

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 04/10/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on interviews, review of clinical records, and the review of facility documentation and policy, it was determined that the facility did not ensure residents were free from verbal abuse for one of 28 resident records reviewed (Resident R46).</p> <p>Finding includes:</p> <p>Review of the facility's policy titled Abuse, Neglect and Exploitation revised on July 11, 2024, states that the facility will not tolerate abuse, neglect, mistreatment, exploitation of residents. The same policy defines verbal abuse as a use of oral language that willfully includes disparaging and derogatory terms to residents or their families, or within hearing distance, regardless of their age, ability comprehend, or disability.</p> <p>Resident R46 was last admitted to the facility on [DATE], diagnosed with high blood pressure chronic kidney disease, type II diabetes, dementia with other behavioral disturbance, cognitive communication deficit, history of transient ischemic attack (TIA- cerebral infarction) without residual deficits, delusional disorder, unspecified psychosis not due to a substance or known physiological condition.</p> <p>Review of a facility's reported incident dated, February 21, 2025, revealed Resident R46 was overheard to keep his f*cking' tongue in his mouth from a staff member, Nursing Assistant (NA), Employee E6.</p> <p>Interview with Unit Manger Employee E5 on April 8, 2025, at 1:30 p.m. stated it was the resident's family member (RP) that overheard the NA say that to the resident.</p> <p>Review of the facility documentation revealed that the facility concluded the incident of verbal abuse verbal abuse and Employee E6 was terminated.</p> <p>28 Pa Code 201.29(a)(c) Resident rights</p> <p>28 Pa Code 211.10(c) Resident care policies</p> <p>28 Pa Code 211.12(c) Nursing services</p> <p>(continued on next page)</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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa Code 211.12(d)(1)(5) Nursing services		