

Department of Human Services
Bureau of Human Service Licensing

October 29, 2022

[REDACTED]
LEGACY AT BRISTOL INC
8301 ROOSEVELT BOULEVARD
PHILADELPHIA, PA, 19152

RE: LEGACY GARDENS OF BRISTOL
2022 BATH ROAD
BRISTOL, PA, 19007
LICENSE/COC#: 13108

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *LEGACY GARDENS OF BRISTOL* License #: *13108* License Expiration: *02/13/2022*
Address: *2022 BATH ROAD, BRISTOL, PA 19007*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *LEGACY AT BRISTOL INC*
Address: *8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19152*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/08/1997* Issued By: *Commonwealth of PA, L&I*
Type: *I-2* Date: *08/18/2010* Issued By: *Bristol Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/16/2021*

Inspection Dates and Department Representative

07/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *23*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *23*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

07/16/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2021*

11/01/2021 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2021

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/04/2021

10/29/2022 - Document Submission

Submitted: [REDACTED]

Date Submitted: 10/25/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home houses multiple gas fired HVAC units in mechanical closets throughout the home. Per the Care Facility Carbon Monoxide Alarms Standards Act of Jun. 23, 2016; Carbon Monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. Several of these closets on the main floor were not in proximity of a carbon monoxide alarm.

POC Submission

Accept

This violation was corrected at the time of inspection when our maintenance person purchased and installed the recommended two additional CO2 alarms.

Licensee's Proposed Overall Completion Date: 07/16/2021

Document Submission

Implemented [redacted] - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 10/25/2022

25b - Contract Signatures

2. Requirements

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 [redacted] for resident #1 was not signed by the resident.

POC Submission

Accept

The lease agreement was not signed by the resident (#1) as the resident was unable to sign due [redacted] secondary to her diagnosis of [redacted]. The lease agreement was signed however by [redacted] designee ([redacted]). We have now amended the lease agreement signing page to read Resident Mark or Designee (if resident is unable to sign).

Licensee's Proposed Overall Completion Date: 07/20/2021

Document Submission

Implemented [redacted] - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 10/25/2022

51 - Criminal Background Check

3. Requirements

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

Staff person A's date of hire is [redacted], staff person A's criminal background check request was not completed until [redacted]. The Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) requires the home to

51 - Criminal Background Check (continued)

determine if the applicant has held permanent residency in a state other than Pennsylvania within the past two years and request the appropriate criminal background checks from the Pennsylvania State Police and FBI on or before the first day of work.

POC Submission

Accept

Staff person (A) date of hire was [redacted] first day of work was an orientation day with supervision by the former Maintenance person on [redacted]. The Director has amended our New Hire Checklist form by highlighting the words "before applicant will be accepted" and highlighting the "Criminal History Background Check" as well. This amended form has replaced the previous form in our New Hire packets.

Licensee's Proposed Overall Completion Date: 07/23/2021

Document Submission

Implemented [redacted] 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 10/25/2022

54a - Direct Care Staff

4. Requirements

2600.

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

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

POC Submission

Accept

Staff person B was hired [redacted] at a time when staff shortages were prevalent. [redacted] was a senior in high school and would graduate in M [redacted]. At the time of graduation, there was a delay in receiving [redacted] diploma due to Covid restrictions. [redacted] graduated..

In the RCG under Educational requirements, homes are allowed to hire a person who has documentation that they are in a program and should receive their GED diploma within 6 months. Due to the staffing shortage and knowing the staff person would be graduating within 6 months, we hired this person.

Ongoing, the situation is improving and we will be able to obtain a diploma at the time of hire, as we have always done.

Licensee's Proposed Overall Completion Date: 09/13/2021

Document Submission

Implemented [redacted] - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 10/25/2022

89b - Hot Water Temperature

5. Requirements

2600.

