

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

June 9, 2025

[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 04/22/2025 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: *02/27/2026*
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: *13* Waking Staff: *10*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/22/2025*

Inspection Dates and Department Representative

04/22/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *13*

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: *13*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/22/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/22/2025*

05/22/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *06/06/2025*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/27/2025*

Inspections / Reviews *(continued)*

05/28/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/08/2025

06/09/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations (governed by Department of Labor and Industry). If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection they will be issued a new certificate.

The home's boiler certification expired on 12/15/24.

Plan of Correction

Accept (█) - 05/28/2025)

1. The Director of Operations immediately contacted the Boiler vendor to schedule the annual inspection, 4/22/25
2. The boiler inspection was immediately scheduled for 4/28/25
3. The boiler was inspected as scheduled on 4/28/25 during which time deficiencies were noted
4. The boiler was re-inspected on 5/23/25 and no deficiencies were cited
5. Documentation of the 5/23/25 inspection has been requested
6. The boiler certificate will be issued by the state and submitted to DHS as soon as received
7. A work order will be added in WorxHub by 5/30/25 as an ongoing annual reminder, 2 months prior to expiration, to schedule the annual boiler inspection prior to the expiration of the certificate

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented (█) - 06/09/2025)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 4/22/2025 at 10:50am there was a full, uncovered and unattended trash can in the kitchen.

Plan of Correction

Accept (█) - 05/22/2025)

1. The Director of Food & Beverage immediately replaced the trash can without a lid- 4/22/25
2. The Director of Food & Beverage will provide staff education on the need for trash cans to be covered (unless in current use in food prep- by 5/30/25
3. The Director of Food & Beverage (or designee) will audit kitchen trash cans weekly for two months beginning 5/19/25, then intermittently going forward

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/09/2025)

88a - Surfaces

3. Requirements

88a - Surfaces (continued)

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The ceiling near the top of the staircase on the third-floor had water damage.

Plan of Correction

Accept () - 05/28/2025

- 1. The Director of Operations will provide staff education to Maintenance staff regarding this regulation- by 5/30/25
- 2. An inspection of all Personal Care common areas to check wall surfaces will be conducted by the Director of Operations (or designee)- by 5/23/25
- 3. Maintenance will make repairs to the third floor area at the top of the staircase by 6/6/25
- 4. Maintenance will make any necessary repairs identified by the common area inspection by 6/6/25
- 5. The Director of Operations (or designee) will audit all common areas twice monthly beginning 6/1/25 to ensure all walls and ceilings are in good repair

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented () - 06/09/2025

95 - Furniture and Equipment

4. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The chair located in the sitting area at the top of the of the staircase on the 2nd floor appeared unclean and was covered in stains.

Plan of Correction

Accept () - 05/22/2025

- 1. While surveyors were onsite on 4/22/25, the PCA immediately contacted Housekeeping to remove 2 stained cushions and added notes on both chairs "do not sit on"
- 2. The stained cushions were immediately washed and returned on 4/23/25
- 3. The PCA will provide staff education to PC staff to report any identified stains or needed repairs to furniture or equipment immediately and to label the furniture/equipment as "do not use" while awaiting cleaning or repair- by 5/16/25
- 4. The PCA will audit furniture weekly for stains or repairs to ensure ongoing compliance- beginning 5/9/25

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented () - 06/09/2025

101o - Walls, Floors, Ceilings

5. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The wall and ceiling above the bed in bedroom 2002 showed signs of water damaged along the entire length of the wall.

101o - Walls, Floors, Ceilings (continued)

Plan of Correction

Accept (█) - 05/28/2025)

1. The Director of Operations will provide staff education to Maintenance staff regarding this regulation- by 5/30/25
2. An inspection of all Personal Care resident rooms to check wall surfaces will be conducted by the Director of Operations (or designee)- by 5/23/25
3. Maintenance will make repairs to resident room 2002 by 6/6/25
4. Maintenance will make any necessary repairs identified by the room inspection by 6/6/25
5. The Director of Operations (or designee) will audit all resident rooms twice monthly beginning 6/1/25 to ensure all walls and ceilings are in good repair

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented (█) - 06/09/2025)

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 4/22/2025 Timolol .5% eye drops prescribed to resident 1 opened 2/20/2025, were on the medication cart. According to the manufacturer's instructions this medication expires 30 days after opening.

Plan of Correction

Accept (█) - 05/22/2025)

1. The eyedrops for Resident 1 identified as expired were immediately removed from the med cart and discarded
2. The PCA will provide staff education to Nurses on eyedrop expiration and discard dates, and appropriate labeling of container, based on specific eyedrop information as provided by manufacturers- by 5/19/25
3. The PCA and/or designee will audit ordered eyedrops weekly for two months to ensure eyedrops are appropriately labeled and discarded timely based on manufacturer guidelines- beginning the week of 5/19/25
4. The PCA and/or designee will then audit eyedrops intermittently but at least twice monthly going forward to ensure compliance

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/09/2025)

185a - Implement Storage Procedures

8. 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

On 4/18/2025 at 7:29 am, the glucometer for resident 2 documented blood sugar of 107 but this reading was not documented on the medication administration record (MAR).

On 4/21/2025 at 8:00 am, the MAR for resident 2 documented a blood sugar reading of 146 but this reading was not in the resident's glucometer.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept (█) - 05/22/2025)

1. The PCA will provide education to Nurses on proper use of glucometer and documentation of blood sugars in the MAR as recorded by the glucometer- by 5/19/25
2. The PCA (or designee) will audit glucometer readings daily for two months to ensure accurate readings and documentation of blood sugars in the MAR beginning the week of 5/19/25
3. The PCA (or designee) will then audit glucometer readings intermittently but at least twice monthly going forward to ensure compliance

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/09/2025)

187d - Follow Prescriber's Orders

9. Requirements

2600.
 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 is prescribed Multivitamin tablet "1 tablet by mouth once a day". However, on 4/22/2025 this medication was not available in the home.

Plan of Correction

Accept (█) - 05/22/2025)

1. The PC Charge Nurse, on 4/22/25, immediately investigated the status of Resident 2's refill of Vitamin C and identified the following:
 4/21/25- ordered at 9:37PM; 4/22/25- reordered and "pending" at 5:30AM; 4/23/25- processed at 12:18PM and received 4/23/25
2. The PCA immediately contacted the pharmacy account manager regarding this identified refill issue
3. The pharmacy account manager provided authorization information which showed that the pharmacy sent a refill authorization to the prescribing physician but faxed it to an incorrect fax number for the physician thus resulting in the delay of the issue
4. The PCA again provided clarification of this physician's correct fax number to the pharmacy account manager on 4/30/25
5. The PCA will provide staff education regarding this regulation to nurses by 5/19/25
6. The PCA or designee will audit all refills daily for two months and provide immediate follow-up with pharmacy for any issues identified
7. The PCA or designee will then audit refill orders intermittently but at least twice monthly going forward to ensure compliance

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/09/2025)