

Department of Human Services
Bureau of Human Service Licensing

October 31, 2022

[REDACTED]
LEGACY AT BRISTOL INC
[REDACTED]

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 09/08/2022 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: *02/13/2023*
Address: *2022 BATH ROAD, BRISTOL, PA 19007*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2157818700* Email: [REDACTED]

Legal Entity

Name: *LEGACY AT BRISTOL INC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/08/1997* Issued By: *Dpt. L&I*
Type: *I-2* Date: *08/18/2010* Issued By: *Bristol Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/08/2022*

Inspection Dates and Department Representative

09/08/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *16*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *16*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

09/08/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/29/2022*

09/27/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/25/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/02/2022

10/13/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/25/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/15/2022

10/31/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 10/25/2022
Reviewer: [REDACTED] Follow-Up Type: Not Required

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home has not completed an inspection of the furnace.

POC Submission***Directed (CM - 10/13/2022)***

See Attached. The documentation was kept at the facility but maintenance staff was off at the time of inspection, The documentation was in his maintenance file.

The Director will become familiar with these files and will have access to them ongoing at all times.

Directed Plan of Correction 10/13/22 CM:

Starting 10/14/22, the Director shall ensure that maintenance records are present in both the maintenance and in the business office so that they will be accessible during inspection.

The maintenance director shall ensure that the furnace inspection is scheduled annually.

Directed Completion Date: 09/27/2022

Implemented (CM - 10/31/2022)

142a - Secure Medical Care

2. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident #1 experienced a decline in mobility documented in the resident's support plan. Resident #1 is using an enabler to prevent falls and for transfer. The home has not documented the resident's need for the enabler device on the assessment and support plan nor obtain a physician's order for the enabler device.

POC Submission***Directed (CM - 10/13/2022)***

Order was obtained from [REDACTED] by the nurse.

Addendum was produced for the assessment and Support Plan [REDACTED]

It is the Nurse's responsibility to assess a resident for mobility needs at the time of admission and at that time [REDACTED] will obtain the physician's order for an enabler if it is needed. The need will be added to the support plan.

Today [REDACTED] another resident requested use of an enabler. The DRC assessed this resident for need and capability of use of the device. An order was obtained from [REDACTED] and an addendum was added to this resident's support plan by the DRC. Please see attachment.

Directed Plan of Correction 10/13/22 CM:

Starting 10/13/22, the director will maintain a list of resident that use enablers, and perform a quarterly review of

142a - Secure Medical Care (continued)

resident records to ensure that a physician's order, resident assessment, and updated RASP is present in the resident record.

Directed Completion Date: 09/29/2022

Implemented (CM - 10/31/2022)

187a - Medication Record**3. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed Tylenol 650 mg as needed; however, it is not included on resident #2's medication administration record.

Resident #3 is prescribed Budesonide sus .5mg inhale twice/vial 2ml by mouth twice a day; however, it is not included on resident #3's medication administration record.

POC Submission

Directed (CM - 10/13/2022)

Resident #2 was Not Prescribed Tylenol, so [REDACTED] brought in Tylenol from a previous institution, and Legacy failed to get an order for the Tylenol., which is why it was not listed on the MAR. An order was not received from [REDACTED] for 650mg PO every 6 hours PRN for pain or fever. In the future any meds that are brought into the facility without an order, will be returned to the family, and a new order will be obtained from the attending Dr for any medications present in the home.

Resident #3 was prescribed Budesonide Sus. 5mg originally on 11/10/2020. When resident #3 returned from rehab at [REDACTED], the Budesonide was never re-ordered. Subsequently an order from the doctor was obtained to discontinue the Budesonide and add Ipratropium and Albuterol 0.5mg/3mg per 3ML three times daily PRN.

In the future, all discharge summaries from other facilities will be reconciled as soon as the resident returns from that facility. Attached, please find orders obtained and discharge summary from [REDACTED] Rehab. dated [REDACTED].

DRC is responsible to obtain an order for any meds brought in from outside the home. This has always been our policy.

DRC obtained a discontinuation order for the Budesonide and instead the physician ordered albuterol and

187a - Medication Record (continued)

ipratropium via inhalation 3 times daily PRN. This order was obtained on 9/18/22. The order is attached. The DRC will be responsible for reconciling meds/orders for recently returned residents. This starts immediately and the duration will be ongoing. Please audit sheet on 187d. The facility Director will review every new or re-admission and document for completion for 3 months.

Directed Plan of Correction 10/13/22 CM:

By 10/31/22, all medication trained staff will begin utilizing the Department MAR (Medication Administration Record) form to record all medication administrations individually in accordance with 187a. By 10/31/22, the nurse will ensure that all medication trained staff are re-trained in the use and application of the MAR.

