

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395311	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  Bryn Mawr Extended Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  956 Railroad Avenue 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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>27155</p> <p>Based on observation, a review of facility documentation and resident and staff interviews, it was determined that the facility failed to ensure that a safe and comfortable environment was maintained on one of four nursing care units (B wing).</p> <p>Findings include:</p> <p>An interview was conducted with Resident R1 on August 22, 2024, at 11:00 a.m. The resident's assigned room in on the B wing, located on the first floor of the facility. The resident stated that the temperature in the hallway was uncomfortable cold and that she has to keep her room door closed. The resident confirmed that she communicated her concern to the nursing supervisor and also during a resident council meeting.</p> <p>An observation tour was conducted of the B wing nursing care unit on August 22, 2024 in the company of the director of maintenance. The temperature of the hallway was checked and it registered at 69 degrees. The director of maintenance stated that the fire doors at each end of the B wing hallway were closed due to the magnetic door lock system malfunctioning. This created a compartment that prevented airflow and allowed the cold air from the airconditioning system to build up resulting in the temperature drop.</p> <p>The facility failed to ensure that a safe and comfortable air temperature was maintained on the B wing nursing care unit.</p> <p>28 Pa. Code 207.2 (a) Administrator's responsibility</p>

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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