

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Beaumont at Bryn Mawr		STREET ADDRESS, CITY, STATE, ZIP CODE 601 North Ithan 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44882</p> <p>Based on review of facility policy, clinical record review and interview with staff, it was determined that the facility did not develop a comprehensive care plan related to hospice care for one of two residents on hospice reviewed (Resident R26).</p> <p>Findings include:</p> <p>Review of facility policy titled Care Plans, Comprehensive Person-Centered, revised December 2017, revealed that Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change.</p> <p>Review of facility policy titled Hospice Program, revised July 2017, revealed that Coordinated care plans for residents receiving hospice services will include the most recent hospice plan of care as well as the care and services provided by our facility .</p> <p>Review of clinical documentation revealed that Resident R26 was admitted to the facility on [DATE], and had diagnoses including, dementia, anemia, anxiety, depression, cognitive communication deficit, and palliative care.</p> <p>Review of Resident R26 physician orders revealed that an order dated February 28, 2024, which stated Please consult hospice for senile degeneration of the brain. Physician orders placed on March 1, 2024, included Ativan 0.5mg (milligrams) tab .by mouth every six hours as needed, Hyoscyamine 0.125mg sublingual tablet .every four hours as needed, and Morphine concentrate 100mg/5mL .0.25mL by mouth every 2 hours as needed.</p> <p>Interview with the Nursing Home Administrator (NHA), Employee E1, at 12:15 p.m. on August 15, 2024, revealed that the above medication orders were requested by the hospice provider and ordered by the physician, Employee E9, on March 1, 2024, when resident R26 was signed onto hospice care. At this time, Employee E1 confirmed that it is the expectation of the facility that a comprehensive care plan be developed for all resident needs, including hospice care.</p> <p>28 Pa Code 211.12(d)(3)(5) Nursing services</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Beaumont at Bryn Mawr		STREET ADDRESS, CITY, STATE, ZIP CODE 601 North Ithan 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47975</p> <p>Based on observation, review of facility policy, and staff interview, it was determined that the facility failed to ensure that the environment remained free of accident hazards for two of 12 residents reviewed. (Resident R1 and Resident R15)</p> <p>Findings Include:</p> <p>Review of facility policy titled, Administering Oral Medications dated October 2010 states, The purpose of this procedure is to provide guidelines for the safe administration of oral medications. Under Step in the Procedure the policy states, .16. Allow the resident to swallow oral tablets or capsules at his or her comfortable pace .21. Remain with the resident until all medications have been taken.</p> <p>Review of Resident R1's clinical record revealed the resident was admitted to the facility on [DATE] with the diagnoses of: Gout, Insomnia, Dementia, progressive generative disease of the brain) and Osteoarthritis (degenerative joint disease).</p> <p>Review of Resident R1's Minimum Data Set (MDS- assessment of resident's needs) completed on June 11, 2024 revealed a Brief Interview with Mental Status (BIMS) score of 5, which indicated that the resident had cognitive impairment.</p> <p>Observation of Resident R1 on August 12, 2024 at 10:14 a.m. revealed the resident was at the bedside in her wheelchair with a tray table in front of her eating her breakfast. Observation of Resident R1's tray table revealed the resident had a clear medicine cup with four pills. Interview held with private duty nurse aide, Employee E10 at 10:15 a.m. reports the resident's medication bedside were vitamins and Tylenol. Employee E10 stated the nurse left them there for the resident to take.</p> <p>Interview with Licensed nurse, Employee E4 on August 12, 2024 at 10:31 a.m. revealed the license nurse did dispense the medication this morning while the resident was in the bathroom. Licensed nurse, Employee E4 reported that she does not typically leave medications bedside, and that the medications in the cup were vitamins.</p> <p>Review of Resident R15's clinical record revealed the resident was admitted to the facility March 28, 2024 with diagnoses of Congestive Heart Failure (excessive fluid caused by a weakened heart muscle), Atrial Fibrillation (irregular heart beat), Gastro-Esophageal Reflux, Insomnia, Hypertension (high blood pressure), and Muscle Weakness.</p> <p>Review of Resident R15's Minimum Data Set (MDS) completed on August 2, 2024 revealed a Brief Interview with Mental Status (BIMS) score of 14, which indicated that the resident was cognitively intact.</p> <p>Observation of Resident R15 on August 12, 2024 at 11:08 a.m. revealed to the resident was in her recliner chair seated with her tray table next to her. Observation of the resident's tray table revealed a large white pill split in half sitting on the tray table.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395753	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Beaumont at Bryn Mawr		STREET ADDRESS, CITY, STATE, ZIP CODE 601 North Ithan 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Licensed nurse, Employee E6 was called to the room on August 12, 2024 at 11:12 a.m. and confirmed the medication was left bedside. Licensed nurse, Employee E6 stated to the resident, you know you are not supposed to have these.</p> <p>Interview with licensed nurse, Employee E6 at 11:15 a.m. in the hallway revealed that licensed nurse, Employee E6 stated, I thought she took all of her medications when I watched her, she is difficult and takes her pills one at a time.</p> <p>28 Pa Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>		