

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LEGACY AT BRISTOL, INC.

LEGAL ENTITY

To operate LEGACY GARDENS OF BRISTOL

NAME OF FACILITY OR AGENCY

Located at 2022 BATH ROAD, BRISTOL, PA 19007

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 26
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 11, 2010 until February 11, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 131081

Robert E. Robinson

ISSUING OFFICER

Kenneth V. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT
MAILING DATE: AUG 13 2010

Mr. Michael Jacobs, President
Legacy at Bristol Gardens, Inc.
8301 Roosevelt Boulevard
Philadelphia, Pennsylvania 19152

RE: Legacy Gardens of Bristol
2022 Bath Road
Bristol, Pennsylvania 19007

Dear Mr. Jacobs:

As a result of the Department of Public Welfare's (Department) licensing inspection on May 20, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

Based on violations with 55 Pa.Code Ch. 2600, your current license #131080 dated April 20, 2010 to April 20, 2011 is REVOKED. A FIRST PROVISIONAL license, effective August 11, 2010 to February 11, 2011 is being issued based on your plan to correct the violations as specified on the Violation Report. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

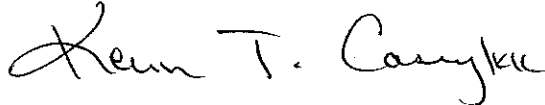
All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 West, Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large initial 'K' and a long, sweeping underline.

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Legacy Gardens of Bristol 2022 Bath Road, Bristol, PA 19007		CURRENT LICENSE NUMBER 131080	
INSPECTION DATE(S) (Include all dates of the inspection) May 20, 2010		REGIONAL REPRESENTATIVE Justin Trupp & James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sherry Sturkey</i>	DATE 7-1-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Louisa N...</i>	DATE 7/17/10


1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	incident was not reported in accordance with the Older Adult Protective Services Act.	6-15-2010	must be reported so that a determination of whether or not abuse occurred, can be made. Ongoing abuse allegations are reported to both the Director and Director of Resident Care who will follow the steps documented in this policy. (Revised policy attached)	

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sherry Stenberg</i>	DATE 7-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ronald [Signature]</i>	DATE 7/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	<p>-On 5/16/10 at 7:30am Resident #1 alleged that Direct Care Staff Member A hit the resident in the face. The incident was reported to Administrator B on 5/16/10 at 8:00am. Direct Care Staff Member A continued to work at the home without being supervised until the shift ended at 11:01pm that day. Direct Care Staff Member A was not officially suspended until 5/18/10.</p> <p>-On an unidentified day during the month of April 2010 Resident #1 alleged that Direct Care Staff Member A struck the resident in the face with a wet towel. The</p>	6/15/2010	As previous (15a), the abuse policy will be followed by the Director and/or the Director of Resident Care, including a plan which prohibits the alleged staff person from being alone with one or more residents at any time or which temporarily suspends the alleged staff person pending the conclusion of the investigation.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>LAH</i> Date 7/17/10 Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 7-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	home did not implement a plan of supervision or suspend Direct Care Staff Member A.			

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sherry Sharkey</i>	DATE 7-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Kenneth Helms</i>	DATE 7/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
15c The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.	-On 5/16/10 at 7:30am Resident #1 alleged that Direct Care Staff Member A hit the resident in the face. The incident was reported to Administrator B on 5/16/10 at 8:00am. A plan of supervision or notice of suspension for Direct Care Staff Member A was not submitted to the Department until 5/18/10.	6/15/2010	A plan of supervision or notice of suspension will be submitted to the Department's personal care home regional office immediately upon ANY allegation of abuse as per the personal care home regulations and the company's abuse policy. This step is listed in the revised company policy (attached) that will be followed by the Director and/or the Director of Resident Care.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/17/10 <i>HH</i> Initials (DPW) Date</p>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Legacy Gardens of Bristol 2022 Bath Road, Bristol, PA 19007		CURRENT LICENSE NUMBER, 131080	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sherry Sturkey</i>	DATE 7-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Hummel</i>	DATE 7/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
15d The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.	-On 5/16/10 at 7:30am Resident #1 alleged that Direct Care Staff Member A hit the resident in the face. The incident was reported to Administrator B on 5/16/10 at 8:00am. The home did not notify the resident's designated person until 5/18/10. -On an unidentified day during the month of April 2010 Resident #1 alleged that Direct Care Staff Member A struck the resident in the face with a wet towel. The home did not notify the resident's designated person.	6/15/2010 8/11/10	The resident's designated person will immediately be notified upon any allegation of abuse that involves said resident as per the personal care home regulations and the company's abuse policy. This step is listed in the revised company abuse policy (attached) that will be followed by the Director and/or Director of Resident Care. The home will notify the resident's designated person of the incident of alleged abuse that occurred in April of 2010. with 7/17/10.	Steps have been taken to correct violation; full compliance is not verifiable <i>MT</i> Date <u>7/17/10</u> Initials (DPW)

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sherry Sherkey</i>	DATE 7-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura H. [Signature]</i>	DATE 7/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	-On 5/16/10 at 7:30am Resident #1 alleged that Direct Care Staff Member A hit the resident in the face. The incident was reported to Administrator B on 5/16/10 at 8:00am. The incident was not reported to the Department until 5/18/10. -On an unidentified day during the month of April 2010, Resident #1 alleged that Direct Care Staff Member A struck the resident in the face with a wet towel. The incident was not reported to the Department.	6/15/10	All allegations of abuse will be reported to the Department's personal care home regional office within 24 hours as designated by the personal care home regulations. This step is included in our revised abuse policy that is to be followed by the Director and/or Director of Resident Care when any allegation of abuse is made.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/17/10 [Signature] Date Initials (DPW)</p>

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
202 The following procedures are prohibited: (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.	Resident #1 becomes combative with the home's staff 2-3 times per week during care. The Resident has order for Ativan 0.5mg as needed once every 8 hours to treat anxiety. On 5/16/10 at 7:30am Direct Care Staff Member C administered Ativan 0.5mg to Resident #1 because of the resident's combative behavior towards Direct Care Staff Member A.	6-30-10	All staff have been in serviced about the proper administration of medications for the prescribed purpose only and that medications can not be given for the purpose of controlling aggressive behavior. Ongoing this information will be emphasized during any scheduled medication administration training. (Documentation attached)	7/17/10 Date

Steps have been taken to correct violation; full compliance is not verifiable
WJH
 Date 7/17/10
 Initiates (DPW)

8/11/10

The administrator or designee will review a random sample of medication administration records once a month, at a minimum, to review the reason if a prn medication has been administered. *WJH-7/17/10*