Starting 10/21/22 and continuing weekly for 3 months, the nurse will audit the MARs to ensure staff is properly recording medication administrations in accordance with 187a.

Directed Completion Date: 09/29/2022

Implemented (CM - 10/31/2022)

187b - Date/Time of Medication Admin.**4. 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 #2 is prescribed Fluticasone spr 50mg place 2 sprays in each nostril once daily and Ipratropium spr.03% place 1 spray in each nostril twice a day . Resident #2's September 2022 medication administration record does not include the initials of the staff person who administered Fluticasone spr 50mg and Ipratropium spr. 03% for the month of September.

Resident #3 is prescribed Tramadol hcl tab 50mg take one tablet by mouth every 6 hours as needed for pain and Nystatin POW apply topically under bilateral in the morning and at bedtime. Resident #3's September 2022 medication administration record does not include the initials of the staff person who administered Tramadol 50mg and Nystatin Pow for the month of September.

POC Submission

Directed (CM - 10/13/2022)

Nurse will verify all non-packed meds with the MD to ensure that they are either to be given PRN or to be given on a scheduled basis with a beginning and an end date. Staff were under the assumption that these two sprays were to be given PRN.

The pharmacist verified that these meds are most often prescribed on an as needed basis.

To prevent this from happening in the future all non-packed meds will be verified with the MD. Any medication given, including a PRN will be documented on the MAR It is the Nurses responsibility to ensure these prescriptions are written correctly and followed as prescribed.

Tramadol is an opioid, therefore must be signed out as such. Legacy Gardens has a narcotic sheet for each narcotic and is counted and signed for each shift for accuracy. Please see attached narcotic sheet.

Regarding the nystatin powder, in reconciling with the Pharmacist, the nystatin powder was intended for a seven day course and should have been on the September MAR. Again it is the Nurse's responsibility to ensure orders have beginning and end dates listed when necessary and will be checked monthly or when a new order is obtained.

187b - Date/Time of Medication Admin. (continued)

All current Med staff have been retrained on medication policies and the importance of following procedure. This was completed on 9/27/22.

As all medication staff attended the re-training , it was verified at that time that all narcotics signed for in the narcotic book were also administered but not signed on the MAR. Ongoing from the training all narcotics will be signed in the Narcotics book and on the MAR as per policy. See audit sheet attached to 187d.

Also attached MAR for Resident #3 for the last few days of September 2022.

Directed Plan of Correction 10/13/22 CM:

By 10/31/22, all medication trained staff will begin utilizing the Department MAR (Medication Administration Record) form to record all medication administrations individually in accordance with 187a. By 10/31/22, the nurse will ensure that all medication trained staff are re-trained in the use and application of the MAR.

Starting 10/21/22 and continuing weekly for 3 months, the nurse will audit the MARs to ensure staff is properly recording medication administrations in accordance with 187a.

Directed Completion Date: 09/29/2022

Implemented (CM - 10/31/2022)

187d - Follow Prescriber's Orders**5. Requirements**

2600.

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

Description of Violation

Resident #3 is prescribed Budesonide sus .5mg inhale twice/vial 2ml by mouth twice a day. This medication was not administered from 9/1/22 through 9/7/22.

Resident #3 is prescribed Heparin sod inj. 5000ml inject 1ml every 12hrs until 09/07/22. However, this medication was not administered from 9/1/22 through 9/7/22.

POC Submission

Directed (CM - 10/13/2022)

Budesonide was not given because the order was never reinstated from ██████ visit at ██████. Instead the Albuterol and Ipratropium via nebulizer was continued TID PRN. The Director of Resident Care (DRC) contacted the physician. An order was received from ██████ to discontinue Budesonide, and make Albuterol and Ipratropium a PRN order. Please see attachment on 187d for Resident #3 order.

Heparin injection for Resident #3 was discontinued and an order written by Dr Haimowitz on 9/18/22 because family of resident did not want the Heparin to be given. This conversation happened via phone. The order was written late, therefore was not taken off the MAR. It is the nurse's responsibility to reconcile all medications when a resident returns from an external facility, and orders obtained for all medications and verified with MD.

As stated in 187b above retraining on Medication policy and procedure for the current medication staff occurred on September 27, 2022. In addition to this each Medication staff attended a 2 hour session on 9/27/2022 and 9/28/2022 reviewing the medication administration course. Attached is an audit sheet to be checked for completion on a monthly basis when the pharmacy sends new MARS. This audit will be done on a monthly basis and documented for a period of three months by our nurse (DRC) and the facility Director to monitor completion. Ongoing after three

187d - Follow Prescriber's Orders (continued)

months the audit will be completed on a monthly basis by the DRC.

