



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

February 28, 2023

[REDACTED]
Northeast PC Operations, LLC
773 East Haverford Road
Bryn Mawr, Pennsylvania 19010

RE: Bryn Mawr Village
License #: 14834

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on July 25, 2022 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

Human Services Licensing Acting Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *BRYN MAWR VILLAGE* License #: *14834* License Expiration: *03/29/2023*
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: *773 EAST HAVERFORD ROAD, BRYN MAWR, PA, 19010*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/03/2014* Issued By: *Haverford Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *07/25/2022*

Inspection Dates and Department Representative

07/25/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *33* Residents Served: *18*

Secured Dementia Care Unit

In Home: *Yes* Area: Capacity: *25* Residents Served: *14*
Memory Care/Lower level

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *18*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

07/25/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/06/2022*

02/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/09/2022

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

54a - Direct Care Staff

1. Requirements

2600.

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

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

On 7/25/22, the home did not provide a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry for direct care staff person A.

POC Submission

Directed

Human Resources and Administrator will look at all staff and make sure that the training is there. If no training exist all staff will be get the training accomplished by August 31, 2022

DPOC - [redacted] - 08-10-2022

Proof of audit to be made available for Department review by 08-31-2022. All direct care staff who don't have proper qualifications will be pulled from providing direct care to residents.

Directed Completion Date:

65a - FS Orientation 1st Day

2. 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 was hired on [redacted]/22. On [redacted] 22, the home did not provide documentation that staff person A received the direct care worker orientation.

POC Submission

Directed

Human Resources and Administrator will do an audit on all staff records. If training is missing they will get all training done by August 31, 2022

DPOC - [redacted] - 08-10-2022

Proof of staff orientation training to be made available for Department review by 08-31-2022. All staff persons who don't receive 1st day orientation training will be pulled from providing direct care to residents.

65a - FS Orientation 1st Day (*continued*)

Directed Completion Date:

65b - Rights/Abuse 40 Hours

3. 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 was hired on [REDACTED] 22. On [REDACTED] /22, the home did not provide documentation that staff person A completed 40 hours of trainings in resident rights, resident abuse, reporting or the emergency medical plan.

POC Submission

Directed

Human Resources and Administrator will do an audit on all staff records. If training is missing they will get all training done by August 30, 2022

DPOC [REDACTED] - 08-10-2022

Proof of staff resident rights / abuse training to be made available for Department review by 08-31-2022. All staff persons who don't receive training affiliated with 2600.65b will be pulled from providing direct care to residents.

Directed Completion Date:

65d - Initial Direct Care Training

4. 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.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.

65d - Initial Direct Care Training (continued)

- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. 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.

Description of Violation

Direct care staff person A was hired on [REDACTED] 22. On [REDACTED] 22, the home did not provide documentation that staff person A completed the initial direct care staff person trainings.

POC Submission

Directed

All staff records will be audited by Human Resources and Administrator. Then training plan for the above will be developed and implementation will be started on 8/30/22 final training done by by September 10,2022

DPOC [REDACTED] - 08-10-2022

Proof of initial direct care staff training to be made available for Department review by 08-31-2022. All staff persons who don't receive initial direct care training will be pulled from providing direct care to residents.

Directed Completion Date:

85a - Sanitary Conditions

5. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/25/22, the freezer on the Impressions Unit was soiled and dirty.

POC Submission

Accept

Housekeeper cleaned Freezer and will be checked weekly by Housekeeping supervisor.

Licensee's Proposed Overall Completion Date: 08/30/2022

96a - First Aid Kit

6. 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 on the Impressions Unit does not include gloves or scissors.

POC Submission

Accept

First aide kit was fixed will be checked monthly by nurse on the unit and also by Administrator.

Licensee's Proposed Overall Completion Date: 08/30/2022

101j7 - Lighting/Operable Lamp

7. Requirements

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
 - 7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 - Lighting/Operable Lamp (continued)

Description of Violation

On 7/25/22, resident #1's, bedside lamp was not working at the time of inspection.

POC Submission

Accept

Maintenance fixed light that day. Administrator and maintenance will do audits of rooms monthly.

Licensee's Proposed Overall Completion Date: 08/30/2022

123b Emergency Procedures Posted

8. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

POC Submission

Accept

Maintenance fixed light that day. Administrator and maintenance will do audits of rooms monthly.

Licensee's Proposed Overall Completion Date: 08/30/2022

183d - Prescription Current

9. 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

Resident #2 did not have an order for [redacted] or [redacted]. However, on 7/25/22 the prescription medications were on the med-cart with the residents other medications.

POC Submission

Accept

Nurses will be doing cart audits with Physician orders weekly for 2 months then bi monthly. The staff will sign the physician orders and check what is missing and or removing discontinued medication at the time of discontinuation. Paper copies of physician orders will be left for Administrator or Designee

Licensee's Proposed Overall Completion Date: 08/24/2022

187b - Date/Time of Medication Admin.

10. 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] three times a day. However, on [redacted]/22 at [redacted] pm, the medication administration record did not document that resident #2 was administered, refused or unavailable to take the medication.

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

POC Submission

Directed

Staff will be train on the importance of making sure that the computer signs out medications on time. Weekly MAR audits will be done by Administrator or designee.

DPOC - [redacted] 08-10-2022

Proof of staff training and MAR audits to be made available for Department review by 08-31-2022.

Directed Completion Date:

227h - Support Plan Refuse Sign

11. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #3 did not sign their [redacted] 22 support plan. The home did not document that resident #3 was unable to sign or refused to sign the document.

POC Submission

Accept

Audit from administrator will be completed by August 30, 2022 and fix any issues

Licensee's Proposed Overall Completion Date: 08/30/2022

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 door to the Secure Dementia Care Unit (SDCU).

POC Submission

Accept

A picture was placed above the keypad with the code after inspection and is checked weekly by Administrator or Designee

Licensee's Proposed Overall Completion Date: 08/09/2022

252 - Record Content

13. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident 3's record does not include a photo of the resident.

252 - Record Content *(continued)***POC Submission****Accept**

Administrator will check all records with pictures. If there is no pictures will have Activities add to the chart and update by August 25, 2022

Licensee's Proposed Overall Completion Date: 08/25/2022