

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

April 24, 2024

[REDACTED]
NORTHEAST PC OPERATIONS LLC
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/13/2024 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: 08/22/2024
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: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 37 Waking Staff: 28

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Fine Exit Conference Date: 03/13/2024

Inspection Dates and Department Representative

03/13/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 33 Residents Served: 21

Secured Dementia Care Unit

In Home: Yes Area: Impressions Capacity: 25 Residents Served: 16

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 21
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 16 Have Physical Disability: 0

Inspections / Reviews

03/13/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/29/2024

04/05/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 04/23/2024
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 04/19/2024

Inspections / Reviews *(continued)*

04/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [REDACTED], at [REDACTED] an agent of the Department, requested access to records for staff persons A and B. Staff person C did not provide access to staff person A's record until [REDACTED] Staff person B's record was never received.

Plan of Correction

Accept [REDACTED] 04/05/2024)

On [REDACTED] the administrator met with the human resource director and scheduling coordinator to discuss the employee files of all employees and agency staff.

On [REDACTED] the administrator reviewed the files for all employees to find some had missing diplomas and/or direct care staff certifications. All staff who were missing the direct care training immediately took the training or was able to find the certification. All direct care staff without a diploma was taken off the schedule until diploma was submitted.

As of [REDACTED] two direct care staff employees that works per diem, has not provided a diploma and remains off the schedule

starting [REDACTED] the administrator has provided a check list of requirements for all employees that must be completed. The human resource director will need to sign off and provide the completed check list along with the employee file to the administrator to check and ensure all required paperwork is in the file before any new hires attend orientation.

Starting the month of April 2024, the administrator, human resources director and scheduling coordinator will 2x' monthly, to audit employee files and agency staff credintials.

The Administrator will keep a copy of all direct staff required paperwork in [REDACTED] office for easy access when requested.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] - 04/24/2024)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [REDACTED]. The staff person not have a criminal background check in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Staff person B was hired on an unknown date. The staff person not have a criminal background check in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Repeat Violation Date: 10/17/23, 5/18/23

51 - Criminal Background Check (continued)

Plan of Correction

Accept [REDACTED] - 04/04/2024)

On [REDACTED] the administrator met with the human resource director and scheduling coordinator to discuss the employee files of all employees and agency staff.

Human resource director and/or scheduling coordinator will ensure all staff and agency staff obtain the proper clearances prior to any employee start date as required regulation 2600. 51.

On as [REDACTED] HR, the scheduling coordinator has completed an audit all background checks for employees and to ensure we are in compliance.

Starting the month of April 2024, the administrator, human resources director and scheduling coordinator will 2x's monthly, to audit employee files and agency staff credentials.

starting [REDACTED] the administrator has provided a check list of requirements for all employees that must be completed.

As of [REDACTED] the human resource director and scheduling have found no information on th staff person B. Both the human resources and scheduler deny that staff person B, every acutally worked in the home.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] - 04/24/2024)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person D, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

On [REDACTED] the administrator met with the human resource director and scheduling coordinator to discuss the employee files of all employees and agency staff.

On [REDACTED] the administrator reviewed the files for all employees to find some had missing diplomas and/or direct care staff certifications. All staff who were missing the direct care training immeadiately took the training or was able to find the certification. All direct care staff without a diploma was taken off the schedule until diploma was submitted.

As of [REDACTED] two direct care staff employees that works per diem, has not provided a diploma and remains off the schedule

starting [REDACTED] the administrator has provided a check list of requirements for all employees that must be completed. The human resource director will need to sign off and provide the completed check list along with the employee file to the administrator to check and ensure all required paperwork is in the file before any new hires attend orientation.

Starting the month of April 2024, the administrator, human resources director and scheduling coordinator will 2x's

54a - Direct Care Staff (continued)

monthly, to audit employee files and agency staff credentials.

The Administrator will keep a copy of all direct staff required paperwork in [redacted] office for easy access when requested.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [redacted] - 04/24/2024)

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 C, the administrator, maintains a list of staff persons that does not include substitute personnel.

Repeat Violation: 2/7/23.

Plan of Correction

Accepted [redacted] - 04/04/2024)

On [redacted] the administrator met with the human resource director and scheduling coordinator to discuss the employee files of all employees and agency staff.

On [redacted] the administrator received the updated contact list that included all substitute staff to kept in the administrator office.

Effective Immediately the administrator will or scheduler will check the schedule every other day, for any substitute staff person and ensure that the contact list is up to date.

Starting the month of April 2024, the administrator, human resources director and scheduling coordinator will 2x's monthly, to audit employee files and agency staff credentials.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [redacted] - 04/24/2024)

65a - FS Orientation 1st Day

5. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

65a - FS Orientation 1st Day (continued)

- 4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person B, whose first day of work is unknown, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person D, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Repeat Violation Date: 5/18/23, 7/25/22.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

On [REDACTED] the administrator met with the human resource director and scheduling coordinator to discuss the employee files of all employees and agency staff.

Starting [REDACTED] the administrator will redue orientation training to all direct care staff who are currently working and all new hires to include...

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6.

65a - FS Orientation 1st Day (continued)

Smoke detectors and fire alarms.

7.

Telephone use and notification of emergency services

Starting the month of April 2024, the administrator, human resources director and scheduling coordinator will 2x's monthly, to audit employee files and agency staff credentials.

The Administrator will keep a copy of all direct staff required paperwork in [redacted] office for easy access when requested.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [redacted] - 04/24/2024)

65b - Rights/Abuse 40 Hours

6. 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:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [redacted] 40th scheduled work hour on [redacted]. However, this staff person did not complete training in the following topics: emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and reporting of reportable incidents and conditions.

