





# Certified End Page

**BRYN MAWR VILLAGE**

**STATE LICENSE NUMBER: 023402**

**SURVEY EXIT DATE: 03/17/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395095</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>03/17/2025</b>
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 023402 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on March 17, 2025, it was determined that Bryn Mawr Village - Main Building was not in compliance with the following requirements of the Life Safety Code for an existing Nursing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).</p> <p>This is a two-story, Type III (200), unprotected ordinary building, that is fully sprinklered.</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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K 0161  SS=C	<p>NFPA 101 Building Construction Type and Height</p> <p>Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5</p> <table border="0"> <tr> <td style="padding-left: 40px;">1</td> <td style="padding-left: 40px;">Construction Type I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">2</td> <td style="padding-left: 40px;">II (111) One story non-sprinklered Maximum 3 stories sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">3</td> <td style="padding-left: 40px;">II (000) Not allowed non-sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">4</td> <td style="padding-left: 40px;">III (211) Maximum 2 stories sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">5</td> <td style="padding-left: 40px;">IV (2HH)</td> </tr> <tr> <td style="padding-left: 40px;">6</td> <td style="padding-left: 40px;">V (111)</td> </tr> <tr> <td style="padding-left: 40px;">7</td> <td style="padding-left: 40px;">III (200) Not allowed non-sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">8</td> <td style="padding-left: 40px;">V (000) Maximum 1 story sprinklered</td> </tr> </table> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	1	Construction Type I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered	2	II (111) One story non-sprinklered Maximum 3 stories sprinklered	3	II (000) Not allowed non-sprinklered	4	III (211) Maximum 2 stories sprinklered	5	IV (2HH)	6	V (111)	7	III (200) Not allowed non-sprinklered	8	V (000) Maximum 1 story sprinklered	K 0161	<p>Bryn Mawr Village would like the Department of Health and Human Services Life Safety Divisions assistance with reapplying for another FSES for two-story type III (200), unprotected ordinary construction which is fully sprinklered, the story height exceeds the maximum allowance for this construction type one story. The facility has previously submitted a waiver for this deficiency. The Administrator or designee is responsible for monitoring this and as part of the Quality Assurance Performance Improvement Program will report on Life Safety requirements and plan of correction to the Committee.</p>	<p>Completion Date: <b>04/29/2025</b> Status: <b>APPROVED</b> Date: <b>04/10/2025</b></p>
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K 0161  SS=C	Continued from page 2  Based on document review and interview, it was determined the facility failed to maintain building construction requirements, affecting the entire building component.  Findings include:  Document review on March 17, 2025, at 9:30 a.m., revealed the facility was classified as a two story, Type III (200), unprotected ordinary construction, fully sprinklered. The story height exceeds the maximum allowance for this construction type by one story.  Exit Interview with the Administrator and Maintenance Director on March 17, 2024, at 2:00 p.m., confirmed the building exceeded the maximum allowable story height by one story.	K 0161		

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K 0311  SS=B	<p>NFPA 101 Vertical Openings - Enclosure</p> <p>Vertical Openings - Enclosure 2012 EXISTING</p> <p>Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6</p> <p>If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0311	<p>The facility will work with an outside consultant to complete an FSES to cover this deficiency. The Administrator or designee is responsible for monitoring this and as part of the Quality Assurance Performance Improvement Program will report on Life Safety requirements and plan of correction to the Committee.</p>	<p>Completion Date: <b>04/29/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>04/10/2025</b></p>
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K 0311  SS=B	Continued from page 4  Based on document review and interview, it was determined the facility failed to maintain the fire resistance rating of vertical openings, affecting two of two levels within this component.  Findings include:  Document review on March 17, 2025, at 11:30 a.m., revealed the communicating stairway, between the Lower Level Kitchen and the First Floor, lacked one hour fire resistive construction.  Exit Interview with the Administrator and Maintenance Director on March 17, 2025, at 2:00 p.m., confirmed the stairs lacked the one-hour fire resistive construction.	K 0311		
K 0324  SS=F		K 0324		

