



**Sent via e-mail edir@bristolhousememorycare.com
October 29, 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 August 8, 2019 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.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: BRISTOL HOUSE MEMORY CARE

License Number: 14458

Address: 2527 BRISTOL ROAD,, WARRINGTON, PA 18976

County: BUCKS

Region: SOUTHEAST

Administrator

Name: Nathan Benoit

Phone: 2154911501

Email: edir@@bristolhousememorycare.com

Legal Entity

Name: BRISTOL HOUSE MEMORY CARE LLC

Address: PO BOX 564, GWYNEDD VALLEY, PA, 19437

Certificate(s) of Occupancy

Type: I-2

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 14

Waking Staff: 11

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Monitoring

Inspection Dates and Department Representative

08/08/2019 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48

Residents Served: 7

Secured Dementia Care Unit

In Home: Yes

Area: entire home

Capacity: 48

Residents Served: 7

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 0


Are 60 Years of Age or Older: 7

Diagnosed with Mental Illness: 7

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 7

Have Physical Disability: 6

 9-27-2019

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 02/18/2019, for resident #1 was not signed by the resident.

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

Within 30 days receipt of POC, all staff persons involved in the admission's process will be educated on the completion of resident-home contracts including required signatures in accordance with regulation 2600.25(b). Documentation of education will be kept for Department review.

The administrator or designee will review all contracts for current and newly admitted residents to ensure the required signatures have been obtained in accordance with regulation 2600.25(b).

SP 10-26-19

Legal Entity Representative

Nathan Benoit

Signature

Nathan Benoit ED 9-27-19

Printed Name and Title

Date

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The above plan of correction is approved as of

10-26-19

(Date)

Plan of correction implementation status as of

10-26-19

(Date)

The above plan of correction was approved by

SP

(Initials)

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

Nathan Benoit

9-27-19

Bristol House Memory Care attachment for page 2

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.25.b.	Administrator will get the resident to sign the contract for 02/18/2019.	The resident will sign with the Administrator.	The change was made 09/18/2019/	Administrator will read over this violation and make sure that he's trains more on this topic.	Administrator will be reading the 2600.25.b and learning on this topic.

[Handwritten signature]

9-27-19

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

There is no criminal background check for staff person A, whose hire date is 07/23/2019.

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 attached paper

Within 30 days receipt of POC, the administrator or designee shall review the records of all current staff members, including staff person A, to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records for Department review. Home did provide verification on new hire checklist that includes criminal background checks. SP-10-26-19

Legal Entity Representative

[Handwritten Signature]

Signature

Nathan Benoit Ed

Printed Name and Title

9-27-19

Date

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[Handwritten Signature]

9-27-19

Bristol House Memory Care attachment for page 3

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.51	Nursing director will have a checklist to ensure that background checks will be obtained prior to applicant being hired.	Nursing Director	The change was made on 09/18/2019.	Nursing director will have a checklist to ensure that background check will be obtained prior to applicant being hired.	Training on paperwork will be provided to any staff personnel that will be handling human resources paperwork.

Auth M

9-27-19

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person B's employee file does not include a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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



The administrator will develop and implement a system to ensure that all direct care staff meet the educational qualifications specified in 2600.54a before providing any direct care services. Qualifications will be kept in staff records for Department review. Home did verify staff member B has a highschool diploma. Also verified new hire checklist to include qualifications. SP 10-26-19

Legal Entity Representative

[Handwritten Signature]
Signature

Nathan Benoit
Printed Name and Title

9-27-19
Date

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[Handwritten Signature]

9-27-19

Bristol House Memory Care attachment for page 4

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.54.a.	Nursing director will have a checklist to ensure that high school diploma or GED will be obtained prior to applicant being hired.	Nursing Director	The change was made on 09/18/2019.	Nursing director will have a checklist to ensure that high school diploma or GED will be obtained prior to applicant being hired.	Training on paperwork will be provided to any staff personnel that will be handling human resources paperwork.

[Handwritten signature]

9-27-19

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was 07/23/2019 and staff person B whose first day of work was 06/14/2019, did not receive orientation on topics 1 through 7.

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

Administrator or designee will ensure prior to or during first day of work all new employees will be trained in the areas specified in regulation 2600.65a. Home did send in verification general staff orientation checklist now includes all topics specified in 2600.65a. Training records will be kept in employee files and made available for Department review. Staff members A and B to be trained immediately. SP 10-26-19

Legal Entity Representative

[Handwritten Signature]
Signature

Nathan Benoit EI *9-27-19*
Printed Name and Title Date

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- Not Implemented

[Handwritten Signature]

9-27-19

Bristol House Memory Care attachment for page 5

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.65.a.	Nursing director will have a checklist to ensure that general staff orientation will be completed on applicants first day of work.	Nursing Director	The change was made on 09/18/2019.	Nursing director will ensure that general staff orientation will be completed on applicants first day of work.	Training on paperwork will be provided to any staff personnel that will be handling human resources paperwork.

Handwritten signature

1-27-19

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff persons A and B did not complete an orientation training in topics 1 through 4 within 40 scheduled working hours.


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

Administrator or designee will ensure within 40 scheduled working hours new employees will be trained in the areas specified in regulation 2600.65b. Home did send in verification general staff orientation checklist now includes all topics specified in 2600.65b. Training records will be kept in employee files and made available for Department review. Staff members A and B to be trained immediately. SP 10-26-19

Legal Entity Representative


Signature

Nathan Decroix Ed 1-27-19
Printed Name and Title Date

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The above plan of correction was approved by	<i>SP</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	



9-27-19

Bristol House Memory Care attachment for page 6

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.65.b.	Nursing director will have a checklist to ensure that general staff orientation will be completed within the applicants first 40 hours of working for our company.	Nursing Director	The change was made on 09/18/2019.	Nursing director will ensure that general staff orientation will be completed within the applicants first 40 hours of working for our company.	Training on paperwork will be provided to any staff personnel that will be handling human resources paperwork.

[Handwritten signature]

9-27-19

65c - Ancillary Staff Orientation

Regulations

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A, whose first day of work was 07/23/2019, did not have a general orientation to his/her specific job functions.

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

Administrator or designee will ensure ancillary staff persons have a general orientation in the areas specified in regulation 2600.65c prior to working in that capacity. Home did send in verification general staff orientation checklist has been updated. Training records will be kept in employee files and made available for Department review. Staff member A to be trained immediately. SP 10-26-19

Legal Entity Representative


Signature

Nathan Benoit Ed 9-27-19
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)

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- Not Implemented



9-27-19

Bristol House Memory Care attachment for page 7

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.65.c.	Nursing director will have a checklist to ensure that a general staff orientation to their specific job functions description will be given and signed by the employee, director of nursing and the administrator.	Nursing Director and Administrator.	The change was made on 09/18/2019.	Nursing director will have a checklist to ensure that a general staff orientation to their specific job functions description will be given and signed by the employee, director of nursing and the administrator.	Training on paperwork will be provided to any staff personnel that will be handling human resources paperwork.

[Handwritten signature]

9-27-19

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on 06/14/2019, does not have the certificate of completion of direct care staff training course and competency in her employee file.


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

Administrator or designee will ensure only direct care staff persons who complete and pass the Department approved direct care training course and competency test provide unsupervised ADL services. Direct care staff person B to be given training and test immediately. Credentials to be kept in staff records for Department review. SP 10-26-19

Legal Entity Representative


Signature

Nathan Benoit ED 9-27-19
Printed Name and Title Date

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(Date)

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(Date)

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- Not Implemented



9-27-19

Bristol House Memory Care attachment for page 8

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.65.d.	Nursing director will have each employee that will be giving direct care on residents, a training course with certificate upon passing online testing. Each employee will have a copy of certificate in their work file prior to giving care.	Nursing Director and Administrator.	The change was made on 09/18/2019.	Nursing director will have each employee that will be giving direct care on residents, a training course with certificate upon passing online testing. Each employee will have a copy of certificate in their work file prior to giving care. A checklist will be in the employee file to ensure this is completed before beginning work.	Training on paperwork will be provided to any staff personnel that will be handling human resources paperwork.

Marta

9-27-19

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 08/08/2019 at 1:00 pm, the hot water temperature at the bathroom faucet in resident bedroom #317 measured 123.2 degrees Fahrenheit.

Plan of Correction (POC)

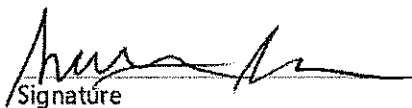
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

PLEASE SEE ATTACHMENT

The administrator or designee shall monitor the water temperature on a weekly basis to ensure the water temperature does not exceed 120°F. Documentation will be kept for Department review. All staff persons will be educated on safe water temperatures and the risk of unsafe water temperatures to residents.

SP 10-26-19

Legal Entity Representative


Signature

Nathan Penoit Ed 9-27-19
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)

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

08/08/2019



9-27-19

Bristol House Memory Care attachment for page 9

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.89.b.	Administrator and the Maintenance Director adjust it the water temperature to 120 Fahrenheit.	The Maintenance Director and Administrator.	The change was made the same day as inspection.	Maintenance Director will keep an updated check on this regulation and make sure that the temperature is always at 120 Fahrenheit.	All Maintenance Staff and Administrator has learned to adjust the temperature should it changed. The Fahrenheit should never exceed 120.



9-27-19

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted in June and July 2019 do not include the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, problems encountered and whether the fire alarm or smoke detector was operative.


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

The administrator will monitor all fire drills and the fire drill record monthly to ensure an unannounced fire drill is conducted at least once a month and is documented in the home's fire drill record which includes the date, time, amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was activated. Home did provide verification of updated fire drill log which captures all aspects of 2600.132c. SP 10-26-19

Legal Entity Representative


Signature

Nathan Beroit ES 9-27-19
Printed Name and Title Date

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(Date)

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(Date)

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- Not Implemented



9-27-19

Bristol House Memory Care attachment for page 10

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.132.c.	Administrator and the Maintenance Director will use the state fire drill document moving forward that has all this information on it.	The Maintenance Director and Administrator.	The change was made the same day as inspection.	Maintenance Director will keep an updated check on this regulation and make sure that all fire drills is done with the right paperwork.	All supervisors will know how to conduct fire drills with the right paperwork.

Justin Brown

9-27-19

185a - Implement Storage Procedures

Regulations

2600.

185.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.

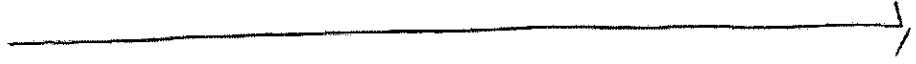
Description of Violation

On 08/08/2019, resident #1's glucometer was not calibrated to correct date and time.

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



The administrator will review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept. Staff will be in-serviced immediately on Glucometer checks, Accu-check readings and documentation. Training to be made available for Department review.
SP 10-26-19

Legal Entity Representative

Signature

Nathan Benoit Ed 9-27-19

Printed Name and Title

Date

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- Not Implemented

9-27-19

Bristol House Memory Care attachment for page 11

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.185.a.	Nursing director will have each glucometer's controls tested when the glucometer is first used, and at least once per week by direct care staff as well as when new test strips are going to be used.	Nursing Director	The change was made on 09/18/2019.	Nursing director will have each glucometer's controls tested when the glucometer is first used, and at least once per week by direct care staff as well as when new test strips are going to be used. A log will be completed to assure that the controls test's are being completed.	Nursing director will show each employee how to properly perform the controls test on each glucometer and how to properly document.

[Handwritten signature]

9-27-19

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated 07/01/2019, does not answer the question of the resident's ability to safely use and avoid poisonous materials.

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

Immediately: The administrator or designated staff person will review all resident records to ensure all residents have a preadmission screening completed, including documentation that the home can meet the needs of the resident, and the Department's preadmission screening form is present in each resident record. Form will be filled out completely. Form to be kept in residents records for Department review.

SP 10-26-19

Legal Entity Representative


Signature

Nathan Benoit Ed 9-27-17
Printed Name and Title Date

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9-27-19

Bristol House Memory Care attachment for page 12

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.224.a.	Nursing director will make sure needs can be met by the resident including proper documentation stating so on each pre admission screening.	Nursing Director	The change was made on 09/18/2019.	Nursing director will make sure needs can be met by the resident including proper documentation stating so on each pre admission screening.	Nursing director will go over each pre admission screening and see that each residents needs are able to be met prior to admission. Including but not limited to safety.



9-27-19

231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2, was admitted to the Secure Dementia Care Unit (SDCU) on 07/11/2019; however her cognitive preadmission screening was completed on 07/01/19.

Resident #3, was admitted to the Secure Dementia Care Unit (SDCU) on 07/31/2019; however her cognitive preadmission screening was completed on 07/24/19.

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

Within 30 days receipt of this POC, the administrator or designated staff person will review all new resident admissions to ensure a written cognitive preadmission screening is completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form for each resident in the SDCU. Admin or designee will ensure within 72 hours prior to admission to the secured dementia care unit prescreen forms are completed within standards of regulation 2600.231c

SP 10-26-19

Legal Entity Representative

[Signature]
Signature

Nathan Bennett Ed 9-27-19
Printed Name and Title Date

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[Signatures]

9-27-19

Bristol House Memory Care attachment for page 13

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.224.a.	Nursing director will make sure a written cognitive preadmission screening will be completed with a collaboration of a physician in order to properly fill out the preadmission screening form. This form will be completed within 72 hours prior to admission to our facility.	Nursing Director	The change was made on 09/18/2019.	Nursing director will make sure a written cognitive preadmission screening will be completed with a collaboration of a physician in order to properly fill out the preadmission screening form. This form will be completed within 72 hours prior to admission to our facility.	Nursing director will go over each pre admission screening and see that each resident's needs are able to be met prior to admission. Including but not limited to safety.



9-27-19

234a - Admission Support Plan

Regulations

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 07/11/2019. However, the resident's initial support plan was completed on 07/15/2019.

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

The administrator or designated staff person will monitor all new resident admissions to ensure all newly admitted residents have a support plan completed in accordance with regulation 2600.234(a). Support Plans to be kept in resident record for Department review.

SP 10-26-19

Legal Entity Representative


Signature

Nathan Bennett 9-27-19
Printed Name and Title Date

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

The above plan of correction is approved as of 10-26-19
(Date)

Plan of correction implementation status as of 10-26-19
(Date)

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

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



9-27-19

Bristol House Memory Care attachment for page 14

Regulation number	What specific changes will be made ?	Who will make the change ?	When will the change be made ?	System implemented to prevent violation from occurring again ?	What training will be provided to your staff ?
2600.224.a.	Nursing director will make sure a support plan will be completed either 72 hours prior to admission or within 72 hours after admission. An admission checklist will be put into place to assure this form is properly done within the time frame allotted.	Nursing Director	The change was made on 09/18/2019.	Nursing director will make sure a support plan will be completed either 72 hours prior to admission or within 72 hours after admission. An admission checklist will be put into place to assure this form is properly done within the time frame allotted.	Nursing director will go over each support plan prior to admission to assure it is complete and accurate to assure the resident's needs are in place.

Handwritten signature

9-27-19