STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395311	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bryn Mawr Extended Care Center	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and interview with staff, it was determined that the facility did not report an allegation of resident-to-resident abuse the State Survey Agency as required for one of eight records reviewed (Resident R1). Findings include:Review of clinical records for Resident R1 revealed that the resident was admitted to the facility on [DATE], with the diagnoses of quadriplegia (paralysis that affects of limbs), and schizophrenia (mental disease characterized by a loss of reality contact). Review of grievance logs for the facility revealed that Resident R1 had filed a complaint with the facility that (his/her) roommate, Resident R2, had hit (him/her) on May 1, 2026. Review of documentation submitted to the State survey agency for May 2026 revealed no documented evidence that State Survey Agency was notified or the allegation of resident to resident abuse.Interview with Employees E1, the Nursing Home Administrator, and Employee E2, the Director of Nursing, on May 12, 2026, at 11:30 a.m. revealed that the facility conducted an investigation of the allegation immediately upon receiving the concern. They further stated that multiple witnesses to the incident were interviewed and confirmed that Resident R2 did not hit Resident R1. They stated that did not file a report as they were unaware that it was required, as the incident was so quickly unsubstantiated due to multiple staff and resident witnesses. 28 PA. Code 211.14(a) Responsibility of licensee

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