pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 11, 2013

Ms. Lisa Sofia, 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 (Department) licensing inspection on July 22, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

Christine McHale
Acting Regional Licensing Administrator

Enclosure(s)
Licensing Inspection Summary

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

PCH Name: LEGACY GARDENS OF BRISTOL	License Number: 13108
Address: 2022 BATH ROAD, BRISTOL, PA 19007	County: Bucks
Administrator: Sherry Slurkey	Region: SOUTHEAST
Legal Entity Name: LEGACY AT BRISTOL INC	
Legal Entity Address: 8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152	

Certificate(s) of Occupancy

Staffing Hours

Resident Support: | Total Daily Staff: 26 | Waking Staff: 20

Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

07/22/2013: Scharpf, Amy; Kurtz, Andrea

Off-Site Inspection Dates and Inspectors, If Applicable

Other Details

Partial or Full Triggers: | Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 26

Number of Residents Served: 23

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, If Applicable:

Number of Residents Served in Secured Dementia Care Unit, If applicable:

Number of Current Hospice Residents: 5

Number of Hospice Residents in past year: 7

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 23

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 3

Have a Physical Disability: 3

Violation Report: 13108 - 07/22/2013 - Scharpf, Amy
PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
Resident #1 was placed on hospice services on 5/22/13 due to COPD. On 7/7/13, at approximately 9:30am, Resident #1, who was dependent on a machine for oxygen, suffered an unwitnessed fall in the resident's room. The resident went into respiratory distress and began to turn purple-blue in color. Staff person A, who is trained in first aid and certified in CPR, was with the resident at this time, awaiting emergency medical services. Staff person A willfully withheld CPR for the resident. On 7/22/13, staff person A was interviewed and reported that they were unaware if the resident had a DNR order and withheld initiating CPR because the resident was on hospice. The home did not provide a DNR order to the EMT's and upon their arrival the EMT's initiated CPR. Resident #1 died at the hospital at 10:07am on 7/7/13. The resident's cause of death was intracranial hemorrhage.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A staff meeting was held on August 8, 2013 which addressed the issue of DNR, including staff responsibilities and how to know a resident's DNR status. A sign-in sheet for attendance at the meeting was faxed to Amy Sharpf at DPW. In addition, the attached training sheet (A) was reviewed individually with all staff members by the Director and the Director of Resident Care. Dates are on the training sheets. This training will be added to our Orientation training and to our annual staff training.
The attached information (B) was included in the Emergency packet given to the EMTs. All staff, per this training, are aware it is their responsibility to verbalize the DNR or Full Code status of a resident to the EMTs in an emergency situation.
Staff CPR training is scheduled for September 17, 2013 and this information will be reviewed again at that time. A sign in sheet will be faxed to DPW after that training is completed.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Sherry Sturkey

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sherry Sturkey

Date 8/16/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/21/13 (Date)

The above plan of correction was approved by CM (Initials)

Plan of correction implementation status as of 8/21/13 (Date)

- ☐ Fully Implemented
- ☑ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 13108 - 07/22/2013 - Scharpf, Amy
PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 55 Pa.Code §2600
2600.63(d) - A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with their training, unless the resident has a "do not resuscitate" order.

2a. DESCRIPTION OF VIOLATION
On 7/7/13, at approximately 9:30am, Resident #1, who was dependent on a machine for oxygen, suffered an unwitnessed fall in the resident's room. The resident went into respiratory distress and began to turn purple-blue in color. Staff person A, who is trained in first aid and certified in CPR, was with the resident at this time, awaiting emergency medical treatment personnel. Staff person A failed to render assistance to the resident in accordance with their training. On 7/22/13, staff person A was interviewed and reported that they were unaware if the resident had a DNR order and withheld initiating CPR because the resident was on hospice. The home did not provide a DNR order to the EMT's and upon their arrival the EMT's initiated CPR. The EMT's then transported resident #1 to the hospital, continuing CPR on the way. Resident #1 died at the hospital at 10:07am on 7/7/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A staff meeting was held on August 8, 2013 which addressed the issue of DNR, including staff responsibilities and how to know a resident's DNR status. A sign-in sheet for attendance at the meeting was faxed to Amy Sharpf at DPW. In addition, the attached training sheet (A) was reviewed individually with all staff members by the Director and the Director of Resident Care. Dates are on the training sheets. This training will be added to our Orientation training and to our annual staff training.
The attached information (B) was included in the Emergency packet given to the EMTs. All staff, per this training, are aware it is their responsibility to verbalize the DNR or Full Code status of a resident to the EMTs in an emergency situation.
Staff CPR training is scheduled for September 17, 2013 and this information will be reviewed again at that time. A sign in sheet will be faxed to DPW after that training is completed.

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Signature of Legal Entity Representative (Required on EVERY Page) Sherry Sturkey

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sherry Sturkey Date 8-16-13

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Violation Report: 13108 - 07/22/2013 - Scharpf, Amy
PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
On 7/7/13, Resident #1's medications were initialed by staff as given at 12:00 pm and dinner time. Resident #1 was transported via 911 to the hospital at approximately 9:30 am on 7/7/13 where they were pronounced dead at 10:07 am.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Legacy Gardens had a medication training refresher class (attached- C) for all staff trained to administer medications. This training is a refresher on the steps taught in the medication administration program and on the importance of following procedure. The Refresher course will also be added to our annual training for any staff who administer medications at Legacy Gardens . The training is being reviewed individually with all medication administration staff by the Director and the Director of Resident Care and the dates of training are on the attached sheets. Our quarterly medication observations will help to ensure this violation does not re-occur.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Sherry Sturkey			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Sherry Sturkey	Date	8-16-13	

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Violation Report: 13108 - 07/22/2013 - Scharpf, Amy
PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
The pre-admission screening form for Resident #1, admitted 3/1/13, does not include a determination that the home can meet the service needs of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A checklist has been created by our Director of Resident Care for use by two staff persons to review the Pre-Screening and also the POLST form for every new resident prior to admission. The checklist is now a part of every admission packet. The checklist is attached (D) The Director of Resident Care and the Director have started use of this checklist by reviewing all new admissions from July 2013 to present.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Sherry Sterkey

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sherry Sterkey — Date 8-16-13

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Violation Report: 13108 - 07/22/2013 - Scharpf, Amy
PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 55 Pa.Code §2600
2600.251(b).- The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
Changes were made to Resident #1's medication administration record. These changes were not dated or signed by the staff person who had made the changes.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A training for all direct care staff personnel is attached (E) on the correct procedure for making a change to any resident record if it is necessary, in such a way that the record remains permanent and legible. The training was reviewed individually with all staff by the DRC and Director to insure the information was understood by the staff member. Dates are on the training sheets. This training is now an addition to our annual staff training.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Sherry Sherkey

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sherry Sherkey Date 8-16-13

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