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

89b - Hot Water Temperature (continued)

Description of Violation

On 07/16/21, at 4:09 pm, the hot water temperature at the bathroom sink in room [redacted] measured 123.3 degrees Fahrenheit and at 5:10 pm it measured 129.6 degrees Fahrenheit.

POC Submission

Accept

On July 19th, 2021 our maintenance person tested the water in Room [redacted] using our thermometer(the one used by the licensing inspector) and got a reading of 117.7 in the morning and afternoon reading was 114.5. Water temps are randomly selected and tested every month and recorded. Although the temps have been in range, the maintenance person checked and adjusted the water heater gauge down from 120 degrees to 117 degrees.

Licensee's Proposed Overall Completion Date: 09/17/2021

Document Submission

Implemented ([redacted] 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 10/25/2022

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed and submitted to the local emergency management agency since 05/09/19. In that time the home has updated infection control procedures due to Covid 19, had multiple turnovers in staff and residents and replaced the roof of the building at a minimum.

POC Submission

Accept

While attempting an immediate correction for this violation, I emailed our Emergency Operations Plan to our local Fire Marshal and Emergency Management Director, Kevin Dippolito. In doing this I discovered that on November 12, 2020 I did indeed send our EOP to him for review by email. I am attaching the emails from that time period as well as the current review. Ongoing we will continue to send our EOP annually either in person, by email or regular mail.

Licensee's Proposed Overall Completion Date: 07/27/2021

Document Submission

Implemented ([redacted] 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 10/25/2022

141b1 - Annual Medical Evaluation

7. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted]. The resident's record did not contain documentation from the resident's physician stating this delay was approved.

POC Submission

Accept

Resident #1's most recent medical eval. was completed on [redacted]. This residents previous medical eval. was

141b1 - Annual Medical Evaluation (continued)

completed on [REDACTED]. The resident's record did not contain documentation from the resident's physician stating this delay was approved. [REDACTED] plan was immediately corrected.

Resident #1 med. eval. was sent to [REDACTED] two weeks prior to the annual due date. The med. eval. was never faxed back to the home. During the Covid outbreak, audits of our charts were very much delayed, as administration, including our director and nurse, had to be out working on the floor for resident care, as staff were leaving us stranded left and right. Unfortunately, some administrative things suffered as a result. We do realize the importance of this regulation, that if a resident has any changes, during the annual physical they will be documented. It is the responsibility of the nurse that [REDACTED] monitor the chart on a weekly basis, so as not to miss any forthcoming dates. Please find the current year med. eval & corresponding RASP for dates due, ensuring residents needs can be met by January 1st, 2022. We will have no outstanding med evals. or RASPS overdue.

Licensee's Proposed Overall Completion Date: 01/02/2022

Document Submission

Implemented [REDACTED] - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 10/25/2022

185a - Implement Storage Procedures

8. Requirements

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 07/16/21, Licensing Representative observed the medication closet opened and unattended. Licensing Representative asked the home's administrator to observe the unattended medication closet and we watched staff person C return from administering medications to a resident. Administrator understood this was going to be cited as a violation.

Resident #2 is prescribed [REDACTED] - [REDACTED] as needed [REDACTED] as needed. On [REDACTED], this medication was not available in the home.

POC Submission

Accept

Staff C, nurse on [REDACTED] was administering meds to a resident located 21 feet away. The nurse could actually observe the med cabinet by leaning forward. There were actually 3 other staff members in closer proximity to the cabinet as well, one of them being the director. We are all trained about the importance of a locked med cabinet, especially around neuro-cognitively impaired residents. Please note that our narcotics are locked up within the open doors to the med cabinet and although the outside doors were open, there was no access to any narcotics. Going forward the doors to the med cabinet will remain locked unless a qualified med staff is standing right at the station. The plan was immediately implemented and will be monitored by any med tech on a daily basis for 60 days. Med techs will sign beginning of shift, mid-day, and end of shift that the med doors have been locked consistently unless a med tech is standing within the station. The med tech will ensure locking of doors each time she walks away as she can carry a small tray with only what she needs so she will be able to lock the med door each time.

