



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2018

Ms. Lisa Sofia
President /Chief Executive Officer
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. Sofia:

As a result of the Department of Human Services' licensing inspection on November 8, 2017, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 13108 - 11/08/2017 - Thomas, Tahesia
 PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 56 Pa.Code §2600

2600.186(a) - 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.

2a. DESCRIPTION OF VIOLATION

The home has three residents that have been prescribed specific instructions for blood sugar monitoring. However, staff members did not follow the prescribed orders for Resident # 1, # 2, and # 3. In addition, the home does not have a specific policy for blood sugar monitoring. However, on 04/08/16, staff members were trained on diabetes and insulin administration.

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.

Establish a procedure for routinely reviewing and observing the glucose monitoring of our diabetic residents.
 Establish a policy in accordance with these and other safety procedures.
 This policy and procedure was begun on November 19, 2017 and completed November 21, 2017 by ~~Sherry Sturkey~~ (Director of Resident Care) and ~~Sherry Sturkey~~, Executive Director with assistance provided by our corporate office. (P&P attached)
 Educate all staff who administer medication, emphasizing the potentially deadly consequences of not following the procedure. Trainings began on November 9, 2017. This and all subsequent trainings are being documented. (See attached)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sherry Sturkey / Betsy Schmitt RN BSN

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

Sherry Sturkey / Betsy Schmitt RN

Date 12-26-17

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

The above plan of correction is approved as of 12/29/17
 (Date)

Plan of correction implementation status as of 2/22/18
 (Date)

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

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

Violation Report: 13108 - 11/08/2017 - Thomas, Tahesia
 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 11/03/17, Resident # 1's blood sugar result was 134, however it was recorded as 136 in the MAR.

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.

11/9/2017 All brand new glucometers were received for residents #1, #2 and #3.
 All med techs have been re-trained in the proper use of glucose monitoring devices. Documented training is being done weekly for a period of three (3) months. (Attached)
 Ongoing training will occur twice annually - during our diabetic recertification training (March) and annually during a medication administration observation. As a part of the training, it is recommended that all staff do self-checks using the memory function of the glucose monitoring device. (See Glucose Monitoring policy and procedure)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Sherry Sturkey / Betsy Schmitt, RN BSN

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Sherry Sturkey / Betsy Schmitt RN Date 12-26-17

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

The above plan of correction is approved as of 12/27/17 (Date)

Plan of correction implementation status as of 2/22/18 (Date)

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

The above plan of correction was approved by

 (Initials)

Violation Report: 13108 - 11/08/2017 - Thomas, Tahesia

PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident # 1 is ordered blood sugar checks on Mondays, Wednesday and Fridays. On 11/01/17 (BS 110), 11/06/17 (BS 109), and 11/08/17 (BS 110), Resident # 1's blood sugar was entered on the MAR, however the blood sugar results were not found in the glucometer.

- Resident # 2 is ordered blood sugar checks once a week on Tuesdays. On 11/07/17 (BS 200), Resident # 2's blood sugar was entered on the MAR, however the blood sugar results were not found in the glucometer.

- Resident # 3 is ordered blood sugar checks daily with alternating morning and evening readings. On 11/04/17, Resident # 3's blood sugar was not taken.

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.

In addition to the previously referred to trainings on Policy and Procedure for glucose monitoring, and the documented twice yearly ongoing training, the Resident Care Supervisor will do documented weekly glucometer checks on all residents who are prescribed glucose monitoring. These checks will be documented on the resident's MAR and any errors will be reported to the nurse. (See attached documentation.)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherry Sturkey / Betsy Schmitt RN BSN

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


Sherry Sturkey / Betsy Schmitt RN Date 12/26/17

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