Directed Plan of Correction 10/13/22 CM:

By 10/31/22, the nurse will audit resident medical records to ensure any orders in need of discontinuance have a physician's order.

Starting 10/31/22 and continuing weekly for 3 months, the nurse will complete an audit of the medication cart to ensure discontinued medications are removed.

Directed Completion Date: 09/29/2022

Implemented (CM - 10/31/2022)

188b - Medication Error Reporting**6. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #3 is prescribed Heparin sod inj. 5000ml inject 1ml every 12hrs until 09/07/22. However, resident #3's medication administration record does not indicate if resident was administered medication. The medication error was not reported to the resident, resident's designated person, and prescriber.

POC Submission

Accept (CM - 10/13/2022)

The MAR did not reflect that the med was given due to unusual circumstances. The family agreed that [REDACTED] should not give the Heparin. The reason for this decision was that the resident's hemoglobin was low at 8.7 and [REDACTED] and not receive any transfusions at the hospital. Therefore, it was agreed that the heparin was unnecessary.

The order to discontinue the Heparin was obtained from [REDACTED]

To prevent this from happening in the future the Nurse will ensure and reconcile all medications upon admission and especially when being transferred from another facility.

Please refer to the attachment to 187d regarding the Heparin order to discontinue.

Please see medication staff retraining forms attached to 187b and 187d. Also the audit form to be completed monthly by the DRC and monitored monthly for a period of three months by the Facility Director when new monthly MARS come in (also attached to 187d).

Licensee's Plan Completion Date: 09/29/2022

Implemented (CM - 10/31/2022)

225c - Additional Assessment**7. Requirements**

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 1's assessment, dated [REDACTED] does not include the use of an enabler device. Resident #1 was not assessed

225c - Additional Assessment (continued)

to determine if that resident can use the enabler device safely.

POC Submission**Directed (CM - 10/13/2022)**

Resident #1 was assessed upon admission and at that time the family requested the use of side rails which the facility does not allow. It was decided at that time that [REDACTED] could have an enabler device attached to [REDACTED]. The nurse was unaware of the need to get an order for an enabler. Subsequently an order has been obtained for the device, and an addendum attached immediately to the RASP.

To prevent this from happening in the future, during the nurses assessment if an enabler is determined to be needed, the nurse will obtain and order and an addendum will be attached to the RASP and caregivers Care Plan. Currently [REDACTED] the DRC obtained the enabler order for Resident #1 on [REDACTED] and added the addendum to the RASP on the same day. Please see audit sheet attached to 187d as this includes residents assessed to need an enabler and this will be completed by the DRC monthly ongoing and monitored by the Facility Director and documented for a period of three months .

Please see attachment on 142.a for this order.

Today another resident requested use of an enabler to transfer from [REDACTED]. The DRC assessed the resident for the need and an order was obtained from [REDACTED]. See attached order.

Directed Plan of Correction 10/13/22 CM:

By 10/31/22, the nurse will review the records of all residents utilizing an enabler device to ensure that the resident has been assessed as capable of safe use, and that the resident's RASP is updated.

Starting 10/31/22 and continuing quarterly, the director will review the records of any resident utilizing an enabler device to ensure that the resident's record contains an assessment of the resident's safe use of the device, and the use of the device is reflected on the RASP.

Directed Completion Date: 09/29/2022

Implemented (CM - 10/31/2022)**227a - Support Plan 30 Days****8. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 was admitted on [REDACTED] however, the resident's initial support plan was not completed until [REDACTED]

POC Submission**Directed (CM - 10/13/2022)**

As the date [REDACTED] date support plan was to be completed) fell on the weekend when the nurse is off, it went unnoticed until Monday [REDACTED] when the support plan was immediately completed.

Ongoing when a new admission arrives at the facility:

(!) 15 days from admission date will be highlighted on the DRC's calendar as the date for the initial assessment to be completed by the DRC.

(2) 30 days from the date of admission will be highlighted on the DRC's planning calendar as the date for the Support Plan to be completed for that new resident.

227a - Support Plan 30 Days (continued)

(3) These dates will also be monitored by the Director of the facility for a three month period and will be documented for completion.

Directed Plan of Correction 10/13/22 CM:

By 10/21/22, the director shall develop a tracking system to ensure that all residents' assessment and support plans are completed in accordance with 227a.

Starting 10/31/22 and continuing monthly, the director will review resident RASPs to ensure timely completion for new admissions.

Directed Completion Date: 09/29/2022

Implemented (CM - 10/31/2022)