

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 February 13, 2012 until February 13, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 131080

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

FEB 28 2012

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 December 20, 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,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

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 DATES (Include all dates of the inspection) 12/20/2011		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Sherry Sturkey Executive Director</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-20-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/6/12

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for resident #1, dated 9/3/10, was not signed by the payor.		This contract has now been signed by the payer. Payer was not present on move in day and rarely visits. Ongoing, we have added a section in our "Move In Day" instructions informing residents and families that when the payer is <u>not</u> the resident, payer must be present on Move In to sign the resident / home contract (Signature page ^A and Move In instruction form ^B are attached)	NSC 2/6/12

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

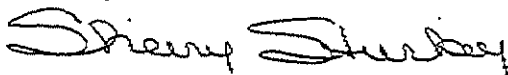
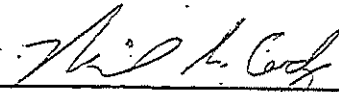
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SIGNATURE OF LEGAL ENTITY <i>Sherry Sturkey</i>	DATE 1-23-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>W. J. Coff</i>	DATE 2/6/12

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
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff A, hired 3/16/10, did not complete the direct care training course and competency test.		In reading the discussion in the ROG regarding Reg. 65d, I believed this employee to be "exempt" as she was hired before April 24, 2006 and had no break in service. I now understand that as she was not hired by Legacy Gardens until March 16, 2010 she should still have taken the Direct Care competency test. This employee has taken and passed her	NSC 2/6/12

M17617 7127 100000

M17617 7127 100000

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

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following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual			test (certificate attached) #C Ongoing the Director will monitor that <u>all</u> persons hired for direct care positions will first pass the competency test unless the person is able to show by certificate that they have passed the test. Director will monitor by a checklist review of new hire records that this has been done (checklist attached) #D	

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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 <i>Sherry Sturkey</i>	DATE 1-23-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil B. Goff</i>	DATE 2/6/12

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
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.				

Jan. 30, 2012 9:03AM

No. 5951 P. 1

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

Jan. 30, 2012 9:03AM

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 <i>Sherry Sturkey</i>	DATE 1-23-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Mark D. Leary</i>	DATE 2/6/12

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
(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

No. 5951 P. 8

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

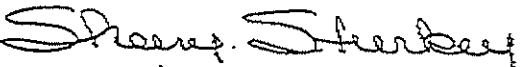

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Sherry Shanley</i>	DATE 1-24-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Theresa L. Coff</i>	DATE 2/6/12

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
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill records for 2011 are rounded to the nearest minute rather than the exact evacuation time. Specifically: January 25, 2011 - 3 minutes, February 22, 2011 - 3 minutes, March 15, 2011 - 5 minutes, April 29, 2011 - 3 minutes, June 29, 2011 - 4 minutes, July 29, 2011 - 4 minutes, and October 27, 2011 - 4 minutes.		Staff responsible for initiating and documenting fire drills at Legacy Gardens have acknowledged understanding the benefit of this regulation (Documentation is attached) "E" The fire drills documented in December and January were timed and recorded in minutes and seconds. When a fire drill is timed at exactly a number of minutes (Example 3mins) we will document this as 3 minutes 0 seconds. Ongoing, we have	Steps have been taken to correct violation; full compliance is not verifiable 2/6/12 Date Initials (DPW) NSC

