

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

March 24, 2023

[REDACTED]  
NORTHEAST PC OPERATIONS LLC  
773 EAST HAVERFORD ROAD  
BRYN MAWR, PA, 19010

RE: BRYN MAWR VILLAGE  
773 EAST HAVERFORD ROAD  
BRYN MAWR, PA, 19010  
LICENSE/COC#: 14834

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *BRYN MAWR VILLAGE* License #: *14834* License Expiration: *03/29/2023*  
Address: *773 EAST HAVERFORD ROAD, BRYN MAWR, PA 19010*  
County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *NORTHEAST PC OPERATIONS LLC*  
Address: *773 EAST HAVERFORD ROAD, BRYN MAWR, PA, 19010*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *02/07/2023*

**Inspection Dates and Department Representative**

*02/07/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
License Capacity: *33* Residents Served: *25*  
Secured Dementia Care Unit  
In Home: *Yes* Area: *Impressions* Capacity: *25* Residents Served: *15*  
Hospice  
Current Residents: *1*  
Number of Residents Who:  
Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *15*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *13* Have Physical Disability: *0*

**Inspections / Reviews**

**02/07/2023 - Partial**  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/25/2023*

**02/27/2023 - POC Submission**  
Submitted By: [REDACTED] Date Submitted: *03/24/2023*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/04/2023*

Inspections / Reviews (*continued*)

03/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] an incident occurred and resident #1 become aggressive and hit Staff person A. An allegation was made by resident #1 that staff person A, pushed resident #1 causing him/her to fall. This incident was communicated as unwitnessed by staff. This incident was reported to staff person B, on [redacted]. However, this allegation of abuse was not reported to the Department of Aging.

Plan of Correction

Accept (MJ - 02/27/2023)

Administrator and Staff members were immediately re-educated (Inservice) on the policy of Bryn Mawr and the DHS incident reporting with an emphasis on investigating and reporting abuse. Staff will revisit the training of reporting abuse monthly x 3months. Annual training of policies will be completed.

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented (MJ - 03/24/2023)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted], for resident #1 indicates the resident requires assistance with reminders to utilize his/her walker. On [redacted] the resident did not receive this assistance as required. Resident #1 was walking without his/her walker throughout the home.

Plan of Correction

Accept (MJ - 02/27/2023)

All residents in facility will be given the verbal cues / reminders or helped as stated in the care plan. Inservice provided reminders to staff.

Care Plan meetings with staff / families to maintain continuity of care needs on a semi-annual basis or as a change is needed.

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented (MJ - 03/24/2023)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at [redacted], Staff person A, reported that resident #1 became aggressive while trying to approach [redacted] and

42b - Abuse (continued)

obtain [redacted] food. Resident#1 was seen by staff person C, hit staff person A, in the face. Staff person C, witnessed, staff person A, raise [redacted] harm which physically pushed [redacted] back. Staff person C, advised she witnessed the arm of staff person A, physically " back [redacted] up!" this movement caused resident #1 to fall. Resident #1, sustained a head injury that required to staples to [redacted] scalp.

Plan of Correction

Accept (MJ - 02/27/2023)

Upon reporting the abuse, staff member A was immediately removed from the schedule, until investigation was completed, once abuse was founded staff member was terminated immediately.

All Staff members were re-educated (in-service) on the policy of Bryn Mawr Village and the acts of abuse. Staff will revisit the training monthly x 3 months for clear, concise understanding of the policy.

Annual abuse training will be completed.

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented (MJ - 03/24/2023)

62 - Contact List

4. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person B, the Licensed Practical Nurse was not listed on the staff contact list provided by the administrator on 2-7-23.

Plan of Correction

Accept (MJ - 02/27/2023)

List of agencies is placed on another form and available. Was unclear at the time of what was needed.

All permanent staff and agency staff will be filed in binder for review. Binder shall be updated by administrator or designee.

Administrator shall work with Human Resources for updated lists as new hires as the need arises.

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented (MJ - 03/24/2023)

66b - Training Plan Content

5. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

Description of Violation

The home's staff training plan does not include De-escalation techniques when caring for residents with aggressive behaviors .

Plan of Correction

Accept (MJ - 02/27/2023)

Training in de-escalation techniques (in-serviced) provided. Training for Memory Care Staff and handling resident

**66b - Training Plan Content (continued)**

*with cognitive issues.*

*Administrator or designee will provide training monthly x3 months, then semi-annual.*

**Licensee's Proposed Overall Completion Date:** 02/23/2023

**Implemented (MJ - 03/24/2023)**

**234b - Support Plan Needs Elements****6. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

*The support plan, dated [REDACTED], for resident #1 does not address the resident's behaviors regarding boundaries concerning food of others and calling staff members "Lard ass".*

**Plan of Correction**

**Accept (MJ - 02/27/2023)**

*Support plan was immediately updated with the behaviors exhibited.*

*All support plans will be reviewed by 3/3/23 by admin or designee. Inservice completed.*

*Admin will follow up with staff monthly to ensure the changes are updated appropriately to the support plan.*

**Licensee's Proposed Overall Completion Date:** 03/03/2023

**Implemented (MJ - 03/24/2023)**