

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

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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 05/10/2024
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 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. 37789 Based on review of facility policy and personnel records, it was determined that the facility failed to complete a criminal background check upon hire for one of five employee personnel records reviewed (Employee E4). Findings include: Review of facility policy, Background Screening Investigations, last revised March 2019, revealed: The director of personnel, or designee, conducts background checks, reference checks and criminal conviction checks (including fingerprinting as may be required by state law) on all potential direct access employees and contractors. Background and criminal checks are initiated within two days of an offer of employment or contract agreement, and completed prior to employment. Review of nurse aide Employee E4's personnel record revealed a hire date of February 23, 2024, with a criminal background check obtained May 8, 2024. Interview with the Nursing Home Administrator on May 9, 2024, at 1:30 p.m. confirmed nurse aide Employee E4 did not have a criminal background check upon hire. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18(b)(1)(3)(e)(1) Management 28 Pa. Code 201.29(a)(d) Resident Rights		

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37789 Based on clinical record review, it was determined that the facility failed to provide treatment and services to maintain/restore bladder continence for one of two residents reviewed for bowel and bladder (Resident 31). Findings include: Review of Resident 31's Quarterly MDS (Minimum Data Set - periodic assessment of resident care needs) dated January 9, 2024, revealed under Section H - Bladder and Bowel, that the resident was coded as being always continent of bladder. Review of Resident 31's Quarterly MDS dated [DATE], revealed under Section H - Bladder and Bowel, that the resident was coded as being occasionally incontinent of bladder. Review of Resident 31's Bowel and Bladder Program Screener dated March 25, 2024, revealed the resident voided appropriately without incontinence at least daily, was independently but slowly able to get to the bathroom/toilet/commode/adjust clothing/and wipe self, was forgetful but able to follow commands, and was usually mentally aware of the need to toilet. The evaluation concluded that Resident 31 was a candidate for scheduled toileting/timed voiding. Review of Resident 31's clinical record failed to reveal a plan of care in place addressing the resident's incontinence and failed to reveal evidence that the resident was ever offered scheduled toileting/timed voiding. The abovementioned findings were presented to the Nursing Home Administrator and Director of Nursing on May 9, 2024, at approximately 2:00 p.m. 28 Pa. Code 211.5(f) Clinical records 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services 28 Pa. Code 211.10 (a)(d) Resident care policies		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 37789 Based on review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to monitor weight changes in a timely manner for one of seven residents reviewed for nutrition (Resident 62). Findings include: Review of facility policy, Weight Assessment and Intervention, last revised March 2022, revealed: Any weight change of 5% or more since the last weight assessment is retaken the next day for confirmation. Review of Resident 62's weights revealed that on November 25, 2023, the resident was recorded as weighing 180 pounds (lbs.) On December 5, 2023, the resident was recorded as weighing 199.3 lbs., a 19.3 lb. gain or 10.72% weight change in 10 days. Review of Resident 62's progress notes revealed a Weight Change note from the dietitian on December 6, 2023, which stated: Reweight requested for 19 [pound] gain x 2 weeks. No noted fluid retention. Reviewed provider notes 12/5, [abdomen] pain noted. Intake trending >75%. Will follow. Review of Resident 62's weights revealed the next weight obtained was on December 18, 2023, 13 days past the initial weight change recording and 12 days following the dietitian's request for a reweight. Interview with the dietitian, Employee E3, on May 9, 2024, at 12:10 p.m. confirmed the facility failed to obtain a reweight for Resident 62 in a timely manner. 28 Pa. Code 211.5(f) Clinical Records 28 Pa. Code 211.12(d)(1)(5) Nursing Services 28 Pa Code: 211.10(c) Resident care policies		

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 46166 Based on clinical record review, resident and staff interview, it was determined that the facility failed to ensure the highest practicable pain management for one of one resident reviewed (Resident 20). Findings include: Review of Resident 20's Minimum Data Set (MDS, periodic assessment of resident needs) dated April 19, 2024, reviled in Section J (Health Conditions) that Resident 20 receives a scheduled pain medication regimen. Review of Resident's 20 clinical record revealed an active order for Oxycodone (semi-synthetic opioid used medically for treatment of moderate to severe pain) HCL 10 MG (milligrams) with a start date of April 11, 2023, Further review of the order revealed the following, Give 1 tablet by mouth three times a day for severe pain 8-10. Review of Resident 20's electronic medication administration record (eMAR) for the month of April 2024, revealed Resident 20 was administered oxycodone 10 mg a total of 58 times to treat a reported pain of 0 out of 10 (0 being no pain and 10 indicating severe pain). An interview conducted with Registered Nurse (Employee E1) on May 9, 2024, at 12:34 p.m. reported we just write down 0, Resident 20 always has pain, or so she says. An interview conducted with the Nursing Home Administration (NHA) on May 9, 2024, at 1:50 p.m. confirmed Registered Nurse (Employee E1) should have been accurately recording Resident 20's pain severity in the eMAR prior to administering Resident 20's scheduled pain medication. 28 Pa Code 211.10 (c) Resident Care Policy 28 Pa Code 211.12 (d)(1) Nursing Services		