



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to BRISTOL HOUSE MEMORY CARE LLC  
LEGAL ENTITY

To operate BRISTOL HOUSE MEMORY CARE  
NAME OF FACILITY OR AGENCY

Located at 2527 BRISTOL ROAD, WARRINGTON, PA 18976  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 48  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 48**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 6, 2019 until June 6, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144580**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

**NOTE:** This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



June 6, 2019

Mr. Nathan Benoit  
Administrator  
Bristol House Memory Care, LLC  
P.O. Box 564  
Gwynedd, Pennsylvania 19437

RE: Bristol House Memory Care  
2527 Bristol Road  
Warrington, Pennsylvania 18976  
License #: 144580

Dear Mr. Benoit:

As a result of the Department's Bureau of Human Services Licensing inspection on May 6, 2019 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes), a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed violation report were found. All citations specified on the 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.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

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

Mr. Nathan Benoit

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 applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

Jacqueline L. Rowe  
Director

Enclosures  
License  
Violation Report

# Violation Report

## Facility Information

Name: *Bristol House Memory Care*

License Number: *144580*

Address: *2527 Bristol Road, Warrington, PA 18976*

County: *BUCKS*

Region: *SOUTHEAST*

## Administrator

Name: *Nathan Benoit*

Phone: *215-491-1501*

Email: *edir@bristolhousememorycare.com*

## Legal Entity

Name: *Bristol House Memory Care LLC*

Address: *PO Box 564, PA, 19437*

## Certificate(s) of Occupancy

Type: *1-2*

Date:

Issued By:

## Staffing Hours

Resident Support Staff: *6*

Total Daily Staff: *12*

Waking Staff: *9*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Announced*

Reason: *New*

## Inspection Dates and Department Representative

*05/06/2019 - On-Site: Sabrina Freeman*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *48*

Residents Served: *3*

### Secured Dementia Care Unit

In Home: *Yes*

Area: *entire building*

Capacity: *48*

Residents Served: *3*

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *3*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *3*

Have Physical Disability: *0*

*Nathan Benoit*

*5 - 15 - 2019*

41c - Rights Poster

Regulations

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster did not include the resident right to question or refuse a medication if the resident believes there may be a medication error.

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.)

Please see attachment on next page

Administrator or designee will ensure resident rights poster is posted in a conspicuous place in the home and contains all residents' rights including right to refuse a medication. SP 06-04-19

Legal Entity Representative

*Nathan Benoit*

Signature

Nathan Benoit Executive Director 5-15-19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 06-04-19  
(Date)

Plan of correction implementation status as of 06-04-19  
(Date)

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

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

## Bristol House Memory Care Attachment For Page Two

Regulation number	What specific change will be made?	Who will make the change?	When will the change be made?	System implemented to prevent violation to occur again?	What training will be provided to your staff?
2600.41.c.	The resident's rights poster will have the information that the resident can question or refuse medication.	Executive Director	The change was made on 5-7-2019.	We will add that the resident can question or refuse medication on all paperwork and contracts.	The Executive Director will make sure that all staff signs off on new resident's rights poster and explain the topic of resident's rights to question or refuse medication. This will also be a yearly requirement in the meetings that we hold for state training requirements.

*Matthew Belmont*

5-15-2019

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video monitoring throughout the interior and exterior areas that are inaccessible to residents. However, the home does not have signs posted of the video monitoring in these areas.

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.)

Please see attachment on next page

Administrator or designee will ensure resident rights are upheld. Video monitoring signs and posters will be maintained to ensure residents and visitors know home is under surveillance. SP 06-04-19

Legal Entity Representative

*Nathan Benoit*  
Signature

Nathan Benoit Executive Director 5-15-19  
Printed Name and Title Date

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## Bristol House Memory Care Attachment For Page Three

Regulation number	What specific change will be made?	Who will make the change?	When will the change be made?	System implemented to prevent violation to occur again?	What training will be provided to your staff?
2600.42.s.	Bristol House will add signs saying that this building is under video monitoring in interior and exterior areas.	Executive Director	The change was made on 5-7-2019.	Executive Director and Supervisors will make sure that the signs are in place and can be seen.	Executive Director will explain to all staff that these signs can never be taken down or changed. These signs have to be in place because the public and residents need to know that they are being under video watch.

*Anthony Bernini*

5-15-2019

85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash can in the female bathroom by the receptionist desk does not have a lid on the trash can.

