

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: 04/18/2025
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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	F 0000		
F 0658 SS=D	Based on a Medicare/Medicaid Recertification, State Licensure, Civil Rights Compliance Survey and an abbreviated Complaint Survey, completed on April 18, 2025, it was determined that Brinton Manor Nursing and Rehabilitation Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations for the Health portion of the survey process.	F 0658		

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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F 0658 SS=D	Continued from page 1 483.21(b)(3)(i) Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:	F 0658	<ol style="list-style-type: none"> 1. Resident R39 wound dressing is dated and physician orders for the wound treatment are being followed. 2. Current residents with wound dressings have been reviewed by the DON or designee to ensure treatments are dated and physician orders for the treatment are in place. 3. Licensed staff will be educated by the DON or designee on wound treatment dressings which cannot be applied on a skin impairment without physician orders. If a skin impairment is identified, the physician will be notified and wound treatment orders will be obtained. 4. Random audits of residents with wound dressings will be completed by the DON or designee weekly x4 to ensure wound dressings are dated and physician orders are followed. The audits will be reported to QAPI committee and the QAPI committee will determine the need for further audits 	Completion Date: 05/20/2025 Status: APPROVED Date: 05/07/2025

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F 0658 SS=D	Continued from page 2 Based on a review of the Pennsylvania Professional Nursing Practice Act, facility policy and procedure, clinical records review, and staff interview, it was determined the facility failed to ensure that staff met the professional standards upon identifying a skin impairment for one of three residents reviewed (Resident 39). Findings include: The Professional Code, Title 49, Professional and Vocational Standards (Pennsylvania Professional Nursing Practice Act), Chapter 21.145(a) states that the Licensed Nurse is prepared to function as a member of the health-care team by exercising sound nursing judgment based on preparation, knowledge, and experience in nursing competency. The nurse participates in the planning, implementing, and evaluating nursing care, using focused assessment in settings where nursing takes place. A review of the facility's policy titled "Pressure Ulcers/Skin Breakdown-Clinical Protocol",	F 0658		

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F 0658 SS=D	Continued from page 3 undated, revealed that the nursing staff would assess and document an individual's significant risk factors for developing pressure sores. In addition, the nurse shall describe and document/report the following: a full assessment of the pressure sore, including location, stage, length, width, and depths, and the presence of exudates or necrotic (dead) tissue. A review of Resident 39's care plan developed on November 22, 2022, revealed the following interventions: Inspect feet daily for open areas, sores, pressure areas, blisters, edema, or redness; and check the body for breaks in the skin and treat promptly as ordered by the physician. A review of the nursing progress notes dated March 11, 2025, at 12:11 p.m., revealed that nursing was notified by the wound team that a new unstageable wound was observed on the resident's left heel measuring 2.0 x 2.6 x 0.1 cm. The same note revealed that there was a dressing applied to the wound which was not dated or initialed.	F 0658		

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F 0658 SS=D	Continued from page 4 A review of the facility's investigation titled "New Pressure Injury", dated March 11, 2025, at 11:37 a.m., revealed that during wound rounds, an unstageable wound measuring 2.0 x 2.6 x 0.1 cm was found on the resident's left heel. Staff statement of licensed Employee E3, dated March 11, 2025, revealed the following statements "I was notified by the wound team that resident has an unstageable wound on [his/her] left heel. I was also informed that [he/she] has a dressing on, but it wasn't dated so we have no idea how long it had been on for". An interview with licensed nurse Employee E4 was conducted on April 18, 2025, at 8:44 a.m. Employee E4 reported that all treatment medications, dressing, and supplies are all kept in the treatment cart or medication room which is always locked with access only to the nurses. An interview with the Director of Nursing (DON) was conducted on April 18, 2025, at 11:00 a.m. The DON reported that a bordered dressing (An absorptive wound dressing) was observed during	F 0658		

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F 0658 SS=D	Continued from page 5 wound rounds on the resident's left heel on March 11, 2025. An unstageable left heel ulcer was discovered upon removing the bordered dressing to the left heel. The DON reported that the facility investigation was not able to identify the person responsible for applying the wound dressing to the resident's left heel, however, the DON confirmed that the dressing placed on the resident's heel is kept on the treatment cart and medication with access only to the nurses. The above was discussed with the DON on April 18, 2025, at 11:20 a.m. The DON confirmed that upon identifying the skin impairment on Resident 39's already compromised left leg, the person/staff that applied the bordered dressing should have instead assessed, notified the physician, and provided appropriate monitoring and treatment to the resident's left heel. 28 Pa. Code 211.5(f) Clinical Record Previously cited 3/19/25, 5/10/24	F 0658		