Licensee's Proposed Overall Completion Date: 09/17/2021

Document Submission

Implemented [REDACTED] - 10/29/2022)

See attached.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 10/25/2022

187b - Date/Time of Medication Admin.

9. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed the following medications:

[Redacted]

Resident #3's [Redacted] medication administration record does not include the initials of the staff person who administered the [Redacted]

Resident #3's [Redacted] medication administration record does not include the initials of the staff person who administered the [Redacted]

[Redacted]

Repeat Violation: 11/04/2019

POC Submission

Accept

Resident #2

Order reads [Redacted]

Not documented that [Redacted], when in fact the resident often [Redacted] but it was not documented as such. It will be the responsibility of the registered nurse in the future to check MARS daily to ensure all documentation is appropriately signed for. If not the med tech that is responsible for giving meds that day will be consulted and the issue will be rectified at that time.

This problem was tended to immediately, and ongoing this will be an added daily task for the Registered Nurse. All med techs will be in-serviced immediately on Documentation and again at 6 months and yearly. Presently there are no holes in the current MARS.

Resident #2

Order [Redacted]

[Redacted]. This order was carried out, but tech giving meds at [Redacted] failed to sign out the med as ordered, so it appeared the med was not given.

It will be the responsibility of the RN to perform daily audits on the MARS to ensure all documentation is complete.. All med techs will be in-serviced immediately on Documentation and again at six months and yearly. Presently there are no holes in the current MARS. (See attachment A)

Licensee's Proposed Overall Completion Date: 07/22/2021

Document Submission

Implemented [Redacted] - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 10/25/2022

187d - Follow Prescriber's Orders

10. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [redacted] However, this medication was not administered to resident in [redacted] because the MAR is marked that the medication is included in the resident's pill pack.

Resident #3 is prescribed [redacted]. However, [redacted], at the time of the medication audit, this medication was not available in the home.

POC Submission

Accept

Resident #3

Order says [redacted]

Documented that it was given, but not available in facility. [redacted] had run out, and facility was awaiting a refill of [redacted] This will be the responsibility of the Registered Nurse to perform daily audits of the MARS to ensure all document is complete. All med techs were in-serviced immediately about the importance of documentation and will be again at 6 months and yearly. Given the magnitude of this Plan of correction, the facility has amended our Documentation for Med Techs In-service to be reviewed at intervals of 6 months and yearly, along with our Mandatory Training schedule. Please see attached materials (B,C,D)

Licensee's Proposed Overall Completion Date: 10/07/2021

Document Submission

Implemented [redacted] - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 10/25/2022

225c - Additional Assessment

11. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment was completed on [redacted]

POC Submission

Accept

Resident #1 Med. eval. was completed on [redacted]. A new med. eval was completed and sent to the resident's doctor, with multiple phone calls, to fill in the evaluation date and any changes necessary, two weeks prior to the due date. During the covid pandemic, both the administrator and the nurse had to leave the office and attend to the residents on the floor because, as I am sure you are aware, staffing at this time was a nightmare. We had sick staff, staff that abandoned the residents and went home out of fear. We hired staff and they wouldn't show up. Though this is not the answer you are looking for, it was the reality of the times and what we were dealing with. This was truly a learning experience and we are still learning and adapting to the after effects.

225c - Additional Assessment (continued)

We are only asking you to keep these things in your mind as you consider our plan of corrections as sufficient. Resident #1's med eval was never returned to us because we were not in the office to monitor documentation at the time.

Going forward the administrator and the nurse and possibly a third person such as the floor supervisor will monitor on a daily basis and refer to our chart as to when the Med Evals are due by the month and due dates of both the med eval and the RASP for each month. The med evals will be sent to the doctor two weeks prior to the due date and the RASP will be completed at the time the med eval is returned.

Licensee's Proposed Overall Completion Date: 09/17/2021

Document Submission

Implemented [REDACTED] - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 10/25/2022