

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER Bryn Mawr Village		STREET ADDRESS, CITY, STATE, ZIP CODE 773 East Haverford Road Bryn Mawr, PA 19010	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of facility policy and interview with staff and residents, it was determined that the facility failed to ensure that grievances are addressed in a timely manner for one of four residents reviewed (Resident R1). Review of the facility's policy entitled Grievances/Complaints, Filing revealed that under section Policy Statement residents and their representatives have the right to file grievances either orally or in writing to the facility staff or to the agency designated to hear grievances (i.e. the State Ombudsman). The Administrator and his staff will make prompt efforts to resolve grievances to the satisfaction of the resident and or representative. Under section Policy Interpretation and Implementation #1 Any resident, family member or appointed resident representative may file a grievance or complaint concerning care treatment, behavior of other residents, staff members, theft of property or any other concerns regarding his or her stay at the facility. Grievances also may be voiced or filed regarding care that has not been furnished. Grievances and or complaints may be submitted orally or in writing or may be filed anonymously. #7. The Administrator has delegated the responsibility of grievance and our complaint investigation to the Grievance Officer. #8. Upon receipt of a grievance and or complain the Grievance Officer will review and investigate the allegations and submit a written report to such findings to the Administrator within five working days of receiving the grievance and or complaint. #9 the grievance officer will coordinate actions with the appropriate state and federal agencies depending on the nature of the allegations. #10. The Grievance Officer, Administrator and staff will take immediate action to prevent further potential violations of resident rights while the alleged violation is being investigated. #11. The administrator will review the findings with grievance officer to determine what corrective actions if any need to be taken. Review of Resident R1's clinical record Reveal that resident R1 was admitted to the facility on [DATE], with the diagnosis of but not limited to Severe Protein Calorie Malnutrition. Review of Resident R1S MDS (minimum data set- a federally required resident assessment completed at a specific interval), dated September 10, 2025, revealed that under Section C - Cognitive Patterns, 0500. BIMS Summary Score (brief interview for mental status) revealed that Resident R1 was coded 15, suggesting that Resident R1 was cognitively intact. Review of the facility grievance log revealed no grievances from Resident R1. Interview with Resident R1 conducted on September 24, 2025, at 9:42AM revealed that Resident R1 complained that the nurse's aide that works during the night shift was so rough with him during care and that she yells at him. Further Interview with Resident R1 revealed that he wrote a complaint about the nurse's aide twice already. Further Resident R1 also revealed that last week, the medication nurse wrote his complaint for him. Further, Resident R1 revealed that nothing has been done to address his complaints. Interview with DON (director of nursing) Employee E2 conducted on September 24, 2025, at 11:59AM revealed that when asked if she did an investigation on Resident R1's grievance, Employee E2 revealed that she will have to ask the social worker. Interview with Licensed Nurse Employee E3 conducted on September 24, 2025, at 12:02 PM revealed that last week either Monday (September 15, 2025) or Tuesday (September 16, 2025), Resident R1 asked her to write his complaints against a night shift nurse's aide who was rough with him during care. Further Employee E3 revealed that she wrote Resident R1's complaints in a grievance form and dropped it into the grievance box located in the unit. Interview with the Social Worker Employee E4 revealed that she regularly checks the grievance box and that did not see any grievance forms in the grievance boxes. Further interview with Employee E4 also revealed that she does not have Resident R1's grievance and that she has not done any investigation related ton Resident R1's complaints because she never got any grievances. Interview with Director Employee E2 confirmed that there was not aware of any grievances submitted by Resident R1. Further interview with Employee E2 confirmed that the facility did not conduct an investigation related to Resident R1's complaints that the night shift nurse's aide was rough with him during care. Pa. 28 Code: 201.29(i) Resident Rights.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of clinical records, review of facility documents and interview with staff and residents, it was determined that the facility failed to investigate an allegation of verbal abuse by two of four residents reviewed. (Resident R1 and Resident R2) Findings include: Review facility policy entitled Abuse Prevention Program dated January 1 2022 and reviewed on November 30 2022, revealed that under section Policy Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation this includes but is not limited to freedom from corporal punishment, and voluntary seclusion, verbal, mental, sexual, or physical abuse and physical or chemical restraints not required to treat the resident symptoms. Under section Policy Implementation #6. Identify and assess all possible incidents of abuse. # 7. Investigate and report any allegation of abuse within time frames as required by federal and state requirement. #8. Protect residents during abuse investigation. Review of policy for Abuse investigation and Reporting dated January 1, 2022, and reviewed on November 30 2022, Reveal that under section Policy All reports of resident abuse neglect exploitation misappropriation of resident property mistreatment and or injuries of an own source shall be promptly reported to local state and federal agencies as defined by current regulations and thoroughly investigated by facility management findings of abuse investigation will also be reported. Under Policy Implementation # D the administrator will suspend immediately an employee who has been accused of resident abuse pending the outcome of the investigation #16 The individual conducting the investigation will as a minimum a review the completed documentation forms #c. Interview the person reporting the incident #d. Interview any witnesses to the incident #e. interview the resident as medically appropriate #g. Interview staff members on all shifts who have had contact with a resident during the period of the alleged incident #h. Interview the resident's roommate family members and visitors #j. Review all events leading up to the alleged incident. Review of Resident R1's clinical record Reveal that resident R1 was admitted to the facility on [DATE], with the diagnosis of but not limited to Severe Protein Calorie Malnutrition. Review of Resident R1S MDS (minimum data set- a federally required resident assessment completed at a specific interval), dated September 10, 2025, revealed that under Section C - Cognitive Patterns, 0500. BIMS Summary Score (brief interview for mental status) revealed that Resident R1 was coded 15, suggesting that Resident R1 was cognitively intact. Review of the facility grievance log revealed no grievances from Resident R1. Interview with Resident R1 conducted on September 24, 2025, at 9:42AM revealed that Resident R1 complained that the nurse's aide that works during the night shift was so rough with him during care and that she yells at him. Further Interview with Resident R1 revealed that he wrote a complaint about the nurse's aide twice already. Further Resident R1 also revealed that last week, the medication nurse wrote his complaint for him. Further, Resident R1 revealed that nothing has been done to address his complaints. Interview with DON (director of nursing) Employee E2 conducted on September 24, 2025, at 11:59AM revealed that when asked if she did an investigation on Resident R1's grievance, Employee E2 revealed that she will have to ask the social worker. Interview with Licensed Nurse Employee E3 conducted on September 24, 2025, at 12:02 PM revealed that last week either Monday (September 15, 2025) or Tuesday (September 16, 2025), Resident R1 asked her to write his complaints against a night shift nurse's aide who was rough with him during care. Further Employee E3 revealed that she wrote Resident R1's complaints in a grievance form and dropped it into the grievance box located in the unit. Interview with the Social Worker Employee E4 revealed that she regularly checks the grievance box and that did not see any grievance forms in the grievance boxes. Further interview with Employee E4 also revealed that she does not have Resident R1's grievance and that she has not done any investigation related ton Resident R1's complaints because she never got any grievances. Interview with Director Employee E2 confirmed that there was not aware of any grievances submitted by Resident R1. Further interview with Employee E2 confirmed that the facility did not conduct an investigation related to Resident R1's complaints that the night shift nurse's aide was rough with him during care. Review of Resident R2's clinical record Reveal that Resident R2 was admitted to the facility on [DATE], was discharged on August 28, 2025, and was readmitted on [DATE], with the diagnosis of but not limited to Chronic Obstructive Pulmonary Disease, Morbid Obesity. Review of Resident R2's MDS (minimum data set- a federally required resident assessment completed at a specific interval), dated September 10, 2025, revealed that under Section C - Cognitive Patterns, 0500. BIMS Summary Score (brief interview for mental status) revealed that Resident R1 was coded 14, suggesting that Resident R1 was cognitively intact</p>		