



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 03 2017

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 Human Services' annual licensing inspection on November 3, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 13108 - 11/03/2016 - Kazlmer, Lauren
 PCH Name: Legacy Gardens of Bristol

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The refrigerator in main kitchen did not have a thermomotor on the inside of the refrigerator or freezer.
 The refrigerator in the pantry had a thermomotor on the inside but it was broken and reading 75 degrees fahrenheit.

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 refrigerator in the main kitchen has a digital temperature reading on the face of the refrigerator door. We have purchased new thermometers and have placed one inside the refrigerator and another inside the freezer. A copy of the purchase invoice is attached.

The pantry refrigerator thermometer has been replaced with a new thermometer. Ongoing, our maintenance person has added to his routine checklist - a monthly check of both refrigerators and freezer thermometers for their presence and accuracy. A copy of the maintenance routine checklist with the addition is attached.

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 - Executive Director* Date *11-25-16*

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

The above plan of correction is approved as of *11/30/16* (Date)

Plan of correction implementation status as of *11/30/16* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

Violation Report: 13108 - 11/03/2016 - Kazimer, Lauren
 PCH Name: Legacy Gardens of Bristol

1. REGULATION 55 Pa.Code §2600
 2800.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

A bag of broccoli and a bag of asparagus tips in the main kitchen refrigerator was opened and unsealed with no date on items.

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.

Both vegetables were put into ziploc bags and dated on the day of inspection. Ongoing, we have placed a laminated sign on both freezers reminding staff that ALL opened foods have to be placed in sealed containers and dated.

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 - Executive Director

Date *11-25-16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11/30/16
 (Date)

Plan of correction implementation status as of 11/30/16
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 13108 - 11/03/2016 - Kazlmer, Lauren
 PCH Name: Legacy Gardens of Bristol

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

- Resident # 1 last medical evaluation was completed on 01-18-16, previous completed 12-18-14.
- Resident # 2 last medical evaluation was completed on 08-30-16, previous completed 08-03-15.

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.

Resident # 1

Last medical eval was completed on 1-18-16 the previous was completed and signed on 2-25-15 BUT
 The physician used an evaluation date of 12-18-14 .

Ongoing to prevent this violation from occurring again – In addition to sending the “Applicable Regulations Form along with the Medical Eval (DME) I will attach a note to the physician highlighting the timeframe that the eval must be completed within to be in compliance.

Resident # 2

Last medical eval was completed on 6-30-16, the previous eval was completed on 6-3-15 while he was at the hospital.

On 5-27-15 until 7-8-15 resident # 2 was hospitalized , he was re-evaluated on 7-8-15, new RASP.

I mistakenly sent an evaluation to physician based on the date signed on the DME not the date the resident was evaluated while in the hospital.

Ongoing to prevent this violation from occurring again - I will check the Eval date on the DME NOT the date signed or form completed date. *Starting on 11/23/16*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Pine RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LINDA PINE RN* Date *11/23/16*

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The above plan of correction is approved as of *11/30/16*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of *11/30/16*
 (Date)

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