STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395917	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brinton Manor Nursing and Rehabilitation Center	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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 41765 Based on observations, and staff interview it was determined that the facility failed to provide a safe and sanitary environment on one of five rooms reviewed (Resident 1's room). Findings include: Observation conducted on October 8, 2024, at 9:45 a.m. revealed Resident 1's sink located in the room had a black substance surrounding the faucet fixture. Observation conducted on October 8, 2024, at 11:30 a.m., in the presence of the Nursing Home Administrator revealed that the black substance on Resident 1's sink faucet was still present. The black substance easily comes off when wiped with a paper towel. The above information was discussed with the NHA on October 8, 2024. The facility failed to ensure a safe and sanitary environment for Resident 1. 28 Pa. Code 207.2 (a) Administrator's responsibility

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 41765 Based on observation, review of drug manufacturer's guidelines, and staff interviews, it was determined that the facility failed to ensure medications were properly stored and labeled for two of two medication carts and one of two medication rooms observed (Medication Cart A, Medication Cart B, and Medication Room A). Findings include: Review of the manufacturer's storage guidelines for Insulin Aspart (Novolog-fast-acting insulin), revealed that the medication must be stored at room temperature and must be discarded within 28 days after opening. Review of manufacturers' storage guidelines for Lantus Insulin Pen (long-acting insulin) revealed that the medication may be stored at room temperature and must be discarded within 28 days after opening. Review of the manufacturer's storage guidelines for Levemir FlexTouch (long-acting insulin), revealed in-use Levemir insulin must be discarded 42 days after opening. Review of the manufacturer's storage guidelines for Humalog Insulin (fast-acting insulin), revealed that the medication must be stored at room temperature and must be discarded within 28 days after opening. Review of the manufacturer's storage guidelines for Insulin Lispro (Humalog-fast-acting insulin), revealed that the medication must be stored at room temperature and must be discarded within 28 days after opening. Observation of the Medication Cart B side in the presence of licensed nurse Employee E3 was conducted on October 8, 2024, at 10:00 a.m. The observation revealed the following: One vial of Lispro opened and undated; one vial of Lantus opened and undated, with no label; one vial of Aspart, opened and undated; two Lantus pen, both were opened, undated with no label; one Levemir pen, opened, undated with no label, and two Humalog pens, both were opened, undated and no label. Interview with Employee E3 was conducted on October 8, 2024, at 10:05 a.m. Employee E3 confirmed that the above insulins should have been dated once opened. Employee E3 was unsure why the above-mentioned insulins were not labeled with the resident ' s name. Employee E3 reported that the label might have come off. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation of the Medication Cart A side in the presence of licensed nurse Employee E4 was conducted on October 8, 2024, at 10:35 a.m. The observation revealed the following: Two vials of Aspart, opened and undated; one Lispro vial, opened and undated; two Aspart pens, both were opened and undated; one Lispro pen, opened and undated; two Lantus pens, both were opened and undated. Additional observation on the top drawer revealed a medication cup with 30 green tablets and another medication cup with four big yellow capsules. Interview with Employee E4 conducted on October 8, 2024, revealed that the green tablets were Iron pills and the yellow capsules were Omega 3 (fish oil). Employee E4 reported that the medication bottles (Iron and fish oil) were too big to be placed on the top drawer, so the medications were placed on a medication cup for easy access during the medication administration pass. Observation of the Medication Room A side was conducted in the presence of the Director of Nursing (DON) on October 8, 2024, at 10:40 a.m. The observation revealed the following: The medication refrigerator door does not close; The top tray area was covered in frozen water, the refrigerator thermometer, a bag of 250 cc normal saline and two insulin pens were imbedded in the frozen water. The bottom tray area had 25 unopened insulin vials and seven unopened insulin pens. Unable to read the temperature reading of the refrigerator since the thermometer was embedded in the frozen water. Review of the facility's refrigerator log revealed refrigerator's temperature was last taken on September 25, 2024. The above information was conveyed to the Director of Nursing on October 8, 2024. The facility failed to ensure Medication Carts A and B and Medication Room A's medications were properly stored and labeled. 28 Pa. Code 201.18 (B)(3) Management 28 Pa. Code 211.9(g)(h) Pharmacy services 28 Pa. Code 211.12(c) Nursing services 28 Pa. 211.12(d)(1)(5) Nursing services