

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

May 31, 2023

[REDACTED]
LEGACY AT BRISTOL INC
[REDACTED]
[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 05/04/2023 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

Facility Information

Name: LEGACY GARDENS OF BRISTOL License #: 13108 License Expiration: 02/13/2024
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: [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: 24 Waking Staff: 18

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 05/04/2023

Inspection Dates and Department Representative

05/04/2023 On Site [Redacted]

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: 5			
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: 3	Have Physical Disability: 0		

Inspections / Reviews

05/04/2023 - Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/25/2023

05/24/2023 - POC Submission
Submitted By: [Redacted] Date Submitted: 05/30/2023
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 06/01/2023

Inspections / Reviews *(continued)*

05/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] 2023, around [redacted] p.m., resident 1 was found on the floor behind [redacted] bed [redacted]. [redacted] was only wearing an incontinence brief. [redacted]. Staff members called 911 and sent the resident to the hospital for a mental evaluation. According to the medical records, resident 1 was admitted to Lower Bucks Hospital on [redacted]. On [redacted] 2023, the hospital assessed the resident, who was diagnosed with severe protein-calorie malnutrition. [redacted] Hospital findings were malnutrition. The hospital recommends a regular diet as ordered. [redacted]. As of [redacted] 2023, the support plan for resident 1 has not been updated to indicate how this need will be met.

Plan of Correction

Accept ([redacted] - 05/24/2023)

On [redacted] 2023 Resident #1 was admitted to Lower Bucks Hosp. At that time it was reported that the hospital assessed the patient to have Protein Calorie Malnutrition, [redacted] but it was already his diagnosis [redacted]. [redacted]. The resident was not sent to the Psych but kept on the medical floor and the hospital wanted to send the resident back to Legacy Gardens without a psych evaluation. [redacted] Legacy Gardens advocated for this resident back and forth between doctors, social workers, and family to facilitate this evaluation. [redacted] When Resident #1 was admitted to Legacy Gardens on [redacted]/23 His weight was 130 pounds. The hospital documented a weight of 119 pounds. This is a weight loss of 11 lbs. which given the trajectory of [redacted] diagnosis, was appropriate and expected. The care for this resident was never compromised. [redacted] was never neglected or intimidated. [redacted] was never physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. The staff at Legacy were exceptionally observant and attentive to the residents needs. We are a small community, our residents come first, and never have we paced our needs ahead of the needs of our residents in this community. The Support Plan addendum was updated on 5/8/23 to include monitoring of food consumption by our resident assistants, Staff will be trained on 5/22/23 about residents with nutrition needs, how to document food consumption. and reporting to our nurse. Training will include MAC (mid- arm circumference) measurements when a resident cannot be weighed on our scale. Evidence of this will be the measurements and percentage of food consumed as documented.

Licensee's Proposed Overall Completion Date: 05/22/2023

Implemented ([redacted] - 05/31/2023)

101j7 - Lighting/Operable Lamp

2. Requirements

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

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█ - 05/24/2023)

On 5/5/23 a tap lamp was placed on resident #1 bed.

Ongoing Maintenance will reorder another tap light as one is used to always have an inventory of at least 2. This has been added to the Maintenance monthly checklist.

Licensee's Proposed Overall Completion Date: 05/19/2023

Implemented (█ - 05/31/2023)

141a 1-10 Medical Evaluation Information

3. 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. 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 medical evaluation did not include body positioning and movement stimulation for residents.

Plan of Correction

Accept (█ - 05/24/2023)

Resident #1 Since it was not deemed appropriate per the medical evaluation for any intervention for body positioning either upon admission nor 30 days later,, no further adjustment was required. This resident is capable of adjusting █ bed up and down and is also capable of positioning █ body left to right in █ bed at █ own discretion.

At █ return from the hospital, rounds took place every 15 to 30 minutes on every shift by staff. The RN will ensure that monitoring is taking place on a daily basis. Rounds documentation will include the resident's positioning needs and nutritional needs as well documented food consumption.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (█ - 05/31/2023)

141a 1-10 Medical Evaluation Information (continued)

164d - Encourage Nutrition

4. Requirements

2600.

