

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395917</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/07/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>BRINTON MANOR NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>549 BALTIMORE PIKE GLEN MILLS, PA 19342</b>		
STATE LICENSE NUMBER: <b>033502</b>				
(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 a follow-up survey completed on February 19, 2025, for the Medicare/Medicaid Recertification, State Licensure and Civil Rights Compliance survey and abbreviated complaint survey of May 10, 2024, and subsequent revisit surveys of July 10, 2024, July 31, 2024, September 9, 2024, October 11, 2024, November 22, 2024, January 3, 2025 and February 19, 2025, it was determined that Brinton Manor Nursing and Rehabilitation Center failed to correct all the deficiencies and continues to be out of compliance for the following requirements of the 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	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>1. Nurse Aide staffing ratios will be reviewed for last 7 days to evaluate if nurse aide ratios were met.</p> <p>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.</p> <p>3. Nursing administration and scheduler will be reeducated on nurse staffing and ratio requirements</p> <p>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.</p>	<p>Completion Date: <b>04/21/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>04/15/2025</b></p>

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P 5520	Continued from page 1  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, a minimum of one nurse aide per 11 residents on the evening shift for one day and a minimum of one nurse aide per 15 residents on the night shift for nine days from March 21 through March 30, 2025.  Findings include:  Review of facility staffing data for the Period of March 21 through March 30, 2025, 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.  Day shift 3/21/2025 3/30/2025	P 5520		

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P 5520	Continued from page 2  Evening shift 3/29/2025  Night shift 3/21/2025 3/22/2025 3/23/2025 3/24/2025 3/25/2025 3/26/2025 3/27/2025 3/29/2025 3/30/2025  The aforementioned data was conveyed to the Nursing Home Administrator in a telephone interview on April 7, 2025.	P 5520		



# Certified End Page

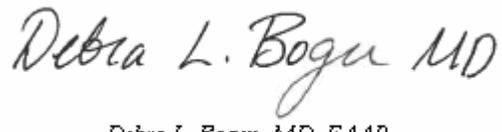
**BRINTON MANOR NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 033502**

**SURVEY EXIT DATE: 04/07/2025**

**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