Staff person D completed [redacted] 40th scheduled work hour on or around [redacted]. However, this staff person did not complete training in the following topics: emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Repeat Violation Date: 10/17/23, 5/18/23, 7/25/22.

Plan of Correction

Accept [redacted] 04/04/2024)

On [redacted] the administrator met with the human resource director and scheduling coordinator to discuss the employee files of all employees and agency staff.

Starting [redacted] the administrator will redue orientation training to all direct care staff who are currently working and all new hires to include...

1. Evacuation procedures.
- 2.

Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an

65b - Rights/Abuse 40 Hours (continued)

emergency location if applicable.

3.

The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

4.

Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

5.

The location and use of fire extinguishers.

6.

Smoke detectors and fire alarms.

7.

Telephone use and notification of emergency services

Starting the month of April 2024, the administrator, human resources director and scheduling coordinator will 2x's monthly, to audit employee files and agency staff credentials.

The Administrator will keep a copy of all direct staff required paperwork in [redacted] office for easy access when requested.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [redacted] 04/24/2024)

65d - Initial Direct Care Training

7. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

Direct care staff person D, hired on [redacted] began providing unsupervised ADL services on or around [redacted]. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Direct care staff person B, hired on an unknown date, began providing unsupervised ADL services on or around [redacted]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test, did not complete training that included a demonstration of job duties, followed by supervised practice, and did not complete the following initial direct care staff person training: Safe management techniques, ADLs and IADLs, Personal hygiene, Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities, The normal aging-cognitive, psychological and functional abilities of individuals who are older, Implementation of the initial assessment, annual assessment and support plan, Nutrition, food handling and sanitation, Recreation, socialization, community resources, social services and activities in the community, Staff person supervision, if applicable, Gerontology, Care and needs of residents with special emphasis on the residents being served in the home, Safety management and hazard prevention, Universal precautions, The requirements of this chapter, Infection control, Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home

Repeat Violation Date: 5/18/23, 7/25/22.

65d - Initial Direct Care Training (continued)

Plan of Correction

Accept [redacted] - 04/04/2024)

effective Immediately, the human resource director will ensure all new hires will be provided with a minimum of five days of direct care training before providing any direct care services unsupervised.

The Adminstrator will create a detailed description of training, which will need to be signed off by new hire and trainer displaying what type of training was provided and the date the training was completed. The administrator will than go over the training with all new hires and trainers to see if any more training is needed. At that time the scheduling coordinator and human resourses director will be given a copy of the trainings and will be able to schedule new hires for unsupervised care.

The administrator will keep a copy of all trainings in [redacted] office.

Starting 4/1/2024, the Administrator will meet with the human resourses director and scheduling coordinator twice monthly to audit employee files and schedules to ensure we remain in compliance.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [redacted] - 04/24/2024)

96a - First Aid Kit

8. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in Impressions does not include a breathing shield.

The first aid kit in Residential does not include tape, antiseptic, eye covering, breathing shield, and a thermometer.

Repeat Violation Date: 10/17/23, 5/18/23, 7/25/22.

Plan of Correction

Accept [redacted] - 04/04/2024)

On [redacted] the administrator audit both first aid kits and added the missing required items.

As of [redacted] both first aid kits includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Starting [redacted] the administrator or nurse will completed weekly audits of the first aid kits to ensure all required items are fully stocked.

The administrator will keep a index card of all required items in the first aid kits to ensure all items are replaced.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [redacted] - 04/24/2024)

121a - Unobstructed Egress

9. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at [redacted], a manual lock at the bottom of the sliding door blocked egress from the home's Impression's

121a - Unobstructed Egress (continued)

dining room.

Repeat Violation Date: 5/18/23

Plan of Correction

Accept [redacted] 04/05/2024)

On [redacted] the excutive director reached out to NEPPS, to install a maglock. Once the maglock is installed the manual lock at the bottm of the door will be removed.

As of [redacted] the home has recieved and signed the scope of work agreement and is awaiting for a scheduled date and time of the installation.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [redacted] - 04/24/2024)

133.1 - Exit Signs

10. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the Impression dining room exit door. The home currently serves 21 residents.

Plan of Correction

Accept [redacted] 04/04/2024)

On [redacted] the administrator imediately place a tempory exit sign above the door.

On [redacted] the administrator did a walk through to check all doors and to ensure all exit signs were posted by the exit doors.

On [redacted] the excutive director, ordered a exit sign which arrived on [redacted], the tempory exit sign was removed and replace with the newly ordred exit sign.

Starting 4/1/2024 the administator will complete random walk throughs to ensure no exit signs are missing.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [redacted] - 04/24/2024)

183d - Prescription Current

11. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted], [redacted] was in the home's Impression's first aid kit; however, the medication is not for any resident in the home.

Plan of Correction

Accept [redacted] - 04/04/2024)

On [redacted] the excutive director immediately removed the OTC Aspirin from the first aid kit.

As of [redacted] both first aid kits includes, nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

183d - Prescription Current (continued)

Starting [REDACTED] the administrator or nurse will completed weekly audits of the first aid kits to ensure all required items are fully stocked and no OTC medications are found.

The administrator will keep a index card of all required items in the first aid kits to ensure all items are replaced.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] - 04/24/2024)

233c - Key-Locking Devices

12. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the gate in the courtyard off of the dining room on the Secure Dementia Care Unit (SDCU).

Repeat Violation Date: 5/18/23, 7/25/22.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

on [REDACTED] the directions for the homes locking mechansim were posted near the outside in the courtyard off the dining room in the Secure Dementia unit.

Starting 4/1/2024 the administrator will do ramdon checks to ensure the directions on all doors in the Dementia Care Unit are posted.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] 04/24/2024)