164.d. If a resident has a cognitive impairment that affects the resident’s ability to consume adequate amounts of food and water, a staff person shall encourage and remind the resident to eat and drink.

Description of Violation

Resident 1 has memory difficulties that affect the resident's ability to consume adequate amounts of food and drink. On [redacted] 2023, according to Lower Bucks Hospital, resident 1 was diagnosed with severe protein-calorie malnutrition.

Plan of Correction

Accept ([redacted] - 05/24/2023)

This violation appears to be a misinterpretation. The resident's cognitive impairment was not an issue as far as affecting [redacted] ability to consume [redacted] meals. During [redacted] stay at Legacy Gardens ,Resident 1 ate 100% of [redacted] meals and stated that [redacted] loves the food here. [redacted] did refuse supplements (Ensure) supplied by [redacted] family. [redacted] family and physician were made aware. Encouragement for the supplements continues daily . In relation to [redacted] diagnosis, this resident's [redacted] was an expected result of [redacted] disease.

Licensee's Proposed Overall Completion Date: 05/19/2023

Implemented ([redacted] - 05/31/2023)

187a - Medication Record

5. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident 1's medication administration record, for April, does not indicate the diagnosis, or purpose of [redacted]

Plan of Correction

Accept ([redacted] - 05/24/2023)

All medication listed on the MAR each month will have stated drug, diagnosis and purpose listed for each. This was corrected immediately . Ongoing the Nurse or Director will review each MAR to ensure all required demographics are present. The MAR will be initialed after it is checked for accuracy.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented ([redacted] - 05/31/2023)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

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

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

Description of Violation

On [redacted] 2023, resident 1 was administered [redacted] at 8:00 a.m. However, at 10:00 a.m., the MAR did not have the name and initials of the staff person who administered the medications.

Plan of Correction

Accept ([redacted] - 05/24/2023)

.In response to this violation, This occurred during the time that the state inspector came in for an unannounced nvestigation. We were asked to provide certain needed information. The nurse failed to sign the administered medications because [redacted] wanted to gather this information and knew [redacted] would return and finish [redacted] documentation. This was corrected immediately . To prevent this situation from occurring again,, if any med tech is called from their duties for any reason, the med tech will complete the administration including documentation for the resident [redacted] is currently serving and then will secure another trained med tech to take over while he/she attends to the other priorities.

Licensee's Proposed Overall Completion Date: 05/19/2023

Implemented ([redacted] - 05/31/2023)

227d - Support Plan Medical/Dental

7. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 1, dated [redacted], 2022 indicates that the resident has a need for [redacted] - [redacted]. The resident's support plan, dated [redacted] 2023 does not document how this need will be met.

Plan of Correction

Accept ([redacted] - 05/24/2023)

The Support plan was updated immediately. (5/4/23) Ongoing,the Pre-screen and and RASP form are being put into all move in packets. If there is a mobility or nutrition need, it will be noted and addressed on the RASP form By the nurse. That way [redacted] it will not be missed. Although the RASP did not reflect the [redacted] need, since the resident had been on [redacted] before [redacted] admission to Legacy Gardens, [redacted] need was already being met by [redacted] nutritional intake as [redacted] ate all meals and loved [redacted] snacks.

Licensee's Proposed Overall Completion Date: 05/19/2023

Implemented ([redacted] - 05/31/2023)

251b - Record Entries Legible

8. Requirements

2600.

251b - Record Entries Legible (continued)

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 Violation

Resident 1's DME, dated [REDACTED]/22, had strikeovers used to alter the date listed in the Date Form Completed box.

Plan of Correction

Accept ([REDACTED] - 05/24/2023)

This was immediately verified with the Doctor, since he was attempting to make his "2" more legible and not trying to alter anything. The nurse then initialed and dated the correction.

Ongoing, as soon as the DME arrives at Legacy Gardens, it will reviewed by the nurse or director to ensure all dates are legible, and all boxes are appropriately checked. If calls need to be made, they will be made at that time, initialed dated and maintained in the records.

Licensee's Proposed Overall Completion Date: 05/19/2023

Implemented ([REDACTED] - 05/31/2023)