dated when signed by the two employees.

What do we do right now to fix the problem?

PCHA will date the training sheet on when the orientation was completed. This was completed on 9/8/2021.

How do we prevent this from happening again?

PCHA will redo the training sheet to have a line for the date. After PCHA is done with any 2nd day orientation training going forward, PCHA will give to Human Resources to keep in the employee HR file.

Timeline/Work Plan

• PCHA will revise Training Plan Sheet, already completed by 9/24/2021

Completion Date: *09/24/2021*

82c - Locking Poisonous Materials

1. **Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

McKesson Fluoride Toothpaste in room [redacted] Calmoseptine cream and Ammonium Lactate lotion in room [redacted] a quart of dial antibiotic soap in room [redacted] and in room [redacted] Colgate Toothpaste, with a manufacture's label indicating "to call Poison Control if accidentally ingested", were unlocked, unattended, and accessible to residents residing in the Secure Dementia Unit. Not all the residents of the home, including Residents #1, #2, #3 and #4, have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials *(continued)*

Plan of Correction **Accept**

Why did it happen? *Care staff was completing AM ADL's with the residents. Took materials out of locked cabinets to provide AM care. Did not lock up materials under the bathroom cabinet before leaving room.*

What do we do right now to fix the problem?
LPN, PCHA and Lead Caregiver went through all resident's room on the day of inspection to make sure all potential poisonous materials were put away in the locked bathroom cabinets. This was already completed during the day of inspection.

How do we prevent this from happening again?
PCHA/LPN Supervisor/Wellness Coordinator will in-service all staff on locking poisonous materials up after all care is provided. LPN will do rounds for locking up poisonous materials during all shifts. PCHA will make random rounds to check resident rooms as well. PCHA will communicate with families who would like to get non-poisonous materials for their loved ones so they can keep the essentials out in their own bathrooms.

Timeline/Work Plan
- PCHA/LPN Supervisor will in-service all staff by 10/12/21
- PCHA will send communication out to families regarding non-poisonous materials by 10/12/21

Completion Date: *10/12/2021*

85a - Sanitary Conditions

1. **Requirements**

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/8/2021 at approximately 10am the nebulizer unit nozzle was found on the floor next to the bed in resident room [redacted].

On 9/8/2021 at approximately 10:05am there was feces smeared on the toilet seat and bedspread in resident room [redacted] *after the room had been cleaned.*

85a - Sanitary Conditions *(continued)*

Plan of Correction **Accept**

Why did it happen?

Resident in room [redacted] in the past had an order for a nebulizer (which is her own nebulizer.) Resident has [redacted] nebulizer located on [redacted] night table next to [redacted] bed, [redacted] phone is also on the night table. Thoughts are that when resident answers or hangs up the phone, [redacted] bumped the nebulizer nozzle off the table. There is no current order for a nebulizer and resident was not using the nebulizer currently.

Room [redacted] - Resident had an BM accident on 9/8 and it was not observed by staff since housekeeping morning rounds were not complete yet. Resident is independent in toileting [redacted]

What do we do right now to fix the problem?

LPN cleaned nebulizer and put away in resident's cabinet day of inspection. Housekeeping and AM care rounds will still be completed and if any sanitary conditions are present, housekeeping and/or staff will clean up the area that needs attention.

How do we prevent this from happening again?

PCHA will educate LPN Supervisor's that when an order is complete for a nebulizer treatment, LPN will clean and put away nebulizer machine until it is needed in the future. PCHA will educate and in-service all staff on sanitation.

Timeline/Work Plan

PCHA/LPN will in-service all staff by 10/12/21

Completion Date: *10/12/2021*

101i - Access to Bedroom

1. Requirements

2600.

101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On 9/8/2021 at 9:30am, resident rooms106,109,110,111,112,114,104,117,118,119 were locked and the residents were denied access to [redacted] bedrooms. These residents do not have keys and reside in the Secure Dementia Unit.

101i - Access to Bedroom *(continued)*

Plan of Correction **Accept**

Why did it happen?

Some resident's room were locked due to another resident who will enter rooms, take personal items, rearranges furniture, urinates on others personal belongings. When the resident whose door is locked, sees this happen, it causes a behavior disturbance between the resident who is taking the items and the resident who lives in the room. 2 of the stated rooms on LIS are unoccupied (110 and 104) and 2 rooms other rooms on the LIS are locked due to the resident who lives there has [redacted] own key. [redacted])

What do we do right now to fix the problem?

All staff on the day of inspection unlocked all doors to resident room's who do not have keys

How do we prevent this from happening again?

PCHA will in-service staff that they can not lock any resident's doors who do not have a key. Any resident who has a key can lock their own doors. PCHA will in-service all staff on redirection of residents who enter other residents rooms.

