





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

ADULT RESIDENTIAL LICENSING

FEB 17 2011

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

Ms. Lisa Sofia, Executive Vice President  
Legacy at Bristol, Inc.  
8301 Roosevelt Boulevard  
Philadelphia, Pennsylvania 19152

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

Dear Ms. Sofia:

As a result of the Department of Public Welfare's licensing inspection on January 3, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

  
Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

Feb. 3, 2011 8:40AM

NAME AND ADDRESS OF PERSONAL CARE HOME LEGACY GARDENS OF BRISTOL, 2022 BATH ROAD BRISTOL, PA 19007		CURRENT LICENSE NUMBER 131081	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011.		REGIONAL REPRESENTATIVE James Jesse Hummel, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Sherry Sturkey Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Sherry Sturkey</i>	DATE 2/1/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>	DATE 2/3/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	The home does not have documentation that staff person A, who was hired on 6/19/10 received orientation in the following: Staff duties and responsibilities during fire drills, emergency evacuation, transportation and at an emergency location, The designated meeting place outside the building or within the fire safe area, Smoking safety procedures, The location and use of fire extinguishers, Smoke detectors and fire alarms, and Telephone use and notification of emergency services.	1/29/11	A checklist has been created (and a copy is attached) for all new hire orientation which includes signatures on documentation, Criminal background and reference checks, physical and TB screening diploma/GED/CNA etc. Upon completion of each item a box will be checked by the hiring staff person Staff person A had the proper orientation training but neglected to sign off on the form. All	<p>Stops have been taken to correct violation; full compliance is not verifiable</p> <p><i>MM</i> Date: 1/29/11 Initials (DPW)</p>

No. 1579 P. 2

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

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NAME AND ADDRESS OF PERSONAL CARE HOME LEGACY GARDENS OF BRISTOL, 2022 BATH ROAD BRISTOL, PA 19007		CURRENT LICENSE NUMBER 131081	
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SIGNATURE OF LEGAL ENTITY <i>Sherry Sturkey</i>	DATE 2/1/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 2/3/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			training forms have been signed and are attached for this employee We've hired no new staff since 1/3/2011.	

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

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NAME AND ADDRESS OF PERSONAL CARE HOME LEGACY GARDENS OF BRISTOL, 2022 BATH ROAD BRISTOL, PA 19007		CURRENT LICENSE NUMBER 131081	
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SIGNATURE OF LEGAL ENTITY <i>Sherry Shurley</i>	DATE 01/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE 2/3/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102). (4) Reporting of reportable incidents	The home does not have documentation that staff person A, hired on 6/19/10 received the required training of the Emergency Medical Plan and Reporting of reportable incidents and conditions within the first 40 working hours.	1/29/11	(A) Checklist (New Hire) from 65a will insure all orientation training is completed and documented. Staff person A had the training necessary within the 40 scheduled working hours but neglected to sign off the training form. All training forms have been signed and are attached for this employee.	Steps have been taken to correct violation; full compliance is not verifiable <i>Sherry</i> Date: 1/23/11 Initials (DPW)

No. 1579 P. 4

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

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SIGNATURE OF LEGAL ENTITY <i>Sherry Sturkey</i>	DATE 2/1/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 2/3/11

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	Department representatives witnessed two paper bags filled with paper products and a cardboard box filled with paper cups leaning against the gas fired furnace. Also located on top of the furnace was a 32oz plastic zip-lock container containing rubber gloves, a stack of paper cups and a black leather case.		<i>Paper products were removed at time of inspection. Ongoing sign has been posted on the Mechanical room door (see photo). Checking this area has been added to the maintenance routine checklist. (a copy is attached) (B,C,D)</i>	<i>2/3/11 CPM</i>

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

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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #1 dated 4/9/10, does not include the residents medication regimen.  The medical evaluation for resident #2 dated 7/28/10, does not include the residents medication regimen.  The medical evaluation for resident #3 dated 8/15/10, does not include the residents medical diagnosis or medical history.	1/29/11	Medication regimens for resident #1 and #2 were included in the resident chart. A copy of each is now attached to the medical evaluation. Resident #3 diagnosis and medical history were in the resident chart and a copy is now attached to the medical evaluation. Ongoing a row has been added to the monthly audit under Resident Medical Evaluation to assure that <u>all</u> information is included or attached to	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date: 2/3/11 Initials (DPW)

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

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			the evaluation form. A copy of the audit form with addition is attached.  Attachments (E, F, G)  There are no new medical evaluations as of January 3, 2011.	

