

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

May 30, 2023

[REDACTED], ADMINISTRATOR  
BEAUMONT RETIREMENT COMMUNITY INC  
601 NORTH ITHAN AVENUE  
BRYN MAWR, PA, 19010

RE: BEAUMONT AT BRYN MAWR  
601 NORTH ITHAN AVENUE  
BRYN MAWR, PA, 19010  
LICENSE/COC#: 12793

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/11/2023 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: *BEAUMONT AT BRYN MAWR* License #: *12793* License Expiration: *02/27/2024*  
 Address: *601 NORTH ITHAN AVENUE, BRYN MAWR, PA 19010*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *BEAUMONT RETIREMENT COMMUNITY INC*  
 Address: *601 NORTH ITHAN AVENUE, BRYN MAWR, PA, 19010*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/21/1996* Issued By: *CWOPA L&I*  
 Type: *I-1* Date: *03/25/1996* Issued By: *Township of Lower Merion*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *04/11/2023*

**Inspection Dates and Department Representative**

04/11/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *18* Residents Served: *10*

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: *10*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *2* Have Physical Disability: *0*

**Inspections / Reviews**

04/11/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/30/2023*

04/27/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *05/26/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/02/2023*

Inspections / Reviews *(continued)*

05/01/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/30/2023

05/30/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. Requirements

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

Resident #1's medical evaluation dated [redacted] did not include height and body positioning.

Resident #2's medical evaluation dated [redacted] did not include body positioning.

Plan of Correction

Accept [redacted] - 04/27/2023)

1. The residents’ physician was immediately contacted and corrected both records.
2. All residents’ DMEs were audited on 4/12/23 by the PCA to ensure that that all sections were thoroughly completed.
3. All DMEs will be audited monthly, as due according to the DME schedule, for two months by the PCA or designee as part of the home’s Quality Management plan, then will audit randomly thereafter.
4. Nursing Staff will be educated by the PCA or designee on this regulation during April 2023 staff meetings.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [redacted] - 05/30/2023)

185a - Implement Storage Procedures

2. Requirements

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.

Description of Violation

Resident #1 is prescribed [redacted] as needed. On [redacted] this medication was not available in the home.

Resident #2 is prescribed [redacted] and [redacted] as needed. On [redacted], these medications were not available in the home.

## 185a - Implement Storage Procedures (continued)

**Plan of Correction****Accept (MS - 05/01/2023)**

1. The Charge Nurse immediately contacted the residents' physician regarding these medications
2. The Physician immediately discontinued these medications
3. The Charge Nurse documented in the medical record re #1 and #2 above
4. The PCA immediately assigned a full medication cart audit to ensure medications for all residents are available as ordered
5. Medication Cart audits will be assigned randomly to Charge Nurses on a weekly basis beginning the week of 4/24/23 for the next 2 months (minimum 4 resident MARs reviewed weekly)
6. The PCA or designee will conduct random med cart audits monthly for the next 2 months to assure compliance as part of the home's Quality Management Plan, then will audit randomly thereafter. Each random audit will review the medications ordered for a minimum of 4 residents.
7. Nursing Staff will be educated by the PCA or designee on this regulation during the April 2023 staff meetings.

Licensee's Proposed Overall Completion Date: 06/18/2023

**Implemented (█) - 05/30/2023)**

## 187d - Follow Prescriber's Orders

**3. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #1 is prescribed █, █ tablets by mouth daily in the evening. However, this medication was not administered to resident #1 on 4/10/23 because the medication was not available in the home.

**Plan of Correction****Accept (█) - 05/01/2023)**

1. The PCA immediately contacted the nurse on duty at time of administration to confirm administration of medication.
  - a. Nurse confirmed administration and indicated she marked it as such in the resident's EMR.
  - b. Nurse was informed that electronic documentation showed otherwise.
  - c. IT consulted to ensure there was not an EMR issue. Ticket submitted.
2. PCA immediately completed an incident report for the medication error and submitted it to DHS.
3. The Charge Nurse immediately contacted the physician to inform of missed dose and documented such in resident's record.
4. Nursing Staff will be instructed to complete a daily MAR Documentation Shift to Shift audit beginning 4/25/23 for peer review of documentation from the immediate prior shift. Any errors will be reported immediately to the PCA for follow up.
5. The MAR Documentation Shift to Shift Audit will be completed for a two month period. This audit will be reviewed as part of the home's Quality Management Plan.
6. The PCA or designee will also conduct random MAR Documentation audits weekly beginning the week of 4/24/23 for two months to assure compliance as part of the home's Quality Management Plan, then will audit randomly thereafter.
7. Nursing Staff will be educated by the PCA or designee on this regulation as well as 2600.187a during the April 2023 staff meetings.

187d Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 06/25/2023

Implemented ( ) - 05/30/2023

251b - Record Entries Legible

4. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident #2's Resident Assessment and Support Plan dated [REDACTED].

Repeat Violation: 3/24/22

Plan of Correction

Accept ( ) - 05/01/2023

1. The PCA immediately searched Nurse's Station, finding 1 bottle of correction fluid which was immediately discarded.
2. The PCA immediately identified the Charge Nurse who used correction fluid on the support plan
3. The Charge Nurse immediately corrected resident #1's support plan on 4/11/23 with a permanent, legible, dated and signed entry.
4. A posting indicating "No White out/Correction Fluid may be used in this office" was immediately posted in the Nurses Office
5. All residents' support plans were audited on 4/12/23 by the PCA to ensure that all entries were permanent, legible, dated and signed with no use of correction fluid.
6. All support plans will be audited monthly for two months, as due according to the support plan schedule, by the PCA or designee beginning May 1, 2023 to assure compliance as part of the home's Quality Management plan, then will be audited randomly thereafter.
7. Nursing Staff will be educated by the PCA or designee on this regulation during April 2023 staff meetings.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented ( ) - 05/30/2023