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K 0324  SS=F	Continued from page 5  NFPA 101 Cooking Facilities  Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2  This REQUIREMENT is not met as evidenced by:	K 0324	The kitchen hood suppression system repair is scheduled for 4/11/2025. Maintenance Director will report completion and compliance to QAPI committee.	Completion Date: <b>04/29/2025</b> Status: <b>APPROVED</b> Date: <b>04/10/2025</b>

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K 0324  SS=F	Continued from page 6  Based on documentation review and interview, it was determined the facility failed to maintain and inspect kitchen hood suppression systems, affecting the entire facility.  Findings include:  Document review on March 17, 2025, at 10:30 a.m., revealed in the basement kitchen, the kitchen hood suppression system report dated 7/3/24 indicated failure with "Cylinder". Hood suppression system report dated 1/6/2025 indicated failure of "Kitchen System".  Exit Interview with the Administrator and Maintenance Director on March 17, 2025, at 12:00 p.m., confirmed corrective actions had not been completed.	K 0324		

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K 0353  SS=F	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0353	<p>Full flow trip test is scheduled for 4/28/2025. A task will be entered in TELS work order system to ensure tests are completed timely.</p> <p>Maintenance director will report on the results and compliance to QAPI committee.</p>	<p>Completion Date: <b>04/29/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>04/10/2025</b></p>

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K 0353  SS=F	Continued from page 8  Based on document review and interview, it was determined the facility failed to maintain required testing of automatic sprinkler system components, affecting the entire facility.  Findings include:  Document review on March 17, 2025, between 9:00 a.m., and 11:00 a.m., revealed the January 20, 2025 quarterly sprinkler inspection reports for wet and dry systems noted that last dry system, full flow trip test, was in 2019.  Exit Interview with the Administrator and Maintenance Director on March 17, 2024, at 2:00 p.m., confirmed the testing was out of the 3 year testing cycle.	K 0353		

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K 0918  SS=C	<p>NFPA 101 Electrical Systems - Essential Electric Syste</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0918	Emergency lighting installation is scheduled for 4/21/2025. 4 hour load test was completed on 3/31/2025. A task will be entered in TELS work order system to ensure tests are completed timely. Maintenance director will report on results to QAPI meeting.	<p>Completion Date: <b>04/29/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>04/10/2025</b></p>

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K 0918  SS=C	Continued from page 10	K 0918		

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K 0918  SS=C	Continued from page 11  Based on observation and interview, it was determined the facility failed to maintain required emergency generator components, affecting the entire facility.  Findings Include:  1. Observation made on March 17, 2025, at 10:50 a.m., revealed the emergency generator set location, inside transformer room, in the basement, lacked battery back-up emergency lighting.  Exit Interview with the Administrator and Maintenance Director on March 17, 2024, at 2:00 p.m., confirmed the back-up lighting was not installed.  2. Documentation review on March 17, 2025, at 10:30 a.m., revealed that the 3 year, 4 hour load test, was not available for the generator that supports this component.	K 0918		

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K 0918  SS=C	Continued from page 12  Exit Interview with the Administrator and Maintenance Director on March 17, 2025, at 2:00 p.m., confirmed the testing report was not available.	K 0918		
K 0920  SS=E	NFPA 101 Electrical Equipment - Power Cords and Extens  Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute	K 0920	The installation of an exterior outlet for the sump pump is scheduled for 4/21/2025. Maintenance director will report on completion of job to QAPI committee.	Completion Date: <b>04/29/2025</b> Status: <b>APPROVED</b> Date: <b>04/10/2025</b>