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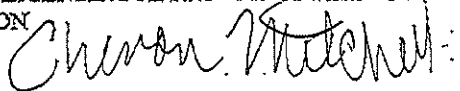
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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183a1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	Resident #4 has a PRN order for Acetaminophen 325mg. On 1/3/11 Department Representatives witnessed the Acetaminophen medication bottle for resident #4. The prescription label on the bottle was changed. Written on the label was "Or at bedtime for sleep." The label was changed by staff person B who is not a pharmacist, physician, physician assistant or a certified registered nurse practitioner.	1/3/11	"See Order Change" labels have been ordered to place on medications to alert staff that an order has been changed until pharmacy can provide a new label for the medication.	Steps have been taken to correct violation; full compliance is not verifiable <i>DPW</i> Date: 2/3/11 Initials (DPW)

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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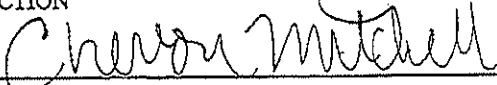
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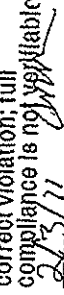
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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	On 1/3/11 Department Representatives witnessed a white oval pill labeled "M 200". The pill was found lying inside the medication administration record binder. Staff person B was not sure what resident the medication may have been prescribed for.	1/3/11	Medication Staff training was held 1/3/11 - sign in sheet attached - on the proper disposal of a dropped medication. Attachment H Pill labeled M200 was destroyed 1-3-11 See Medication Destruction record.	2/3/11 

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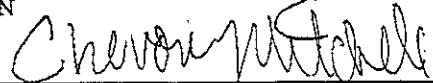
No. 1579 P. 12

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

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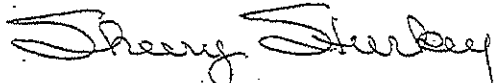

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	On 1/3/11 Department Representatives witnessed resident #2's prescribed medication Senokot 8.6mg was expired. The medication expired on 12/2/10.	1/29/11	This medication had been replaced but the expired medication had not be removed. We have a form to track expired medications by month. Instructions have been added to this form. A line will be drawn through the row only after the expired med is removed from the residents bin. Attachment (I)	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Date 2/3/11 Initials (DPW)</p>

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

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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

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


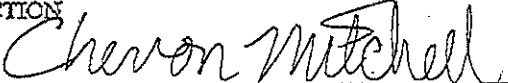
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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #4 has a PRN order for Milk of Magnesia and Polyethylene Glycol Powder. On 1/3/11 the home did not have these medications available for resident #4		Medication staff person on 11-7 pm shift will check prn meds twice weekly and will re-order when 1/4 to 1/3 full.	2/3/11 <i>Over</i>

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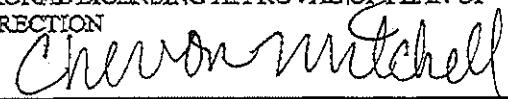
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #3 does not include the diagnosis or purpose for the following medications: Bumetanide Tab 1mg, Tricor 145mg Tab, Namenda 10mg Tab, Simvastatin 10 mg Tab, Aricept Tab 10mg, and Aspirin EC Tab 325mg.	1/4/11	A letter has been delivered to the pharmacist notifying him that <u>all</u> medications must have a diagnosis listed on the label and medication record. A copy of this letter is attached. Ongoing the nurse when signing for delivered meds will check labels for diagnosis. This will also be reviewed when monthly MAR audits are done by the nurse. Attachments: (J, K)	2/3/11 COM

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Feb. 3, 2011 8:42AM

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			MAR (medication record) for resident #3 has been corrected to include diagnosis. See attached.	

No. 1579 P. 15