



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

December 31, 2018

CERTIFIED MAIL -- RETURN RECEIPT REQUESTED

December 31, 2018

Ms. Lisa Sofia
President/CEO
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's Bureau of Human Services Licensing inspection on August 16, 2018 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,

Patricia Adams
Regional Licensing Director

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600

PCH Name: LEGACY GARDENS OF BRISTOL		License Number: 13108
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 C-2 LP 12/08/1997 CWOPA Dept of L&I		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p align="center">RECEIVED</p> <p align="center">SEP 17 2018</p> <p>By _____</p> </div>
Staffing Hours		
Resident Support: 0	Total Daily Staff: 25	Waking Staff: 19
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/16/2018: Thomas, Tahesia		
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: 0 Number of Hospice Residents in past year: 4	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: 1 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 13108 - 08/16/2018 - Thomas, Tahesla
 PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 66 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (36 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 07/22/18, an allegation of abuse against resident #1 was reported to the home. The home did not report the allegation to the local area agency on aging or the State Department of Aging.

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.

Moving forward, we will follow procedures for filing an abuse report (as described in Regulatory Compliance) "Suspected Resident Abuse Reporting and Investigation Requirements".
 This incident was resolved the same day it was reported. Both parties that were involved found it to be, and were in agreement, that this was a misunderstanding. It was however, reported to our Southeast Regional office due to past history of unfounded allegations by this resident toward other parties (ie: local protective services, her guardian, attorney's and her physicians.
 See Addendum

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sherry Stuber* Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betsy Schmidt RN* Date *9/17/18*

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

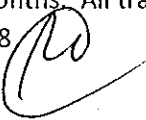
The above plan of correction is approved as of 12/31/18 (Date)

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

Plan of correction implementation status as of 12/31/18 (Date)

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

Staff will be trained on Suspected Resident Abuse Reporting within 30 days receipt of approved plan of correction. In addition, the training will be provided monthly for six months. All training materials and attendance records to be maintained for Department review. 12/31/18

A handwritten signature in black ink, appearing to be the initials 'RW' or similar, written in a cursive style.

Violation Report: 13108 - 08/16/2018 - Thomas, Tahesia
 PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 07/22/18, an allegation of abuse was made against staff person A regarding resident #1. The home did not develop and implement a plan of supervision or suspend staff person A.

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.

Moving forward we will follow procedures for filing an Abuse Report (as described in Regulatory Compliance) "Suspected Resident Abuse Reporting and Investigation Requirements".

The Employee involved (M.H.) in the incident is part-time and was not working at the time the incident was reported. The incident was resolved the day it was reported, when both parties agreed that it was only a misunderstanding. It was resolved before the employee could be suspended and before a plan of supervision could be put in place.

Staff will be trained on Suspected Resident Abuse Reporting within 30 days receipt of approved plan of correction. In addition, the training will be provided monthly for six months. All training materials and attendance records to be maintained for Department review. 12/31/18

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 9-17-18

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

The above plan of correction is approved as of 12/31/18
 (Date)

Plan of correction implementation status as of 12/31/18
 (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 - 08/16/2018 - Thomas, Tahesia
 PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 55 Pa.Code §2600
 2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 07/22/18, an allegation of abuse was made against staff person A regarding resident #1. The home did not submit a plan of supervision or notice of suspension of the staff person to the Department.

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.

Moving forward we will follow procedures for filing an Abuse report (as described in Regulatory Compliance "Suspected Resident Abuse reporting and Investigation Requirements")
 The Employee involved (M.H.) in the incident is part-time and was not working at the time the incident was reported. The incident was resolved the day it was reported, when both parties agreed that it was only a misunderstanding. It was resolved before the employee could be suspended and before a plan of supervision could be put in place.

Staff will be trained on Suspected Resident Abuse Reporting within 30 days receipt of approved plan of correction. In addition, the training will be provided monthly for six months. All training materials and attendance records to be maintained for Department review. 12/31/18

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 *9-17-18*

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

The above plan of correction is approved as of 12/31/18
 (Date)

Plan of correction implementation status as of 12/31/18
 (Date)

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

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