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NAME OF PROVIDER OR SUPPLIER: <b>BRYN MAWR VILLAGE</b>  STATE LICENSE NUMBER: <b>023402</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>773 E. HAVERFORD ROAD BRYN MAWR, PA 19010</b>		
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K 0920  SS=E	Continued from page 13  for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5  This REQUIREMENT is not met as evidenced by:	K 0920		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395095</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>03/17/2025</b>
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K 0920  SS=E	Continued from page 14  Based on observation and interview, it was determined the facility failed to ensure the use of extension cords was prohibited, affecting one of two levels.  Findings include:  Observation made on March 17, 2025, at 9:00 a.m., outside the main entrance, revealed an approximated 75' extension cord, wrapped around two facade fixed sconce lights, above an egress exit door, plugged into an external electrical outlet that was fixed to the building, powering a sump pump in front lawn.  Interview at the exit conference with the Administrator and Maintenance Director on March 17, 2025, at 2:00 p.m., confirmed the prohibited use of an extension cord.	K 0920		

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K 0920  SS=E	Continued from page 15	K 0920			



# Certified End Page

**BRYN MAWR VILLAGE**

**STATE LICENSE NUMBER: 023402**

**SURVEY EXIT DATE: 03/17/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 023402 Component 02 Physical Therapy, Garage and the Dietary Storage Areas</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on March 17, 2025, it was determined that Bryn Mawr Village - Physical Therapy, Garage and the Dietary Storage Area were not in compliance with the following requirements of the Life Safety Code for an existing Nursing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).</p> <p>This is a two-story, Type II (111), protected non-combustible building, that is fully sprinklered.</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 0293  SS=E	NFPA 101 Exit Signage  Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.)  This REQUIREMENT is not met as evidenced by:	K 0293	All exit signs were audited and corrected by 4/7/2025. Maintenance director will report on compliance to QAPI committee.	Completion Date: <b>04/29/2025</b> Status: <b>APPROVED</b> Date: <b>04/10/2025</b>

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K 0293  SS=E	Continued from page 2  Based on observation and interview, it was determined the facility failed to ensure exit signs were installed to maintain unobstructed egress, affecting one of two levels.  Findings Include:  Observation made on March 17, 2025, at 11:50 a.m., revealed in the East Wing near the nursing station, there were multiple illuminated exit signs in the corridor leading to the back courtyard with no egress. In addition, the exterior doors leading to back courtyard had signage that read "Attention! this is not a fire exit. In case of fire, do not use this exit".  Exit Interview with the Administrator and Maintenance Director on March 17, 2025, at 2:00 p.m., confirmed the installation of conflicting exit signage.	K 0293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395095</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>03/17/2025</b>
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K 0293  SS=E	Continued from page 3	K 0293		
K 0355  SS=E	NFPA 101 Portable Fire Extinguishers  Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10  This REQUIREMENT is not met as evidenced by:	K 0355	Obstructions were corrected immediately on 3/17/2025, and staff was educated on compliance. Maintenance director will report to QAPI committee on compliance of this regulation.	Completion Date: <b>04/29/2025</b> Status: <b>APPROVED</b> Date: <b>04/10/2025</b>

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K 0355  SS=E	Continued from page 4  Based on observation and interview, it was determined the facility failed to ensure portable fire extinguishers were accessible, on one of two levels.  Findings Include:  Observation made on March 17, 2025, at 12:15 p.m., revealed in the multi-purpose room (formally Physical Therapy), revealed two wall mounted fire extinguishers on each side of room blocked by large tables.  Exit Interview with the Administrator and Maintenance Director on March 17, 2025, at 2:00 p.m., confirmed access to the portable fire extinguishers was obstructed.	K 0355		
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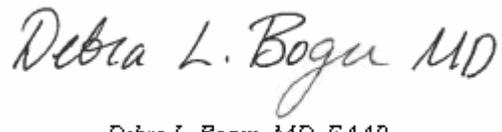
**BRYN MAWR VILLAGE**

