

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

December 2, 2024

[REDACTED]
NORTHEAST PC OPERATIONS LLC
[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 09/09/2024, 09/10/2024 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

Type: *1-2* Date: *09/30/2014* Issued By: *haverford township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *09/10/2024*

Inspection Dates and Department Representative

09/09/2024 - On-Site: [REDACTED]
 09/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *25* Residents Served: *13*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Impressions* Capacity: *25* Residents Served: *13*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *13*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *13* Have Physical Disability: *0*

Inspections / Reviews

09/09/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/12/2024*

10/28/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/30/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/31/2024*

Inspections / Reviews *(continued)*

11/01/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/30/2024

12/02/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2024

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:

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. 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 8/5/2024, did not receive orientation on the following topics until 8/26/2024: 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: 3/13/24

Plan of Correction

Accept [redacted] 11/01/2024)

The Administrator & HR director did an immediate audit on 9/12/2024 of all employee files. All staff files have been audited to ensure that proper orientation has been completed prior to or during first work day.

For all staff that received orientation after first work day due to POC audits, have a note at the top of their orientation form stating that this was corrected on POC with the date of inspection which was 9/9/2024 & 9/10/2024.

The HR director will document and review all new hires weekly to ensure that they received orientation on 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 before or during their first work day in order to maintain ongoing compliance. The weekly audits will continue on for the next month with an end date of 11/30/2024.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/02/2024)

65b - Rights/Abuse 40 Hours

2. Requirements

65b - Rights/Abuse 40 Hours (continued)

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 until 8/26/2024: resident rights, 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: 3/13/24; 10/17/23

Plan of Correction

Accept [REDACTED] - 10/28/2024)

The Administrator & HR director did an immediate audit on 9/12/2024 of all employee files. All staff files have been audited to ensure that proper orientation has been completed before completion of the 40th scheduled work hour. For all staff that received orientation after 40th scheduled work hour due to POC audits, have a note at the top of their orientation form stating that this was corrected on POC with the date of inspection which was 9/9/2024 & 9/10/2024.

The HR director will document and review all new hires weekly to ensure that they receive orientation on resident rights, emergency medical plan, mandatory reporting of abuse and neglect as well as reporting of reportable incidents and conditions before completion of their 40th scheduled working hour, in order to maintain ongoing compliance.

Proposed Overall Completion Date: 10/12/2024

Licensee's Proposed Overall Completion Date: 10/12/2024

Implemented [REDACTED] 12/02/2024)

82c - Locking Poisonous Materials

3. 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

Freshscent Deodorant, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents in room [REDACTED]. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Periguard Skin Protectant, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents in room [REDACTED]. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (continued)

Dawnmist Flouride Toothpaste, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents in room [REDACTED]. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Periguard Skin Protectant, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents in room [REDACTED]. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Repeat Violation: 10/17/23

Plan of Correction

Accept [REDACTED] - 11/01/2024)

An immediate audit was conducted by DCS on 09/13/2024 and all poisonous chemicals were locked up and all cabinets were locked. DCS found that 2 of the cabinets were not functioning properly. The maintenance director was immediately notified and fixed the cabinet locks on 9/13/2024.

The administrator completed another audit on 9/25/2024 and found that another cabinet was not functioning properly. The maintenance director was notified and immediately fixed the cabinet locks on 9/25/2024.

DCS will audit cabinets daily starting 10/14/2024 for the next month with an end date of 11/30/2024. The administrator will complete random weekly audits from 10/14/2024-11/30/2024 to maintain ongoing compliance with poisonous materials.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/14/2024

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented ([REDACTED] 12/02/2024)

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of [REDACTED] was posted. However, the upcoming week was not posted in a conspicuous and public place in the home.

Repeat Violation: 10/17/23

Plan of Correction

Accept ([REDACTED] 11/01/2024)

The Dietary Manager was able to immediately post the menu for 9/15/24.

On 10/11/2024 the administrator in-serviced the dietary manager about the primary benefit of weekly menu postings.

162c Menus Posted (continued)

Starting the week of 10/14/2024 the Dietary manager will complete a weekly audit to ensure that the weekly menu's are posted at least one week in advance. These audits will continue for the next 2 months with an end date of 11/30/2024.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/02/2024)

185a - Implement Storage Procedures

5. 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 [redacted] is prescribed [redacted], on [redacted] a pill was missing from the blister pack. There was no indication of the medication being administered or wasted on the Medication administration record.

On [redacted], [redacted] prescribed for resident [redacted] was signed out for on the as needed form and not the straight order form. The as needed form is for 1/2 tablet and not the full [redacted] tablet.

Plan of Correction

Accept [redacted] - 11/01/2024)

As of 9/11/2024 all Nursing staff has been in serviced on how to properly Implement Storage Procedures as well as MAR documentation.

On 10/14/2024 the administrator will review & in service all nursing staff on the importance of signing out medications properly.

All Medication errors have been reported.

On 9/11/2024 a cart audit was immediately completed by nursing staff & The Administrator completed a medication/cart audit on 9/18/2024.

Starting 10/14/2024 nurses will complete a weekly cart audit on the overnight shift to ensure all prescribed medications are on the carts and available for residents. The weekly cart audits will go on until further notice.

The administrator will complete random audits from 10/1/2024 11/30/2024 to ensure all medications continue to be available.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/02/2024)

187d - Follow Prescriber's Orders

6. Requirements

187d Follow Prescriber's Orders (continued)

2600.

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

Description of Violation

On [redacted], at 10:30 am, resident [redacted] is prescribed [redacted] instill 1 ribbon in both eyes one time a day. However the medication was not available in the home.

On [redacted], at 10:30 am, resident [redacted] is prescribed [redacted] kit, instill 1 application in both eyes one time a day. However the medication was not available in the home.

Repeat Violation: 10/17/23

Plan of Correction

Accept [redacted] - 11/01/2024)

As of 9/11/2024 all Nursing staff has been in-serviced on following prescribers orders.

All Medication errors have been reported.

On 9/10/2024 Resident [redacted] prescribed [redacted] was immediately ordered and delivered to the home and is now available for the resident.

On 9/10/2024 Resident [redacted] prescribed [redacted] kit was immediately ordered and delivered to the home and is now available for the resident.

On 9/11/2024 a cart audit was immediately completed by nursing staff & The Administrator completed a cart audit on 9/18/2024.

Starting 10/14/2024 nurses will complete a weekly cart audit to ensure all prescribed medications are on the carts and available for residents. The weekly cart audits will go on until further notice.

The administrator will complete random audits from 10/1/2024 - 11/30/2024 to ensure all medications continue to be available.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/02/2024)