

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/27/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395917	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2024
NAME OF PROVIDER OR SUPPLIER Brinton Manor Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Baltimore Pike Glen Mills, PA 19342	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47968 Based on clinical record review, resident and staff interviews it was determined the facility failed to follow physician orders for medication treatments for one of three residents reviewed. (Resident R1) Findings Include: Review of Resident R1's clinical record revealed diagnoses of the following including but not limited to of Obstructive Sleep Apnea and Acute Respiratory Failure with Hypoxia. Interview conducted with Resident R1 on January 24, 2024, at approximately 2:40 p.m. revealed after resident's admission on December 8, 2023; Resident R1 went nearly two weeks without his/her CPAP (continuous positive airway pressure machine) which is required for him/her to breathe properly. Review of Resident R1's clinical record revealed the resident was admitted into the facility on [DATE]. Further review of the resident's clinical record revealed a progress note dated December 14, 2023, indicating the resident needed a new CPAP machine, due to previous machine malfunctioned. Review of Resident R1's progress notes dated December 15, 2023, thru December 21, 2023, indicated the resident did not receive a CPAP machine. Review of Resident R1's progress note dated December 21, 2023, at 4:23 p.m., indicated the resident was shown how to use new CPAP machine. Review of Resident R1's medications administration record for December 2023, revealed the resident was receiving the CPAP treatments on days when the progress notes documented the equipment was not available. During interview with the Director of Nursing (DON) on January 24, 2024, at 4:25 p.m. inquiry was made concerning the conflicting documentation. The DON failed to explain the conflicting documentation. (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395917
		If continuation sheet Page 1 of 2

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview conducted with Nursing Home Administrator(NHA) and Director of Nursing (DON) on January 24, 2024, at 5:00 p.m., revealed Resident R1 was diagnosed with sleep apnea during a hospital stay. Director of Nursing indicated that Resident R1 never went without a CPAP machine. DON stated the progress notes were referring to the resident receiving a new CPAP machine to take home, although the resident does not have a discharge plan. The NHA and DON failed to explain why the progress notes indicated the resident had not received a new CPAP machine timely. 28 Pa. Code 211.12 (a)(c)(d)(3)(5) Nursing Services		