**STATE LICENSE NUMBER: 023402**

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 023402 Component 03 New Addition</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on March 17, 2025, it was determined that Bryn Mawr Village - New Addition had no deficiencies that have the potential for minimal harm as related to the following requirements of the Life Safety Code for an existing Nursing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).</p> <p>This is a two-story, Type II (000), unprotected non-combustible building, with a basement, that is fully sprinklered.</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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K 0161  SS=C	<p>NFPA 101 Building Construction Type and Height</p> <p>Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5</p> <table border="0"> <tr> <td style="padding-left: 40px;">1</td> <td style="padding-left: 40px;">Construction Type I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">2</td> <td style="padding-left: 40px;">II (111) One story non-sprinklered Maximum 3 stories sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">3</td> <td style="padding-left: 40px;">II (000) Not allowed non-sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">4</td> <td style="padding-left: 40px;">III (211) Maximum 2 stories sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">5</td> <td style="padding-left: 40px;">IV (2HH)</td> </tr> <tr> <td style="padding-left: 40px;">6</td> <td style="padding-left: 40px;">V (111)</td> </tr> <tr> <td style="padding-left: 40px;">7</td> <td style="padding-left: 40px;">III (200) Not allowed non-sprinklered</td> </tr> <tr> <td style="padding-left: 40px;">8</td> <td style="padding-left: 40px;">V (000) Maximum 1 story sprinklered</td> </tr> </table> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	1	Construction Type I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered	2	II (111) One story non-sprinklered Maximum 3 stories sprinklered	3	II (000) Not allowed non-sprinklered	4	III (211) Maximum 2 stories sprinklered	5	IV (2HH)	6	V (111)	7	III (200) Not allowed non-sprinklered	8	V (000) Maximum 1 story sprinklered	K 0161	<p>Bryn Mawr Village would like the Department of Health and Human Services Life Safety Divisions assistance with reapplying for another FSES for two-story type III (200), unprotected ordinary construction which is fully sprinklered, the story height exceeds the maximum allowance for this construction type one story. The facility has submitted a TLW waiver for this deficiency.</p> <p>The Administrator or designee is responsible for monitoring this and as part of the Quality Assurance Performance Improvement Program will report on Life Safety requirements and plan of correction to the Committee.</p>	<p>Completion Date: <b>04/29/2025</b> Status: <b>APPROVED</b> Date: <b>04/10/2025</b></p>
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K 0161  SS=C	Continued from page 2	K 0161		

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K 0161  SS=C	Continued from page 3  Based on document review and interview, it was determined the facility failed to maintain building construction requirements, affecting the entire building component.  Findings include:  Document review on March 17, 2025, at 11:20 a.m., revealed this component was classified as a two-story, Type II (000), unprotected noncombustible construction, with a basement, which is fully sprinklered, exceeds the maximum allowable story height by one story.  Interview at the exit conference with the Administrator and Maintenance Director on March 17, 2025, at 2:00 p.m., confirmed the building exceeded the maximum allowable story height by one story.	K 0161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395095</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>03</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>03/17/2025</b>
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K 0241  SS=B	<p>NFPA 101 Number of Exits - Story and Compartment</p> <p>Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0241	<p>The facility will work with an outside consultant to complete an FSES to cover this deficiency.</p> <p>The Administrator or designee is responsible for monitoring this and as part of the Quality Assurance Performance Improvement Program will report on Life Safety requirements and plan of correction to the Committee.</p>	<p>Completion Date: <b>04/29/2025</b> Status: <b>APPROVED</b> Date: <b>04/10/2025</b></p>
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K 0241  SS=B	Continued from page 5  Based on document review and interview, it was determined the facility failed to provide two acceptable exits, located remotely from one another, affecting one of two floors of the building.  Findings include:  Document review on March 17, 2025, at 11:35 a.m., revealed, in the basement, the level lacks two acceptable emergency exits located remotely from each other. The north exit from the basement is a communicating stair and does not lead to an exterior exit discharge.  Interview at the exit conference with the Administrator and Maintenance Director on March 17, 2025, at 2:00 p.m., confirmed the basement level lacked two acceptable exits.	K 0241		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395095</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>03</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>03/17/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>BRYN MAWR VILLAGE</b>  STATE LICENSE NUMBER: <b>023402</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>773 E. HAVERFORD ROAD BRYN MAWR, PA 19010</b>		
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K 0252  SS=B	NFPA 101 Number of Exits - Corridors  Number of Exits - Corridors Every corridor shall provide access to not less than two approved exits in accordance with Sections 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies. 18.2.5.4, 19.2.5.4  This REQUIREMENT is not met as evidenced by:	K 0252	The facility will work with an outside consultant to complete an FSES to cover this deficiency.  The Administrator or designee is responsible for monitoring this and as part of the Quality Assurance Performance Improvement Program will report on Life Safety requirements and plan of correction to the Committee.	Completion Date: <b>04/29/2025</b> Status: <b>APPROVED</b> Date: <b>04/10/2025</b>

