

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

August 29, 2025

[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 07/02/2025 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: BRYN MAWR VILLAGE **License #:** 14834 **License Expiration:** 10/16/2025
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: I-2 **Date:** 09/30/2014 **Issued By:** Haverford Township

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 20 **Waking Staff:** 15

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 07/02/2025

Inspection Dates and Department Representative

07/02/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 25 **Residents Served:** 10

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Unit **Capacity:** 25 **Residents Served:** 10

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 10
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 10 **Have Physical Disability:** 0

Inspections / Reviews

07/02/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/01/2025

08/04/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/28/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 08/28/2025

Inspections / Reviews *(continued)*

08/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired [redacted] however, this staff person's criminal background check was not processed until [redacted]

Plan of Correction

Accept [redacted] - 08/04/2025)

The Hire date for Staff Person A was incorrect on the Staff Contact List. [redacted] official date of hire was [redacted] The date of request on [redacted] background check is 1/7/25.

HR & the Scheduler were in-serviced on the Criminal History Checks as well as the Contact List accuracy on 7/7/2025.

An audit was completed by HR on 7/10/2025 to audit all Criminal History checks for all staff to ensure that criminal history checks were completed timely.

All new hires will be audited weekly to ensure compliance.

Beginning the week of 7/27/2025 HR & Scheduler will provide the Administrator with weekly updated contact lists.

This audit will go from 7/27/2025 to the week of 8/24/2025.

Licensee's Proposed Overall Completion Date: 08/27/2025

Implemented [redacted] 08/29/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during training year [redacted] to [redacted].

Plan of Correction

Accept [redacted] - 08/04/2025)

On 7/9/2025, the Emergency Plan record of training was reviewed. The administrator put a note on it stating that it was POC audited for Staff member B, who did not complete the training.

Staff member B completed the Emergency Plan training on 7/10/2025. This was also POC audited with the date of 7/2/2025.

The administrator will audit all trainings completed for the previous year, to ensure that all staff has received

65g - Annual Training Content (continued)

proper training. This audit will begin the week of 7/28/2025 and will be completed by the week of 8/24/2025.

Licensee's Proposed Overall Completion Date: 08/27/2025

Implemented [redacted] - 08/29/2025)

88a - Surfaces

3. Requirements

2600.

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

Description of Violation

On [redacted], at 2:23 PM, the mirror on the medicine cabinet in room [redacted] bathroom was broken. Broken glass was hanging from the mirror posing a hazard.

Plan of Correction

Accept [redacted] - 08/04/2025)

On 7/2/2025 The Maintenance assistant was able to immediately remove and replace the mirror in room 101.

On 7/2/2025 the administrator completed an audit on all resident rooms to ensure that all mirrors were in good repair.

The maintenance director and assistant were both in-serviced on the Surfaces / Furniture and equipment on 7/18/2025.

The maintenance director / assignee will complete weekly audits of all mirrors in resident rooms on the impressions / memory care unit.

These weekly audits will begin the week of 7/28/2025 and will be concluded the week of 8/24/2025 to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [redacted] 08/29/2025)

183d - Prescription Current

4. 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

On [redacted] tab prescribed for resident [redacted] was in the home's medication cart; however, there is no current order for this medication.

Plan of Correction

Accept [redacted] 08/04/2025)

On 7/2/2025 the medication was immediately removed from the medication cart and put in the box to be returned to the pharmacy.

On 7/3/2025 the administrator completed an audit of the medication cart to ensure that all medications in the cart had current orders.

On 7/18/2025 all nursing staff was in-serviced on Prescription Current.

Nursing staff will complete weekly audits of the medication cart to ensure that all prescriptions are current and that there are no meds in the cart that do not have an current prescription.

The nursing staff will also complete a weekly checklist to ensure that the cart audit is being completed as well as following up on the medications & current prescriptions.

These Audits will begin the week of 7/28/2025 and will be completed the week of 8/24/2025.

183d - Prescription Current (continued)

The administrator will conduct random weekly audits of the medication cart as well to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [REDACTED] 08/29/2025)

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] as needed. On [REDACTED] at 3:10 PM this medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] as needed. On [REDACTED] at 3:14 PM this medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 08/04/2025)

On 7/2/2025 the medications were re-ordered for resident [REDACTED] and resident [REDACTED] and delivered to the home on 7/3/2025.

On 7/3/2025 the administrator completed an audit of the medication cart to ensure that all medications for each resident were there and available in the home.

On 7/18/2025 all nursing staff was in-serviced on Storage Procedures.

Nursing staff will complete weekly audits of the medication cart as well as complete a weekly checklist to ensure that all medications for the residents in the home are available and stored properly.

These Audits will begin the week of 7/28/2025 and will be completed the week of 8/24/2025.

The administrator will conduct random weekly audits of the medication cart as well to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [REDACTED] - 08/29/2025)

187d - Follow Prescriber's Orders**6. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED]. Give 2 tablet by mouth 2 times a day at 12 PM and 8 PM. However, this medication was not administered to resident [REDACTED] on [REDACTED] at 12 PM or 8 PM because the medication was not available in the home. Per home, this medication was expected to be delivered on [REDACTED], specific time undetermined.

Plan of Correction

Accept [REDACTED] 08/04/2025)

On 7/2/2025 the medications were ordered for resident [REDACTED] & delivered to the home on 7/3/2025.

On 7/3/2025 the administrator completed an audit of the medication cart to ensure that all medications for each resident were there and available in the home.

On 7/18/2025 all nursing staff was in-serviced on Following Prescriber's Directions.

187d - Follow Prescriber's Orders (continued)

Nursing staff will complete weekly audits of the medication cart as well as complete a weekly checklist to ensure that the prescribers orders are being followed.

These Audits will begin the week of 7/28/2025 and will be completed the week of 8/24/2025.

The administrator will conduct random weekly audits of the medication cart as well to ensure continued compliance with this regulation.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [redacted] - 08/29/2025)

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] family member participated in the development of [redacted] support plan on [redacted] However, this individual did not sign the support plan.

Plan of Correction

Accept [redacted] - 08/04/2025)

The support plan for Resident [redacted] was signed by [redacted] family member on 7/4/2025. The administrator noted that it was POC audited with the date of 07/02/2025.

The administrator completed an audit of all resident support plans on 7/15/2025, to ensure that all individuals who participated in the development of the support plans signed them.

The administrator will audit the support plans for all new admissions weekly to ensure that they are signed by all appropriate parties.

These Audits will begin the week of 7/28/2025 and will be completed the week of 8/24/2025 to maintain compliance.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [redacted] - 08/29/2025)

231c - Preadmission Screening

8. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, resident [redacted] written cognitive preadmission screening was completed on [redacted]

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, resident [redacted]'s written cognitive preadmission screening was completed on [redacted].

Plan of Correction

Accept [redacted] 08/04/2025)

On 7/3/25 the administrator placed an addendum in the charts with the preadmission screening for residents [redacted] & [redacted] to acknowledge that they were not completed timely.

231c - Preadmission Screening (continued)

On 7/11/2025 the administrator completed an audit on all cognitive screenings to identify any other residents with this issue. (Addendums created and placed in charts)

The administrator will complete weekly audits of all new admissions to ensure that their cognitive screenings are completed 72 hours PRIOR to admission and not 72 hours after admission.

These weekly audits will begin the week of 7/28/2025 and will be completed the week of 8/24/2025 to maintain compliance.

Licensee's Proposed Overall Completion Date: 08/28/2025

Implemented [REDACTED] - 08/29/2025)