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F 0658 SS=D	Continued from page 6 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services Previously cited 3/19/25, 5/10/24	F 0658		
F 0684 SS=E	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	1. Resident R3 no longer resides in the facility. R33 continues on Midodrine. Physician orders/parameters followed as ordered. 2. Current residents on Midodrine have been reviewed by DON or designee to ensure Midodrine physician orders followed as ordered. 3. Licensed staff will be educated by the DON or designee on Midodrine parameters. 4. Random audits of residents on Midodrine will be completed by DON or Designee weekly x4 to ensure medication is administered per physician orders.	Completion Date: 05/20/2025 Status: APPROVED Date: 05/07/2025

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F 0684 SS=E	Continued from page 7 Based on clinical records review and staff interviews, it was determined that the facility failed to follow physician orders regarding administration of medications for two of the two residents reviewed (Resident R3 and R33). Findings include: Review of Resident R3's clinal record revealed the following diagnosis, dialysis-induced hypotension (low blood pressure occurring during dialysis treatment) and congestive heart failure (CHF, a chronic condition in which the heart doesn't pump blood as well as it should). Review of Resident R3's clinical record revealed the following order, "Midodrine (used to treat low blood pressure) HCL 5 milligrams (MG), give 2 tablets by mouth two times a day for hypotension hold if blood pressure greater than 120/70". Review of Resident R3's medication administration record (MAR) for the month of December 2025,	F 0684		

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F 0684 SS=E	Continued from page 8 revealed the facility administer the above medication outside parameters 24 times. Review of Resident R33's clinical record revealed the following diagnosis, hypotension, unspecified (low blood pressure), and acute respiratory failure with hypoxia (the lungs can not provide enough oxygen to the body). Review of R33's clinical recorded revealed the following order, "Midodrine HCL 5 MG, give 1 tablet by mouth three times a day for hypotension, Hold for [systolic blood pressure] greater than 120 or diastolic blood pressure greater than 80". Review of Resident R33's medication administration record for the month of March 2025, revealed the facility administered the above medication outside of parameters 13 times. Interview with the Director of Nursing (DON) on March 18, 2025, at 12:17 p.m., confirmed the above medication errors.	F 0684		

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F 0684 SS=E	Continued from page 9 The facility failed to ensure Resident R3 and R33 midodrine medication order was followed. 28 Pa. Code 211.5(f) Clinical Records 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services	F 0684		
F 0686 SS=D		F 0686		

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F 0686 SS=D	Continued from page 10 483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by:	F 0686	1. Resident R39 wound dressing is dated and physician orders for the wound treatment are being followed. 2. Current residents with wound dressings have been reviewed by the DON or designee to ensure treatments are dated and physician orders for the treatment are in place. 3. Licensed staff will be educated by the DON or designee on wound treatment dressings which cannot be applied on a skin impairment without physician orders. If a skin impairment is identified, the physician will be notified and wound treatment orders will be obtained. 4. Random audits of residents with wound dressings will be completed by the DON or designee weekly x4 to ensure wound dressings are dated and physician orders are followed. The audits will be reported to QAPI committee and the QAPI committee will determine the need for further audits	Completion Date: 05/20/2025 Status: APPROVED Date: 05/07/2025

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F 0686 SS=D	Continued from page 11 Based on review of facility policy, clinical record, facility documentation, and staff interview, it was determined the facility failed to assess timely, monitor, and provide appropriate treatment to a skin impairment for one of three residents reviewed (Resident 39). Findings include: Review of the facility's policy titled "Pressure Ulcers/Skin Breakdown-Clinical Protocol", undated, revealed the nursing staff would assess and document an individual's significant risk factors for developing pressure sores. In addition, the nurse shall describe and document/report the following: a full assessment of the pressure sore, including location, stage, length, width, and depths, and the presence of exudates or necrotic (dead) tissue. Review of Resident 39's diagnosis list included Diabetes (group of metabolic disorders characterized by a high blood sugar level over a prolonged period), and Peripheral Vascular Disease	F 0686		