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K 0252  SS=B	Continued from page 7  Based on observation, document review and interview, it was determined the facility failed to ensure acceptable exits to grade, affecting one of two locations.  Findings include:  Observation and document review on March 17, 2025, at 11:30 a.m., revealed the north exit from the Second Floor is through an intervening dining room.  Interview at the exit conference with the Administrator and Maintenance Director on March 17, 2025, at 2:00 p.m., confirmed the exiting deficiency.	K 0252		
K 0311  SS=B		K 0311		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395095</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>03</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>03/17/2025</b>
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K 0311  SS=B	Continued from page 8  NFPA 101 Vertical Openings - Enclosure  Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.  This REQUIREMENT is not met as evidenced by:	K 0311	The facility will work with an outside consultant to complete an FSES to cover this deficiency.  The Administrator or designee is responsible for monitoring this and as part of the Quality Assurance Performance Improvement Program will report on Life Safety requirements and plan of correction to the Committee.	Completion Date: <b>04/29/2025</b> Status: <b>APPROVED</b> Date: <b>04/10/2025</b>

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K 0311  SS=B	Continued from page 9  Based on document review and interview, it was determined the facility failed to maintain stair towers with a fire resistance rating, affecting one of two floors within this building component.  Findings include:  1. Document review on March 17, 2025, at 11:30 a.m., revealed the north side exit from the Basement is a communicating staircase with walls not sheathed on the room 2A side, and therefore does not have the required one-hour fire resistance rating.  Interview at the exit conference with the Administrator and Maintenance Director on March 17, 2025, at 2:00 pm, confirmed the lack of fire resistance rating of the stairway.	K 0311		
K 0918  SS=C		K 0918		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395095</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>03</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>03/17/2025</b>	
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K 0918  SS=C	Continued from page 10  NFPA 101 Electrical Systems - Essential Electric System  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10	K 0918	Emergency lighting installation is scheduled for 4/21/2025. 4 hour load test was completed on 3/31/2025. A task will be entered in TELS work order system to ensure tests are completed timely. Maintenance director will report on results to QAPI meeting.	Completion Date: <b>04/29/2025</b> Status: <b>APPROVED</b> Date: <b>04/10/2025</b>

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K 0918  SS=C	Continued from page 11  (NFPA 70)  This REQUIREMENT is not met as evidenced by:	K 0918		

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K 0918  SS=C	Continued from page 12  Based on observation, documentation review and interview, it was determined the facility failed to maintain required emergency generator components, affecting the entire facility.  Findings Include:  1. Observation made on March 17, 2025, at 1:50 p.m., revealed the emergency generator set location, inside the main electrical room in the basement, lacked battery back-up emergency lighting.  Exit Interview with the Administrator and Maintenance Director on March 17, 2025, at 2:00 p.m., confirmed the back-up lighting was not installed.  2. Documentation review on March 17, 2025, at 10:30 a.m., revealed the 3 year, 4 hour load test was not available for the generator that supports this component.	K 0918		

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K 0918  SS=C	Continued from page 13  Exit Interview with the Administrator and Maintenance Director on March 17, 2025, at 2:00 p.m., confirmed the testing report was not available.	K 0918		



# Certified End Page

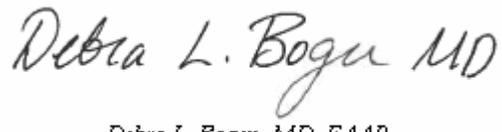
**BRYN MAWR VILLAGE**

**STATE LICENSE NUMBER: 023402**

**SURVEY EXIT DATE: 03/17/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY