Department of Human Services
Bureau of Human Service Licensing

September 30, 2021

[redacted] OWNER
BRISTOL HOUSE MEMORY CARE LLC
PO BOX 564
GWYNEDD VALLEY, PA 19437

RE: BRISTOL HOUSE MEMORY CARE
2527 BRISTOL ROAD
WARRINGTON, PA, 18976
LICENSE/COC#: 14458

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

September 13, 2021

[redacted] OWNER
BRISTOL HOUSE MEMORY CARE LLC
PO BOX 564
GWYNEDD VALLEY, PA 19437

RE: BRISTOL HOUSE MEMORY CARE
2527 BRISTOL ROAD
WARRINGTON, PA, 18976
LICENSE/COC#: 14458

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/03/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BRISTOL HOUSE MEMORY CARE* **Licen e #**: *14458* **Licen e Expiration Date**: *11/11/2021*
Addre : *2527 BRISTOL ROAD, WARRINGTON, PA 18976*
County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *267-664-4330* **Email**: [redacted]

Legal Entity

Name: *BRISTOL HOUSE MEMORY CARE LLC*
Address: *PO BOX 564, GWYNEDD VALLEY, PA, 19437*
Phone: *2154911501* **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *48* **Waking Staff**: *36*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Rea on: *Monitoring* **Exit Conference Date**: *08/03/2021*

Inspection Dates and Department Representative

08/03/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *24*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care building* **Capacity**: *48* **Residents Served**: *24*

Hospice

Current Re ident : *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *24*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *24* **Have Physical Disability**: *24*

Inspections / Reviews

08/03/2021 - Partial

Lead In pector: [redacted] **Follow Up Type:** *POC Submission* **Follow-Up Date:** *09/09/2021*

9/13/2021 POC Submi ion

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/27/2021*

9/30/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #5, a hospice resident died in the home on [redacted]. As of 8/3/21, the home did not report this incident to the department.

Resident #6, died in the home on [redacted]. As of 8/3/21, the home did not report this incident to the department.

Plan of Correction **Directed**

Executive Director and Nursing Director will make sure all incident reports are done in the timing matter and is report by email and fax machine. We will also have a blinder for Incident reports. We also will go over this topic with all staff too and to make sure they are aware.

DPOC - 09-13-2021 - SP
Within 5 business days of receipt of this POC, the administrator shall train staff on written incident reporting policy. Documentation of the policy and staff training shall be provided to the Department for review within 10 business days of receipt of this POC.

Completion Date:

Document Submission **Implemented**

Executive Director trained supervisors on the policy for reporting and had them sign training paperwork on 9-21-21.

41c - Rights Poster

1. Requirements

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 not posted in a conspicuous and public place in the home.

Plan of Correction **Accept**

Executive Director and Resident Care Supervisor will look at the resident right poster once a week to ensure this is up.

Completion Date: *09/08/2021*

Document Submission **Implemented**

n/a

51 - Criminal Background Check

1. 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).

51 - Criminal Background Check *(continued)*

Description of Violation

Staff person A, an out-of-state staff member, was hired [redacted]. As of 8/3/21, the home did not complete a federal background check on staff person A.

Plan of Correction **Directed**

Executive Director will make sure that hiring manger understands that any out of state worker is to get a federal background check done. Also we did run staff person A background check. But also moving forward Executive Director and Hiring Manger will check files once a month to ensure these topics are meaning held to the requirement of the state.

DPOC - 09-13-2021 - SP
Within 10 business days of receipt of this POC, the administrator shall audit all staff member criminal background checks to ensure compliance. Within 15 business days, the administrator will develop a policy on checking criminal history checks in compliance with regulation 2600.51. Policy should include method to audit compliance on an on-going basis. Documentation of the policy shall be provided to the Department for review within 15 business days of receipt of this POC.

Completion Date:

Document Submission **Implemented**

Executive Director train supervisors on this policy on 9-21-21. Also Executive Director will audit all new hire paperwork before worker starts. Also check once a month to ensure no errors has happen. Also once a month to go over this with all supervisors as a reminder.

54a - Direct Care Staff

1. **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

Staff person B was hired [redacted]. The home did not provide documentation that staff person B has a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction **Directed**

Executive Director will be checking all employee records once a month with hiring manger to ensure this is being done correctly. Also explain to hiring manger to never let a worker step on the floor without these items in employee records.

DPOC - 09-13-2021 -SP
n addition, home will also ensure staff person B meets the qualifications on 2600.54a. Within 5 business days of receipt of this POC, the administrator shall audit and document that all direct care staff members meet specified qualifications. Documentation of the audit shall be provided to the Department for review within 15 business days of receipt of this POC.

Completion Date: *09/09/2021*

54a - Direct Care Staff *(continued)*

Document Submission **Implemented**

Executive Director and Office Manger did audit on employee files on 9-22-21. Also look at staff person B and added [redacted] Documentation to [redacted] file. Also Executive Director will be checking staff files before they start work and once a month with office manger.

63a - First Aid/CPR Training

1. **Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 8/3/21, the home did not have staff certified in first aid on the 2nd shift, 3-11 or the 3rd shift, 11-7. There was no staff certified during these shifts to provide first aid coverage for 24 residents.

Plan of Correction **Accept**

Executive is working with a company to ensure that all med techs and nurses get their CPR/First Aid. The company is coming out on 9-17-2021 for the class. Due to covid they have been back up. Also Executive director will be mentoring this with hiring manger once a month to make sure we meet the requirement of the state to have someone here at all times with cpr/ first aid.

Completion Date: *09/17/2021*

Document Submission **Implemented**

n/a

65a - FS Orientation 1st Day

1. **Requirements**

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 and B, did not receive orientation on the following topics:

- *evacuation procedures*
- *staff duties and responsibilities during fire drills*
- *designated meeting place outside/interior fire safe area*
- *location and use of fire extinguishers*
- *telephone use and notification of emergency services.*

Additionally, staff person B did not receive training in the use of smoke detectors and fire alarms.

65a - FS Orientation 1st Day *(continued)*

Plan of Correction **Directed**

Executive Director and Hiring Manger will check all records before they step on the work floor and once a month to ensure this doesn't happen. Also to make sure all paperwork is in the file and there.
DPOC - 09-13-2021 -SP
Within 5 business days of receipt of this POC, the administrator shall audit and document that all direct care staff members have received 1st day orientation on topics covered in regulation 2600.65a. Documentation of the audit shall be provided to the Department for review within 15 business days of receipt of this POC. Training to be kept in staff records and made available for Department review

Completion Date:

Document Submission **Implemented**

Executive Director did audit with office manger and train all staff members that didn't have first day training on these topics. Also Administrator will make sure moving forward this paperwork is added to new hire class and will check once a month to make sure this is being follow.

66a - Staff Training Plan

1. **Requirements**

2600.
66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2021.

Plan of Correction **Accept**

Executive Director and Nursing Director will make a plan for 2021 and 2022. Also make sure we are mentoring this every month and to ensure these items are always updated.

Completion Date: *09/09/2021*

Document Submission **Implemented**

n/a

85a - Sanitary Conditions

1. **Requirements**

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

- *On 8/3/21, resident #1 was observed urinating in the hallway. Resident #1's bedroom door was locked, and the community bathroom in the hallway was also locked. Resident #1 did not have access to a bathroom.*

Plan of Correction **Accept**

Executive Director and Nursing Director will mentoring the rooms to ensure they aren't lock and also we train staff on these topic. We will also check once a month on spot checks to ensure that staff is keeping up with this.

Completion Date: *09/09/2021*

Document Submission **Implemented**

n/a

101i - Access to Bedroom

1. Requirements

2600.

101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On 8/3/21, resident #1 was denied access to their bedroom. Resident #1's bedroom door was locked. Resident #1 was observed urinating in the hallway by a bedroom door.

Plan of Correction **Accept**

Executive Director and Nursing Director will make sure all residents doors are unlock unless the resident is able to ock his or her door on their own. In this case the resident will have his or her own keys. We train staff on this topic and will do random checks through out the month.

Completion Date: *09/09/2021*

Document Submission **Implemented**

n/a

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

The bathrooms in bedroom [redacted] and [redacted] did not have soap at the sink.

Plan of Correction **Accept**

Executive Director and Nursing Director will make sure that their cabinets have soap. As discussed with state official that this is a memory care community and soap out is consider a loose chemical. We can't put it out near the sink. All chemicals have to be lock up.

Completion Date: *09/09/2021*

Document Submission **Implemented**

n/a

123b - Emergency Procedures Posted

1. Requirements

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

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction **Accept**

Executive Director and Resident Care Supervisor has posted the Emergency Procedures and will check once a month to ensure this is up. Executive Director will also move all the posed requirements to a other location. Since this is a memory care community and residents take these items down.

Completion Date: *09/09/2021*

123b - Emergency Procedures Posted *(continued)*

Document Submission **Implemented**

n/a

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 8/3/21 was not posted in a conspicuous place in the facility.

Plan of Correction **Accept**

Executive Director and Dining Supervisor will make Sure all menus are posted and will check this once a month. Also will train all staff on this topic because the residents do take the posting down. So if they see it to make sure they let us know too.

Completion Date: *09/09/2021*

Document Submission **Implemented**

n/a

185a - Implement Storage Procedures

1. 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

Resident #4 is prescribed 500mg of Acetaminophen and 20mg of Furosemide as needed. However, on 8/3/21, the medication was not on the med-cart and unavailable in the home.

Plan of Correction **Accept**

Executive Director and Nursing Director will do cart audits once a month. Also we trained med techs and LPN's on this topic too. We did get the medication that day since the family just didn't bring it in on time. We also switch that family to our pharmacy to make this a lot easier.

Completion Date: *09/09/2021*

Document Submission **Implemented**

n/a

252 Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident’s record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.

252 - Record Content *(continued)*

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident s physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.

Description of Violation

Resident #5 and 6's record does not include a copy of the reportable incident documenting their death or a copy of the official death certificate.

Plan of Correction **Accept**

Executive Director and Nursing Director will mentoring this once a month. Also both have a better understanding on reportable being place in a blinder. So we always will have it moving forward. Also how to email it and fax it.

Completion Date: *09/09/2021*

Document Submission **Implemented**

n/a