



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 13 2019

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's Bureau of Human Services Licensing annual inspection on November 7, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

POH Name: LEGACY GARDENS OF BRISTOL		License Number: 1310B
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		JAN 21 2019
C-2 LP 06/09/1997 COPAL&I	I-2 08/19/2010 Bristol TWP	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 25	Waking Staff: 19
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/07/2018: Swisher, Michele		
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: 22 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: 8 Number of Hospice Residents In past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 2	

Violation Report: 13108 - 11/07/2018 - Swisher, Michele  
 PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION #5 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person A's annual training from January 2017 to December 2017 did not include the following topics: Instructions on meeting the needs (DME & RASP), Care for residents with dementia & cognitive impairment, and personal care 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.*

The root cause of this violation was that the trainer counted the number of trainings the staff person completed but did not focus on whether all mandatory topics were covered. Immediately and ongoing the 2019 Training schedule and ongoing schedules will include all mandatory training topics in the first half of the year. The nurse (training scheduler) will monitor these trainings to ensure they are completed and documented for all direct care staff by the end of June. Please see attached 2019 Schedule for Direct Care Staff training.

On receiving this POC, Administrator will immediately ensure that staff A completes the required trainings specified in the cited reg. Within 15 days of receiving this POC, Administrator will audit all staff training record; and quarterly thereafter to ensure compliance with the reg. Administrator will develop a checklist to track employee's required training and thus ensure compliance. 2/8/18. A-A.A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) / Betsy Schmidt RN BSN

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) / Betsy Schmidt Date 1-21-2019

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

The above plan of correction is approved as of 2/8/19  
 (Date)

The above plan of correction was approved by A.A.A.  
 (Initials)

Plan of correction implementation status as of 2/8/19  
 (Date)

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

Violation Report: 13108 - 11/07/2018 - Swisher, Michela  
 PCH Name: LEGACY GARDENS OF BRISTOL

**1. REGULATION 55 Pa.Code §2000**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Ancillary staff person B did not receive training in fire safety, resident rights, Older Adults Protective Services Act, and falls and accident prevention, during training year January 2017 to December 2017.

**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.*

As with the previous violation (page 2) this violation occurred due to counting the number of trainings the staff person completed and not focusing on whether the mandatory topics were covered. This year (2019) schedules for training and ongoing annual trainings scheduled will include all mandatory topics in the first half of the year. The nurse (training scheduler) will monitor these trainings to ensure they are completed and documented for all staff by the end of the first half of the year. (Please see attached 2019 training schedule)

Immediately, on receiving this POC, Administrator will ensure that staff person B is scheduled for the required training. Administrator will audit all staff's training record to ensure compliance; and develop a training checklist to track staff's required trainings. 2/8/19

AAA

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Betsy Schmidt RN BSN

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

Betsy Schmidt Date 1-21-2019

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Violation Report: 13108 - 11/07/2018 - Swisher, Michele  
 PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 65 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A bottle of industrial rinse additive, a container of Lysol wipes, a bottle of commercial concentrated dish detergent, a canister of Bar Keeper's Friend cleanser powder, and a bottle of heavy duty commercial degreaser, all with a manufacturer's label indicating "contact poison control if swallowed", were observed unlocked and accessible to residents in the lower cabinets under the counter in the kitchen. Residents of the home, including Resident 1, have not been assessed capable of recognizing and using poisons safely.

A tube of Colgate toothpaste with a manufacturer's label indicating contact poison control if more than used for brushing is swallowed was observed unlocked on the bath room sink in room 7. Residents of the home, including Resident 1, have not been assessed capable of recognizing and using poisons safely.

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 the kitchen, our cook immediately ordered and attached locks to the lower cabinets. Please see attached photos.  
 The resident in room 7 is the only resident at present assessed as being incapable of recognizing and using poisons safely. The toothpaste was immediately removed from her bathroom. It was replaced with Tom's organic toothpaste which has no toxic warnings from the manufacturer. Ongoing, any resident assessed as "unsafe" will have this information highlighted on the personal care service plan, RASP and DME.  
 The family of resident (room 7) has been notified as she provides personal care items for this resident.  
 Administrator will monitor for compliance. AAA

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) / Betsy Schmidt RNBSN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) / Betsy Schmidt Date 1-21-2019

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Violation Report: 13108 - 11/07/2018 - Swisher, Michele  
 PCH Name: LEGACY GARDENS OF BRISTOL

1. REGULATION 56 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The outward facing surface of multiple cabinets and drawers located in the kitchen area have a sticky build of dirt and grease..

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.

Although Legacy Gardens Kitchen is inspected twice annually by the Department of Health and has never been cited for lack of cleanliness, all cabinets and drawers in the kitchen have been cleaned with Zep brand degreaser.

On our dietary cleaning schedule, cabinet doors are to be cleaned daily with a degreaser. This cleaning will be monitored by our lead cook and any "issues" will be reported to the Director. Please see the attached cleaning schedule.

Administrator will continually monitor for compliance. 2/8/19

AAA

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) <i>Sherry Sturkey - Executive Director</i>	Date <i>1-21-19</i>
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Violation Report: 13108 - 11/07/2018 - Swisher, Michele  
 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 2 has an order for weekly glucose checks. The residents glucose check was not done the week of 9/2/18 to 9/8/18 or the week of 9/16/18 to 9/22/18

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.

From September 2018 to present all glucose checks have been completed as prescribed. A summary of current resident procedures prescribed including glucose monitoring, repositioning, nebulizer treatments and eye-drops is posted at the med station for staff to be reminded at a glance. All documentation, of course, will be in the resident MARS. Staff floor supervisor and/or the nurse will monitor compliance of the glucose checks and will document per initials weekly on the MAR.

Immediately on receiving this POC, Administrator will review the Doctor's order for all residents that involves a glucose check/monitor; and ensure that Doctor's orders pertaining to glucose monitor are being followed. Administrator or a designee will provide oversight to staff administering glucose check for next two months; and thereafter continually review the MARS' glucose check documentation weekly to ensure compliance. Documentation of review shall be kept.

2/8/19

A.A.A

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

Sherry Sturkey

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

Sherry Sturkey Executive Director

Date 1-21-19

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