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.)

Please see attachment on next page

Administrator or designee will ensure all trash cans in kitchens and bathrooms are covered with lids.

SP 06-04-19

Legal Entity Representative

*Nathan Benoit*  
Signature

Nathan Benoit Executive Director  
Printed Name and Title

5-15-19  
Date

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## Bristol House Memory Care Attachment For Page Four

Regulation number	What specific change will be made?	Who will make the change?	When will the change be made?	System implemented to prevent violation to occur again?	What training will be provided to your staff?
2600.85.d.	Executive Director will add lids to every common area bathroom.	Executive Director	The change was made on 5-7-2019.	Executive Director and Supervisors will make sure that lids are always in place in the common area bathrooms.	Executive Director will explain to all staff members the importance of lids in common area bathrooms. The topic will be how to prevent penetration of insects and rodents.

*Aruldas Bms*

5-15-2019

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom-317.

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.)

Please see attachment on next page

Administrator or designee will ensure all telephones with an outside line have proper emergency phone numbers posted.

SP 06-04-19

Legal Entity Representative

*Nathan Benoit*

Nathan Benoit Executive Director 5-15-19

Signature

Printed Name and Title

Date

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## Bristol House Memory Care Attachment For Page Five

Regulation number	What specific change will be made?	Who will make the change?	When will the change be made?	System implemented to prevent violation to occur again?	What training will be provided to your staff?
2600.91.	All rooms will have emergency telephone numbers posted even if resident's do not have an outside line.	Executive Director	The change was made on 5-7-2019.	Executive Director and Supervisors will make sure that emergency telephone numbers are always posted it and can be seen by resident's.	Executive Director will explain to all staff members on emergency telephone numbers and the importance of why it needs to be in place.

*Matthew Benda*

5-15-2019

96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit at the front desk does not include a thermometer, scissors or eye covering.

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.)

Please see attachment on next page

Administrator or designee will ensure all first aid kits have required items specified in 2600.96a.  
SP 06-04-19

Legal Entity Representative

*Nathan Benoit*

Nathan Benoit Executive Director S-15

Signature

Printed Name and Title

Date

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Bristol House Memory Care Attachment For Page Six

Regulation number	What specific change will be made?	Who will make the change?	When will the change be made?	System implemented to prevent violation to occur again?	What training will be provided to your staff?
2600.96.a.	All first aid kits have been checked and now have nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	Executive Director	The change was made on 5-8-2019.	Executive Director and Supervisors made a checklist of all items in the first aid kit and we will be checking every month. In cases where we would need to use items in first aid kit. The supervisors will replace it in a timely fashion.	Executive Director will explain to all staff members that the first aid kit checklist always needs to have these items. If they see something missing to report it to Executive Director. Also if any item is taken to make sure Executive Director or supervisor is told.

*Matthew Burns*

5-15-2019

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

There are two electrical, metal utility boxes in front of the home that have exposed interiors that are not covered or secured.

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.)

Please see attachment on next page

Administrator or designee will ensure exterior of home is safe and free from hazards.

SP 06-04-19

Legal Entity Representative

	Nathan Benoit Executive Director	5-15-19
Signature	Printed Name and Title	Date

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## Bristol House Memory Care Attachment For Page Seven

Regulation number	What specific change will be made?	Who will make the change?	When will the change be made?	System implemented to prevent violation to occur again?	What training will be provided to your staff?
2600.100.a.	Both electrical, metal utility boxes in front of the home have new covers install.	Maintenance Director	The change was made on 5-8-2019.	Executive Director and Maintenance Director will always check the building grounds daily to make the sure building is free of hazards.	Executive Director and Maintenance Director will always have monthly safety meetings with other departments. They will talk about if they see anything that has to do with safety or items that could be not in good repair or things that are hazard concerns.

*Matthew Davis*

5-15-2019

103f - Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

The refrigerator/freezer compartment in the dining room did not have a thermometer in either.

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.)

Please see attachment on next page

Legal Entity Representative

*Nathan Benoit*  
Signature

Nathan Benoit EXECUTIVE DIRECTOR  
Printed Name and Title

5-15-19  
Date

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## Bristol House Memory Care Attachment For Page Eight

Regulation number	What specific change will be made?	Who will make the change?	When will the change be made?	System implemented to prevent violation to occur again?	What training will be provided to your staff?
2600.103.f.	The refrigerator/freezer compartments both have thermometers in and are check every day.	Executive Director	The change was made on 5-7-2019.	Executive Director and Supervisors have a check list made with a temperature log. This list makes sure that we are always in good standings and to make sure that thermometers are in place.	Executive Director will explain to all staff the requirements for the refrigerator/freezer. Also if they see any issues to report it to Executive Director.