No. 5951 - P. 11

Jan. 30. 2012 9:03AM

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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	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/25/2011</td><td>01:55 PM</td><td>3m</td><td>No</td></tr> <tr><td>Feb</td><td>02/22/2011</td><td>03:30 PM</td><td>3m</td><td>No</td></tr> <tr><td>Mar</td><td>03/15/2011</td><td>04:35 PM</td><td>5m</td><td>No</td></tr> <tr><td>Apr</td><td>04/29/2011</td><td>11:35 AM</td><td>3m</td><td>No</td></tr> <tr><td>May</td><td>05/20/2011</td><td>04:10 PM</td><td>3m, 45s</td><td>No</td></tr> <tr><td>Jun</td><td>05/29/2011</td><td>06:15 AM</td><td>4m</td><td>No</td></tr> <tr><td>Jul</td><td>07/29/2011</td><td>12:00 PM</td><td>4m</td><td>No</td></tr> <tr><td>Aug</td><td>08/30/2011</td><td>03:25 PM</td><td>3m, 35s</td><td>No</td></tr> <tr><td>Sep</td><td>09/13/2011</td><td>02:00 PM</td><td>2m, 40s</td><td>Yes</td></tr> <tr><td>Oct</td><td>10/27/2011</td><td>05:10 AM</td><td>4m</td><td>No</td></tr> <tr><td>Nov</td><td>11/10/2011</td><td>07:30 PM</td><td>3m, 50s</td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/25/2011	01:55 PM	3m	No	Feb	02/22/2011	03:30 PM	3m	No	Mar	03/15/2011	04:35 PM	5m	No	Apr	04/29/2011	11:35 AM	3m	No	May	05/20/2011	04:10 PM	3m, 45s	No	Jun	05/29/2011	06:15 AM	4m	No	Jul	07/29/2011	12:00 PM	4m	No	Aug	08/30/2011	03:25 PM	3m, 35s	No	Sep	09/13/2011	02:00 PM	2m, 40s	Yes	Oct	10/27/2011	05:10 AM	4m	No	Nov	11/10/2011	07:30 PM	3m, 50s	No	Dec				No		Amended the fire drill log form by adding lines in each month's time block for minutes and seconds. (Amended log form attached) "F"	
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No. 5951 P. 12

Jan. 30. 2012 9:03AM

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 DATES (Include all dates of the inspection) 12/20/2011		REGIONAL REPRESENTATIVE Dong Hoover, Lori Gensil	
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 <i>Sherry Sturkey</i>	DATE 1-24-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil J. Goff</i>	DATE 2/6/12

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
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.	An insulin vial of Levemir 100/ML with an expiration date of 9/11 was partially used however there was no date as to when the vial was opened. A blister package of Lorazepam Tab 0.5 mg., with an expiration date of 12/24/11, was badly damaged. The paper backing was open for all 15 pills remaining and the openings were taped with scotch tape.		Legacy Gardens has re-structured its medication storage system to give added space in order to accommodate residents with many medication blister packs (Photos attached). The controlled substances previously stored in drawers have been moved to a locked file cabinet drawer to allow for more space + to prevent damage to the blister packs. [REDACTED] has unserved all medication staff on the purpose of proper storage of insulin + dating the insulin vial when it is opened. (Insert vice attached)	Steps have been taken to correct violation; full compliance is not verifiable 2/6/12 Date Initiate (DPW)

IMMEDIATELY THE IDENTIFIED MEDICATIONS HAVE BEEN DISCARDED.

MURPHY 7107

C.I. J. I.C.C.C. '08

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

No. 5951 P. 27

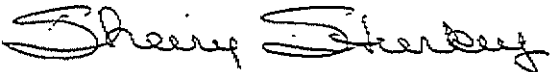
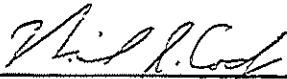
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SIGNATURE OF LEGAL ENTITY <i>Shirley Sturtevant</i>	DATE 1-26-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>William J. Goff</i>	DATE 2/6/12

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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #2, admitted on 7/28/11, has a medical evaluation, dated 7/28/11, that states the resident is unable to move without physical assistance from others. The assessment, dated 8/8/11, states that the resident has difficulty understanding oral directions however is independently mobile with assistive device.		An updated medical evaluation has been obtained for resident [redacted]. The initial med. evaluation was completed by the Rehab doctor and reflected [redacted] condition at that time. Shortly thereafter, [redacted] improved which is accurately reflected in the assessment done 8/8/11. Ongoing, the nurse will check when doing an assessment to be sure the residents abilities are accurately reflected on both documents, or will see that the necessary changes are made. The Director will review new assessments to help monitor for accuracy.	

Steps have been taken to correct violation; full compliance is not verifiable
2/6/12
NCC
Date Initials (DPW)

Jan. 30. 2012 9:05AM

VIOLATION REPORT
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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #1 participated with the support plan, dated 9/8/11, however did not sign the support plan. There is no notation of refusal or inability to sign the support plan.		This too was a matter of educating our new nurse who believed that having the designated person sign in place of the resident, when the resident refused to sign - was sufficient. Ongoing, understanding that the refusal needs to be documented, the support plan has been corrected. (attached) All future refusals will be documented.	Steps have been taken to correct violation; full compliance is not verifiable 2/6/12 Date Initials (DPW) NSC

JAN 30 2012 9:00AM

NO. 2921 P. 35