Timeline/Work Plan

PCHA will in-service all staff by 10/12/21

Completion Date: *10/12/2021*

101j7 - Lighting/Operable Lamp

1. **Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #5 does not have access to a source of light that can be turned on/off at bedside in room #[redacted]

Plan of Correction **Accept**

Why did it happen?

Resident had lamp previous but during inspection there was no lamp at bedside table

What do we do right now to fix the problem?

PCHA put lamp in resident's room on night table next to bed the day of inspection

How do we prevent this from happening again?

Maintenance and PCHA will audit all bedside lamps in residents room.

Timeline/Work Plan

PCHA and maintenance will audit all rooms by 9/28/21

Completion Date: *09/28/2021*

103e - Left Overs

1. Requirements

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

There was an unlabeled, undated bowl of unknown food and a package of unknown food covered in tin foil found in the SDCU kitchen refrigerator on 9/8/2021 at 9:45am.

Plan of Correction **Accept**

Why did it happen?

During inspection, there was food from activities in the refrigerator left open and unlabeled.

What do we do right now to fix the problem?

During inspection the program director took all the unlabeled food items out of the fridge and threw them away.

How do we prevent this from happening again?

PCHA will in-service all staff on labeling items in the fridge, throwing old items out and making sure all food items are closed and wrapped. LPN supervisor will check refrigerator every shift. Program Director will educate all activities staff on keeping items in fridge labeled and in closed containers.

Timeline/Work Plan

PCHA will in-service staff by 10/12/21

Completion Date: *10/12/2021*

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There was a cup of Rice Krispies and a pound of butter opened and unsealed found in the SDCU refrigerator .

Plan of Correction **Accept**

Why did it happen?

During inspection, there was food from activities in the refrigerator left open and unlabeled.

What do we do right now to fix the problem?

During inspection the program director took all the unlabeled food items out of the fridge and threw them away.

How do we prevent this from happening again?

PCHA will in-service all staff on labeling items in the fridge, throwing old items out and making sure all food items are closed and wrapped. LPN supervisor will check refrigerator every shift. Activity Department will make sure that they will wrap anything up and label anything they put in the fridge.

Timeline/Work Plan

PCHA and Program Director will in-service staff by 10/12/21

Completion Date: *10/12/2021*

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 9/8/2021 at 10:05am, prescribed medications Calmoseptine ointment and Ammonium Lactate lotion were unlocked, unattended, and accessible in room [redacted] Resident #2 in unable to administer medications independently.

Plan of Correction **Accept**

Why did it happen?

AM care was provided but the treatment medication lotions were left in the resident rooms and were not locked up

What do we do right now to fix the problem?

LPN took prescribed treatment medications out of resident room and lock in med cart during inspection

How do we prevent this from happening again?

PCHA/LPN will in-service all Care Staff that any medication must be locked up. Treatment medications will be locked in medication cart and LPN will give allotted medication in a med cup to the CNA's to complete care.

Timeline/Work Plan

PCHA and LPN's will in-service staff by 10/12/21

Completion Date: *10/12/2021*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #2's current assessment was completed on [redacted] However, the resident's previous assessment was completed on [redacted]

225c - Additional Assessment *(continued)*

Plan of Correction **Accept**

Why did it happen?

Resident # 2 had annual assessment done but it was done late due to not having Wellness Coordinator. Resident is not in need of an additional assessment due to any significant changes

What do we do right now to fix the problem?

Resident's annual assessment is up to date and is not in need of an additional assessment.

How do we prevent this from happening again?

PCHA and Wellness Coordinator will audit all resident RASP's. A Tickler system is already in place for any resident annual RASP's that are due.

Timeline/Work Plan

PCHA and Wellness Coordinator will audit RASP's by 10/12/21

Completion Date: *10/12/2021*

234d - Support Plan Revision

1. **Requirements**

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #2 was completed on [redacted]; however, the previous support plan was completed on [redacted].

234d - Support Plan Revision *(continued)*

Plan of Correction **Accept**

Why did it happen?

Resident # 2 had annual assessment done but it was done late due to not having Wellness Coordinator. Resident is not in need of an additional assessment due to any significant changes

What do we do right now to fix the problem?

Resident's annual assessment is up to date and is not in need of an additional assessment. Tickler system is already in place for any resident annual RASP's that are due.

How do we prevent this from happening again?

PCHA and Wellness Coordinator will audit all resident RASP's. A Tickler system is already in place for any resident annual RASP's that are due.

Timeline/Work Plan

PCHA and Wellness Coordinator will audit RASP's by 10/12/21

Completion Date: *10/12/2021*