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F 0686 SS=D	Continued from page 12 (PVD-circulatory condition that affects blood vessels outside the heart and brain, particularly in the legs and arms). Review of Resident 39's care plan developed on November 22, 2022, revealed the following interventions: Inspect feet daily for open areas, sores, pressure areas, blisters, edema, or redness; and check the body for breaks in the skin and treat promptly as ordered by the physician. Review of Resident 39's clinical record including skin check assessment dated March 8, 2025, revealed that aside from the existing skin impairment to the resident's right hip, it failed to reveal any other skin impairments identified during the skin check. Review of the nursing progress notes dated March 11, 2025, at 12:11 p.m., revealed nursing was notified by the wound team that a new unstageable wound was observed on the resident's left heel measuring 2.0 x 2.6 x 0.1 cm. The same nursing progress note revealed there was a dressing applied	F 0686		

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F 0686 SS=D	Continued from page 13 to the wound which was not dated or initialed. Review of the facility's investigation titled "New Pressure Injury", dated March 11, 2025, at 11:37 a.m., revealed during wound rounds, an unstageable wound measuring 2.0 x 2.6 x 0.1 cm was found on the resident's left heel. Immediate Action Taken: "The old dressing was removed, the wound was assessed, and a new wound treatment was ordered." Review of staff statement by licensed nurse Employee E3, dated March 11, 2025, revealed, "I was notified by the wound team that resident has an unstageable wound on [his/her] left heel. I was also informed that [he/she] has a dressing on, but it wasn't dated so we have no idea how long it had been on for." Review of the wound nurse practitioner (NP) note titled "Skin and Wound Note," dated March 11, 2025, at 3:43 p.m., revealed resident was seen on a follow-up for the wound to the right hip, resident	F 0686		

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F 0686 SS=D	Continued from page 14 was also noted to have a wound to the left heel with dressing in place at the time of assessment. The wound was identified as a "Pressure Ulcer/Injury." Further review of the wound nurse practitioner assessment note revealed the left heel wound measured 2.0 x 2.6 x 0.1 cm (centimeter) with 80% slough (non-viable yellow, tan, gray, green, or brown tissue; usually moist, can be soft, stringy, and mucinous in texture. Slough may be adherent to the base of the wound or present in clumps throughout the wound bed). Further review of the same note revealed that a surgical debridement (medical procedure where dead or infected tissue is removed from a wound using surgical instruments) with an indication for removal of necrotic (dead cells in the body tissue) tissue was done on March 11, 2025. A new wound treatment of Santyl (topical medication used for removing damaged or burned skin to allow for wound healing and growth of healthy skin) daily was ordered. Interview with licensed nurse Employee E4 was	F 0686		

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F 0686 SS=D	Continued from page 15 conducted on April 18, 2025, at 8:44 a.m. Employee E4 revealed all treatment medications, dressing, and supplies are located in the treatment cart or medication room which is locked with access only to the nurses. Interview with the Director of Nursing (DON) was conducted on April 18, 2025, at 11:00 a.m. The DON indicated a bordered dressing (absorptive wound dressing) was observed during wound rounds on the resident's left heel on March 11, 2025. An unstageable left heel ulcer was discovered upon removing the bordered dressing to the left heel. The Director of Nursing reported, the facility investigation was not able to identify the person responsible for applying the wound dressing to the resident's left heel, however, the Director of Nursing revealed the type of bandage placed on Resident 39's heel is kept on the treatment cart and it must have been a nurse who applied it to Resident 39's wound as nurses are the only ones with access to the cart.	F 0686		

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: 04/18/2025	
NAME OF PROVIDER OR SUPPLIER: BRINTON MANOR NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: 033502		STREET ADDRESS, CITY, STATE, ZIP CODE: 549 BALTIMORE PIKE GLEN MILLS, PA 19342		
(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 0686 SS=D	Continued from page 16 The above information was discussed with the Director of Nursing on April 18, 2025, at 11:20 a.m. The DON acknowledged Resident 39's left foot was already compromised because of his/her medical diagnosis and right leg amputation. The DON confirmed that upon identifying skin impairment to the left heel, the wound should have been timely assessed, appropriately treated, and monitored. The facility failed to ensure Resident 39's skin impairment was properly assessed, appropriately treated, and monitored resulting in the harm of an advanced unstageable pressure ulcer to the left heel and undergoing a surgical procedure of wound debridement which could result in unnecessary pain. 28 Pa. Code 211.5(f) Clinical Record Previously cited 3/19/25, 5/10/24 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services Previously cited 3/19/25, 5/10/24	F 0686		



Certified End Page

BRINTON MANOR NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 033502

SURVEY EXIT DATE: 04/18/2025

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