



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
March 2, 2022

[REDACTED]
[REDACTED]
Bristol House Memory Care, LLC
[REDACTED]
[REDACTED]

RE: Bristol House Memory Care
2527 Bristol Road
Warrington, Pennsylvania 18976
License #: 14458

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 13, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

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

Administrator

Name: [REDACTED] Phone: *1 267-664-4330* Email: [REDACTED]

Legal Entity

Name: *BRISTOL HOUSE MEMORY CARE LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *03/19/2019* Issued By: *Warrington Twp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *60* Waking Staff: *45*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal,Provisional* Exit Conference Date: *10/13/2021*

Inspection Dates and Department Representative

10/13/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *30*

Secured Dementia Care Unit

In Home: *Yes* Area: *whole PCH* Capacity: *48* Residents Served: *30*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* Have Physical Disability: *1*

Inspections / Reviews

10/13/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/11/2021*

Inspections / Reviews (*continued*)

11/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/20/2021*

11/23/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/01/2021*

60a - Staff/Support Plan

1. Requirements

2600.

- 60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 10/2/21, between the shift of 7:00pm-7:00am, The home did not have a qualified medication administrator scheduled to administer residents' medications per their RASP.

Plan of Correction

Accept

Executive Director and Nursing Director will ensure that there will be a qualified medication administrator by looking at the schedule before posting. We will also be looking at the medication administrator binder of the building to ensure that the workers file is in place and updated to the standards of Bristol House and State requirements. The Executive Director will scan all med tech paperwork to a scan file to ensure paperwork doesn't go missing. Nursing Director will also do audits on the med tech binder to make sure its in good standards to what Bristol House and State requirements needs. The Resident Care Director will be in charge of posting the schedule a month in advance. The Executive Director and Nursing Director will work with Resident Care Director and reviewed the schedule once a week. We use internet base app call stack to post schedule and to fill any wholes that are needed. Resident Care Director is in charge of call off's, no call no show workers, and leave employees. Bristol House is also added to the roster a other Resident Care supervisor that covers shifts too. So there will be one for days and nights.

Completion Date: 11/18/2021

Licensee's Proposed Date of POC Implementation Implemented 3/2/22 *CM*

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 10/13/21, the outgoing landline telephone at the nurse's station in the Gold Finch hallway was not operable.

Plan of Correction

Accept

Executive Director has added brand new telephones to the areas of Gold Finch and they are operable. Executive Director trained staff on what to do if the landline telephones don't work and who to report this issue to in a timely manner. Executive Director will test the phones each month.

Completion Date: 11/09/2021

Licensee's Proposed Date of POC Implementation Implemented 3/2/22 *CM*

103c - Food Protected

1. Requirements

2600.

- 103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 10/13/21 at 2:30pm a partially opened uncovered vanilla yogurt was present in the home's refrigerator.

103c - Food Protected (continued)

Plan of Correction**Accept**

Executive Director and an outsource trainer that is a master chef trained all Kitchen staff at Bristol House on topics related to food protection and the importance of making sure all food is protected and never uncovered. Executive Director and Chef will ensure that this is being monitored day by day.

Completion Date: 11/09/2021 Licensee's Proposed Date of POC Implementation Implemented 3/2/22 CM

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

Two unlabeled, undated sandwiches were discovered in the home's refrigerator.

Plan of Correction**Accept**

Executive Director and outsource trainer that is a master chef trained all kitchen staff at Bristol House on these topics. We discuss the importance of labeling everything in the kitchen and the state requirements on this topic. Executive Director and Chef labeled everything and it is updated. Executive Director and Chef will monitor this on shipment dates moving forward to ensure everything is getting label. Also monitoring the open food to ensure there is labels on it also.

Completion Date: 11/09/2021 Licensee's Proposed Date of POC Implementation Implemented 3/2/22 CM

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident 1, admitted on [REDACTED] 21, was evaluated by a physician on [REDACTED] /2021. No subsequent evaluation was completed.

Plan of Correction**Accept**

Executive Director and Nursing Director will be monitoring that evaluations are getting done 60 days prior or 30 days after an admission. When a new move in comes to Bristol House the Nursing Director will make sure that everything that needs to be done on the checklist is scanned and sent to the Executive Director. Also to keep it in the residents file. Executive Director will also have [REDACTED] own checklist for each new resident and monitoring it to ensure everything the state requires is getting done. Evaluation has been completed for Resident 1. Bristol House has also audited all of the current residents as well.

Completion Date: 11/18/2021 Licensee's Proposed Date of POC Implementation Implemented 3/2/22 CM

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (*continued*)

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1's medical evaluation did not include list of medication prescribed.

Resident 2's medical evaluation did not include medical diagnoses nor a medication list.

Plan of Correction**Accept**

Executive Director trained the Nursing Director on the requirements for 2600.141. The Nursing Director moving forward will ensure that all of this information will be in the medical evaluation forms. Executive Director also explained that [REDACTED] wants this paperwork scanned and sent to the medical evaluation folder on the computer. This will be done on every move in moving forward. Executive Director will do this all the time and never will stop doing this audit.

Completion Date: 11/18/2021 *Licensee's Proposed Date of POC Implementation*

Implemented 3/2/22 *CM*

190a - Completion Medication Course

1. Requirements

2600.

- 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Repeat Violation

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- *On 10/1/21 at 10:00PM, 1 capsule of hydroxyzine 25mg*
- *On 10/7/21 at 9:00 PM, 1 tab of Rosuvastatin Calcium 20mg*
- *On 10/8/21 at 05:00 PM, 1 tab of Januvia 50 mg*

Repeated Violation: 5/27/21

190a - Completion Medication Course (continued)

Plan of Correction**Accept**

Executive Director has removed that worker off the schedule as a Med Tech until we can get [REDACTED] medication administration file in order. Executive Director explained to the nursing department that [REDACTED] wants all medication administration records scanned to [REDACTED] file on the computer. Also Executive Director will monitor the schedule to ensure that nobody is on the carts that does not have the proper paperwork. Audit for annual practicums are up to date for all med techs. Executive Director will check the schedule once a week to ensure the schedule has the proper required med tech trained staff member. Executive Director will not stop doing this audit and this will go on forever.

Completion Date: 11/18/2021 Licensee's Proposed Date of POC Implementation

Implemented 3/2/22 CM

231c - Preadmission Screening

1. Requirements

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 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/21. However, the resident 1's written cognitive preadmission screening was completed on [REDACTED]/21.

Resident 2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/21. However, the resident 2's written cognitive preadmission screening was completed on [REDACTED]/21.

Resident 3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/21. However, the resident 3's written cognitive preadmission screening was completed on [REDACTED]/21.

Plan of Correction**Accept**

Executive Director trained Nursing Director on the requirements of 2600.231.c. Nursing Director and Executive Director will monitor this to make sure this violation doesn't occur again. Executive Director has told the Nursing director to scan all preadmission forms to the file on the the computer and Executive Director will monitor it as new moves in happen. The Executive Director will assign Nursing Director to make sure the prescreen is done 72 hours before or after resident moves in. If the executive Director hasn't received this paperwork after the first 72 hours, [REDACTED] will step in the process and figure out why this hasn't been done. This will be done on every move in moving forward and will not stop ever.

Completion Date: 11/18/2021 Licensee's Proposed Date of POC Implementation

Implemented 3/2/22 CM

234a - Admission Support Plan

1. Requirements

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 3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/21. However, the resident's initial support plan was completed on [REDACTED]/2019.

234a - Admission Support Plan (continued)

Plan of Correction

Accept

Executive Director has trained Nursing Director on requirements of 2600.234.a. The nursing Director knows that [redacted] needs to do the support plan 72 hours prior or 72 hours after admission. Nursing Director will make sure that support plans are getting done in a timing manner and Executive Director will also check all support plans moving forward. Executive Director will assign this to Nursing Director and if new resident moves in and Executive Director doesn't have the support plan done. The Executive Director will step into the process to see why it's not done. This will be done with every move in to Bristol House and will never stop.

Completion Date: 11/18/2021 *Licensee's Proposed Date of POC Implementation*

Implemented 3/2/22 *CM*

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Repeat Violation

Residents 3's and 4's RASP forms are not legible due as the forms' print is too faint to read in some areas.

Repeated Violation: 10/20/2020

Plan of Correction

Accept

Executive Director fixed the issue with the printer and ink issues. Also Executive Director has explained to nursing supervisors how to report this issue. Executive Director will also monitor this each month to ensure that records are reading out legible.

Completion Date: 11/09/2021 *Licensee's Proposed Date of POC Implementation*

Implemented 3/2/22 *CM*