

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

August 27, 2024

██████████ VICE PRESIDENT HEALTH SERVICES
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 ██████████,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/17/2024 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,

██████████

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BEAUMONT AT BRYN MAWR* License #: *12793* License Expiration: *02/27/2025*
 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: *Commonwealth of PA, L&I*

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: *07/17/2024*

Inspection Dates and Department Representative

07/17/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *18* Residents Served: *11*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *11*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

07/17/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/17/2024*

08/20/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/27/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/20/2024*

Inspections / Reviews *(continued)*

08/27/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. 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:
 - 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.
 - 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: 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; and telephone use and notification of emergency services.

- Staff Person B, whose first day of work was also [REDACTED], did not receive orientation on the following topics: 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; and telephone use and notification of emergency services.

Plan of Correction

Accept ([REDACTED] - 08/20/2024)

- The Director of Human Resources was immediately contacted to revise orientation topics for general fire safety and emergency preparedness to include all topics as outlined in 2600.65a
- The onboarding form ("Fire Safety Checklist") was revised on 7/18/24 and put into place for immediate use as part of the onboarding process
- Staff Member A will be re-educated and revised onboarding form signed at [REDACTED] next scheduled shift (8/17/24)
- Staff Member B will be re-educated and revised onboarding form signed at [REDACTED] next scheduled shift (8/21/24)
- A monthly new hire report will be run by a Human Resources representative at the beginning of each month and compared against a checklist to ensure all new employees have signed the revised onboarding form ("Fire Safety Checklist")
- Monthly audits will begin by 8/1/24
- Completed monthly audits will be relayed to the Director of Personal Care and will be reviewed as part of monthly QAPI meetings

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented ([REDACTED] - 08/27/2024)

227d - Support Plan Medical/Dental

2. Requirements

2600.

227d - Support Plan Medical/Dental (*continued*)

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 #1, dated [REDACTED], indicates A (Independent) under the Personal Care Needs and Degree column for Transferring in/out of bed/chair and Turning and positioning in bed/chair. However, "Partial side rails used as ordered for repositioning" is listed in Part IV: Summary and Determination.

Further, the Resident Assessment Support Plan (RASP) does not indicate the following:

- The specific need for the partial side rail device,
- Any risks associated with the device,
- The resident's ability to use the device safely for the intended purpose,
- Identification of the specific device to be used,
- If a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 08/20/2024)

- Resident #1's assessment was immediately edited on 7/18/24 to reflect the need for assistance in transferring in/out of bed/chair and for turning and positioning in bed/chair
- Resident #1's assessment was updated on 7/18/24 to include the following information:
 - The specific need for the partial side rail device
 - Any risks associated with the device
 - The resident's ability to use the device safely for the intended purpose
 - Identification of the specific device to be used
 - If a cover is required to meet FDA guidelines
- Nurses were verbally educated on 7/18/24 as to the RASP completion for Resident #1
- Nurses will be educated by 8/15/24 on completing RASP sections for Transferring in/out of bed/chair and Turning and positioning in bed/chair
- The Director of Personal Care will develop an addendum (Bedside Mobility Device Addendum to RASP) by 8/14/24 to ensure that all information pertaining to Bedside Mobility Devices is clearly captured as part of the RASP.
- The Director of Personal Care will audit RASPs by 8/15/24 of those residents with an existing order in place for use of partial siderails for repositioning to ensure that the sections pertaining to Transferring in/out of bed/chair and for Turning and positioning in bed/chair are completed accurately, and to ensure that Bedside Mobility Device Addendum to RASP is completed and attached as part of the RASP.
- A monthly audit will be conducted by the Director of Personal Care to ensure that RASPs are completed to accurately reflect Personal Care Needs and Degree, and that all required information pertaining to partial siderail use is documented via the newly created addendum.
- Monthly audits will begin by 9/1/24
- Completed monthly audits will be reviewed as part of monthly QAPI meetings

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented [REDACTED] - 08/27/2024)