*Matthew Bennett*

5-15-2019

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 5/6/19, the home did not have emergency drinking water onsite.

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.)

Please see attachment on next page

Administrator or designee will ensure a 3 day supply of food and drinking water is on the premises of the home at all times.

SP 06-04-19

Legal Entity Representative

*Nathan Benoit*

Nathan Benoit Executive Director

5-15-2019

Signature

Printed Name and Title

Date

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## Bristol House Memory Care Attachment For Page Nine

Regulation number	What specific change will be made?	Who will make the change?	When will the change be made?	System implemented to prevent violation to occur again?	What training will be provided to your staff?
2600.107.c.	The Water for three day supply has been added to the emergency preparedness supplies onsite.	Executive Director	The change was made on 5-7-2019.	Executive Director and Food Director will always make sure that Water will be added as more residents live at Bristol House Memory Care.	Executive Director and Food Director will explain to all staff where the emergency water is located in building.

*Math Bus*

5-15-2019

123b - Emergency Procedures Posted

Regulations

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 5/6/19, the home's emergency procedures were not posted.

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.)

Please see attachment on next page

Administrator or designee will ensure emergency procedures are posted in a conspicuous place in the home at all times.

SP 06-04-19

Legal Entity Representative

*Nathan Benoit*

Nathan Benoit Executive Director

5-15-2019

Signature

Printed Name and Title

Date

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Bristol House Memory Care Attachment For Page Ten

Regulation number	What specific change will be made?	Who will make the change?	When will the change be made?	System implemented to prevent violation to occur again?	What training will be provided to your staff?
2600.123.b.	The emergency procedures are now posted it and can be seen to the public.	Executive Director	The change was made on 5-7-2019.	Executive Director will make sure that it's always updated and posted it to make sure the public can be able to locate the emergency procedures.	Executive Director will explain to the staff the location where the emergency procedures is and how they can help the public if needs every happen.

*Matthew Bennett*

5-15-2019

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU).

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.)

Please see attachment on next page

Administrator or designee will ensure codes are posted in a conspicuous place near key locking devices.  
SP 06-04-19

Legal Entity Representative

<i>Nathan Benoit</i>	Nathan Benoit	Executive Director	5-15-19
Signature	Printed Name and Title		Date

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## Bristol House Memory Care Attachment For Page Eleven

Regulation number	What specific change will be made?	Who will make the change?	When will the change be made?	System implemented to prevent violation to occur again?	What training will be provided to your staff?
2600.233.c.	The Directions were added to every door that has locking mechanism device.	Executive Director	The change was made on 5-8-2019.	Executive Director will make sure that the directions to the doors will always be in place and in good standing to make sure it's seen for everyone in building.	Executive Director will explain to the staff how to operate the doors and to make sure they also understand that the directions always have to be posted.

*Matthew Bennett*

5-15-2019

233d - Electronic/Magnetic System

Regulations

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

The outdoor gate that perimeters the home and leads to the parking lot is not locked with an electronic or magnetic locking system.

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.)

Please see attachment on next page

Licensing representative onsite 06-03-19 witnessed electronic/magnetic lock on outdoor gate.  
SP 06-04-19

Legal Entity Representative

*Nathan Benoit* Signature      Nathan Benoit Executive Director      5-15-2019 Date

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## Bristol House Memory Care Attachment For Page Twelve

Regulation number	What specific change will be made?	Who will make the change?	When will the change be made?	System implemented to prevent violation to occur again?	What training will be provided to your staff?
2600.233.d.	Bristol House Memory Care has contacted the company that will be installing the gates to be in compliance with this violation.	Red Hawk Fire and Security that has already made are door lock systems.	The change looks like it can take anywhere from three weeks to six weeks.	Executive Director will make sure any door ever added will have the compliance needs meet by state requirements.	Executive Director will explain to all staff that resident's can't use patio walk ways until the repair is done to gates on the outside. Resident still has courtyards that are secured and residents have freedom to go in and out at will. Bristol House Memory Care will post signs to state that patio walk ways can't be use until gates are finish in full.

*Matthew B. Smith*

5-15-2019