

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

June 15, 2026

[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 05/27/2026 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: *02/27/2027*  
 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: *9* Waking Staff: *7*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *05/27/2026*

**Inspection Dates and Department Representative**

05/27/2026 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *18* Residents Served: *9*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *2*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *9*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

05/27/2026 Full  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/14/2026*

06/15/2026 - POC Submission  
 Submitted By: [Redacted] Date Submitted: *06/15/2026*  
 Reviewer: [Redacted] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

06/15/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103g - Storing Food

1. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

*In the main kitchen walk-in freezer, there were unsealed packages of frozen puff pastries and wonton wrappers.*

Plan of Correction

Accept ( ) - 06/15/2026

1. Identified food items were immediately discarded on 5/27/26
2. The Dir of Food & Beverage will provide staff education on this regulation by June 8, 2026
3. The Dir of Food & Beverage (or designee) will audit food in freezers weekly for 2 months beginning the week of June 8, 2026 to ensure all items are in sealed containers, then will audit intermittently going forward

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented ( ) - 06/15/2026

103i - Outdated Food

2. Requirements

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

*There were unlabeled, undated trays of salmon, sausage links, bacon and meatballs in the main kitchen walk-in refrigerator.*

*There were opened, unlabeled, undated bags of turkey burgers and meatballs in the main kitchen walk-in freezer.*

Plan of Correction

Accept ( ) - 06/15/2026

1. Identified food items were immediately discarded on 5/27/26
2. The Dir of Food & Beverage will provide staff education on this regulation by June 8, 2026
3. The Dir of Food & Beverage (or designee) will audit refrigerated food weekly for 2 months beginning the week of June 8, 2026 to ensure no unlabeled or undated foods are present, then will audit intermittently going forward

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented ( ) - 06/15/2026

132g - Fire Drills Days/Times

3. Requirements

2600.  
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

*The home routinely held fire drills on the 28th, 29th or 30th day of the month for the drills conducted from 6/2025 to 4/2026, creating a predictable pattern for when a future drill might occur.*

Plan of Correction

Accept ( ) - 06/15/2026

1. The VP of Operations contacted fire drill vendor ( ) on June 5, 2026 to inform of this regulation and related deficiency, requesting a response and plan regarding holding monthly fire drills in a non-predictable manner
2. ( ) has agreed to comply with this request

132g Fire Drills Days/Times (continued)

- 3. The Dir of PC will audit monthly fire drills to ensure compliance with regulation beginning in June 2026
- 4. The VP of Operations has identified another vendor should there be any further issues in regulation compliance.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented ( ) - 06/15/2026)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 1. Resident's name.
- 2. Drug allergies.
- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 1 is prescribed [redacted] The resident's MAR does not have a diagnosis listed.

Plan of Correction

Accept ( ) - 06/15/2026)

- 1. The order for Resident 1 was immediately corrected by the nurse practitioner on 5/27/25 with documentation given to surveyors on site
- 2. The Dir of PC will provide staff education to nurses regarding this regulation by June 8, 2026
- 3. The Dir of PC (or designee) will audit orders weekly for 2 months beginning the week of June 8, 2026 to ensure compliance with this regulation
- 4. The Dir of PC (or designee) will then audit orders intermittently but at least twice per month going forward to ensure compliance

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented ( ) - 06/15/2026)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 2 is prescribed [redacted]. On 5/27/26, Staff Member A initialed

**187b - Date/Time of Medication Admin. (continued)**

medication as administered in resident's Medication Administration Record prior to actually administering the medication.

**Plan of Correction****Accept ( [REDACTED] - 06/15/2026)**

1. Staff member A was immediately verbally educated on this regulation on 5/27/26
2. The Dir of PC will provide staff education to all nurses regarding medication administration processes by June 8, 2026
3. The Dir of PC (or designee) will audit med passes weekly for 2 months beginning June 8, 2026 to ensure compliance with this regulation
4. The Dir of PC (or designee) will then audit med passes intermittently but at least twice monthly going forward to ensure compliance

**Licensee's Proposed Overall Completion Date: 06/30/2026****Implemented ( [REDACTED] - 06/15/2026)**