

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395917	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/03/2025
NAME OF PROVIDER OR SUPPLIER: BRINTON MANOR NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 549 BALTIMORE PIKE GLEN MILLS, PA 19342		
STATE LICENSE NUMBER: 033502				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on the follow-up survey completed on January 3, 2025, and review of staffing data, it was determined that Brinton Manor Nursing and Rehab Center failed to correct the State deficiency for Nurse Aide ratios cited during the surveys of May 10, 2024, July 10, 2024, July 31, 2024, September 9, 2024, October 11, 2024 and November 22, 2024, and continues to be out of compliance for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process.	F 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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P 5520	Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	<ol style="list-style-type: none"> 1. Nurse Aide staffing ratios will be reviewed for last 7 days to evaluate if nurse aide ratios were met. 2. Administration and scheduler will continue to contact the multiple agencies under contract and in house staff to fill callouts and meet ratios. All resources to meet staffing regulations will be utilized. 3. Nursing administration and scheduler will be reeducated on nurse staffing and ratio requirements 4. Audits of nurse aide ratios will be conducted weekly x4 weeks by NHA/Designee to ensure nurse aide ratio is met. Audits will be reported to QAPI for review and further recommendations as needed. 	Completion Date: 02/05/2025 Status: APPROVED Date: 01/21/2025

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P 5520	<p>Continued from page 1</p> <p>Based on a review of facility staffing data, it was determined that the facility failed to ensure a minimum of one nurse aide per 10 residents on the day shift for three days, one nurse aide per 11 residents on the evening shift for one day and one nurse aide per 15 residents on the night shift for three days for the period of December 16 through December 25, 2024.</p> <p>Findings include:</p> <p>Review of the facility staffing data for the period of December 16 through December 25, 2024, revealed the following dates and shifts that did not meet the requirements of one nurse aide per 10 residents on the day shift, one nurse aide per 11 residents on the evening shift and one nurse aide per 15 residents on the night shift.</p> <p>Day shift 12/16/2024 12/19/2024</p>	P 5520		

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P 5520	Continued from page 2 12/21/2024 Evening shift 12/23/2024 Night shift 12/20/2024 12/21/2024 12/23/2024 The aforementioned data was confirmed with the Nursing Home Administrator in a telephone interview on January 3, 2025.	P 5520		



Certified End Page

BRINTON MANOR NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 033502

SURVEY EXIT DATE: 01/03/2025

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