



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JAN 28 2014

Ms. Sherry Sturkey, Executive Director  
Legacy at Bristol, Inc.  
8301 Roosevelt Boulevard  
Philadelphia, Pennsylvania 19152

RE: Legacy Gardens of Bristol  
2022 Bath Road  
Bristol, Pennsylvania 19007  
License #: 131080

Dear Ms. Sturkey:

As a result of the Department of Public Welfare's licensing inspection on November 21, 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 must be maintained.

Your regular license for the period February 13, 2014 to February 13, 2015 was issued on October 26, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping underline.

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary

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

POH Name: LEGACY GARDENS OF BRISTOL		License Number: 131080
Address: 2022 BATH ROAD, BRISTOL, PA 19007		County: Bucks
Administrator: Sherry Sturkey		Region: SOUTHEAST
Legal Entity Name: LEGACY AT BRISTOL INC		
Legal Entity Address: 8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152		
Certificate(s) of Occupancy		
I-2 08/18/2010 Bristol Twp	C-2 LP 12/08/1997 PA Dept. L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 27	Waking Staff: 20
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 11/21/2013: Miller, Chevon		
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: 28 Number of Residents Served: 24 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: 2 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 24 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 13108 - 11/21/2013 - Miller, Chevon  
 PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 55 Pa. Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The previous fire drill observed by a fire safety expert was conducted on 8/21/12. The most recent fire drill observed by a fire safety expert was conducted on 9/19/13.

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.

The fire safety inspection date for 2013(9/19/13) is noted on our maintenance prompt sheet (attached)  
 Ongoing we will be "prompted" to schedule with the fire marshal in advance of this date to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sherry Sturkey*

Printed Name and Title of Legal Entity Representative *Executive Director*  
 (Required on EVERY Page) *Sherry Sturkey* Date *12-3-13*

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

The above plan of correction is approved as of 12/13/13  
 (Date)

Plan of correction Implementation status as of 12/13/13  
 (Date)

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

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

Violation Report: 13106 - 11/21/2013 - Miller, Chevon  
 PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 65 Pa.Code §2600

2600.197(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

-The medication administration record for resident #1 does not include diagnosis or purpose for Lorazepam 0.5mg, Melatonin 1mg and Simvastatin 20mg.

-The medication administration record for resident #2 does not include the diagnosis or purpose for Lorazepam 0.5mg, Polyethylen Glycol 265gm, Furosemide 20mg and IsosorbMN Er-30mg.

-The medication administration record for resident #3 does not include the dosage of 650mg for prescribed medication Acetaminophen, or the diagnosis or purpose for Aspir Low 81mg, Dloven 160mg, Furosemide 20mg, Metformin 500mg, Namenda 10mg and Oxcarbazepine 300mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*in* All diagnosis and purpose for all medications, along with the dosage for Acetaminophen, were added to the MARS on the day of inspection by our pharmacy. (attached)

Ongoing, MARS for the coming month will be checked by the Director of Resident Care and/or Executive Director monthly and as needed (new orders) to be certain all items are included. All new orders will be checked by the D.R.C. for a diagnosis or purpose when the order is received.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Executive Director* Date *12-3-13*

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The above plan of correction is approved as of <u>12/3/13</u> (Date)	Plan of correction implementation status as of <u>12/3/13</u> (Date)
The above plan of correction was approved by <u>OSP</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented