



**Sent via e-mail Isofia@deer-meadows.org
Sent via e-mail [ssturkey@legacygardens.org](mailto:sssturkey@legacygardens.org)
December 2, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 4, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: LEGACY GARDENS OF BRISTOL

License Number: 13108

Address: 2022 BATH ROAD,, BRISTOL, PA 19007

County: BUCKS

Region: SOUTHEAST

Administrator

Name: Sherry Sturkey

Phone: 2157818700

Email: LSOFIA@DEER-MEADOWS.ORG

Legal Entity

Name: LEGACY AT BRISTOL INC

Address: 8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19152

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/08/1997

Issued By: CWOPA

Staffing Hours

Resident Support Staff: 21

Total Daily Staff: 46

Waking Staff: 35

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

11/04/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 26

Residents Served: 21

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 21

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 4

Have Physical Disability: 0

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 is posted in a conspicuous and public place in the home; however, the poster does not include or list the resident right to question or refuse 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.)

The resident rights poster has been replaced and includes the statement "A resident has a right to question or refuse medications if the resident believes there may have been a medication error."

Ongoing this poster will be the one hanging via public place. The old poster has been deleted from the computer and replaced with the current poster. (See photo #41c.)

Home verified resident rights poster was updated. Administrator or designee will ensure poster is always hung in a conspicuous place in the home. SP 12-02-19

Legal Entity Representative

Signature: Sherry Sturkey

Printed Name and Title: Sherry Sturkey, Executive Director

Date: 11-23-19

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The above plan of correction is approved as of 12-02-19 (Date)

Plan of correction implementation status as of 12-02-19 (Date)

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

Plan of correction implementation status: Fully Implemented (checked), Not Implemented

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Bedroom #1 did not have a light bulb in the bedside lamp; nor was there another source of light that could be turned on/off at the bedside.

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 resident in Rm. #1 removed the light bulb we have now placed a tap light in this resident's room on the night stand next to his bed. (see photo 101.j)

Ongoing we will keep the tap light on this resident's night stand as an alternate source of light. (The light bulb in his bedroom light has also been replaced)

Administrator or designated staff person shall check the home at least weekly to ensure all resident beds have an operable bedside lamp or source of lighting that can be turned on/off from bedside. Home did send in photo verification of tap light.

SP 12-02-19

Legal Entity Representative

Sherry Sturkey
Signature

Sherry Sturkey
Executive Director 11-23-19
Printed Name and Title Date

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The above plan of correction is approved as of 12-02-19
(Date)

Plan of correction implementation status as of 12-02-19
(Date)

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

Fully Implemented
 Not Implemented

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

There was no thermometer in the kitchen freezer.

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 thermometer in this freezer had dropped in to the drawer and was under the food. New thermometers have been ordered and will be secured to prevent this from happening again. (See photo 103.f) In addition our "Dietary Temperature Control Chart" Master Sheet now has a reminder to check for our four refrigerator/freezer thermometers and will be checked by the Executive Director when posting each chart for the new month. (See photo marked 103.f-2)

The administrator or designee shall check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Home did provide photo verification a thermometer was placed in the freezer and a temperature chart has been implemented. SP 12-02-19

Legal Entity Representative

Signature *Sherry Sturkey*

Sherry Sturkey
Executive Director
Printed Name and Title

11-23-19
Date

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12-02-19
(Date)

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12-02-19
(Date)

The above plan of correction was approved by

SP
(Initials)

Fully Implemented

Not Implemented

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 11/2/19, at bedtime, resident #11 was administered Milk of Mag and Lorazepam. Resident #1's medication administration record did not include the initials of the staff person that administered the medication.

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.)

On 11/2/2019 at bedtime, Resident #11a was administered milk of magnesium and lorazepam. The med tech who forgot to initial this administration was immediately identified and counseled about the imperativeness of the issue. She realized her mistake. Ongoing there is an inservice scheduled for all staff on the Importance of Documentation. This inservice will now be the inservice for December in the coming year as well. (Please see copies marked 187.b (1 & 2))

In addition the floor supervisor will check at least weekly that MARs are properly signed. She will report any missed signatures to the R.N.

A designated staff person qualified to administer medications will review all resident MARs at least weekly to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews and staff in-service will be kept for Department review. SP 12-02-19

Legal Entity Representative

Signature *Sherry Sturkey*

Sherry Sturkey
Executive Director
Printed Name and Title

11-23-19
Date

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