



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCTOBER 12, 2023

████████████████████
██████████
Bristol House Memory Care, LLC
████████████████████
████████████████████

RE: Bristol House Memory Care
2527 Bristol Road
Warrington, Pennsylvania 18976
License #: 144581

Dear ██████████:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection March 21, 2023, May 15, 2023, and July 6, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from October 12, 2023 to April 12, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
141a	II	45	\$5	\$225	5 calendar days from mailing date of this letter
190a	II	45	\$5	\$225	5 calendar days from mailing date of this letter
231c	II	45	\$5	\$225	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *BRISTOL HOUSE MEMORY CARE* License #: *14458* License Expiration: *04/13/2023*
Address: *2527 BRISTOL ROAD, WARRINGTON, PA 18976*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *88* Total Daily Staff: *182* Waking Staff: *137*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *05/15/2023*

Inspection Dates and Department Representative

05/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *47*

Secured Dementia Care Unit

In Home: *Yes* Area: *All* Capacity: *48* Residents Served: *47*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *47* Have Physical Disability: *0*

Inspections / Reviews

05/15/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/05/2023*

Inspections / Reviews (*continued*)

06/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/30/2023

08/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

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).

Description of Violation

There was no verification of a Criminal Background Check provided for caregiver, Staff Person A.

Plan of Correction

Accept (redacted) - 06/13/2023)

Violation - There was no verification of a Criminal Background Check provided for caregiver, Staff Person A.

Executive Director has done the background check on Staff person A and will resume the role of obtaining Background checks during the hiring process.

Executive Director will audit employee files more often weekly starting on 5/15/2023 for the duration for 3-months.

Licensee's Proposed Overall Completion Date: 06/02/2023

Not Implemented (redacted) - 08/09/2023)

54a - Direct Care Staff

2. Requirements

2600.

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

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff Person B, a direct care provider, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (redacted) - 06/13/2023)

Staff Person B, a direct care provider, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Staff person B is a Certified Nurse Aide with proper documentation. Documentation was not presented in a timely manner and Dementia Care coordinator has been counseled on importance of checking verification prior to hiring on 5/15/2023.

Executive Director will take on role of ensuring proper documentation is provided by future employee/employee prior to start date beginning 5/15/2023.

Executive Director will perform monthly employee binder audits beginning 5/15/2023 that will happen for the duration of 3-months.

Licensee's Proposed Overall Completion Date: 06/02/2023

Not Implemented (redacted) - 08/09/2023)

65a - FS Orientation 1st Day

3. Requirements

2600.

65a - FS Orientation 1st Day (continued)

- 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, whose first day of work was [REDACTED]/23, did not receive orientation on the following topics:

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.

Plan of Correction

Accept ([REDACTED] - 06/13/2023)

Dementia Care coordinator has been counseled on importance of first day orientation and what it consist of 5/15/2023.

Executive Director will take on role of ensuring proper documentation is provided by future employee/employee prior to start date beginning 5/15/2023.

Executive Director will perform monthly employee binder audits beginning 5/15/2023 that will happen for the duration of 3-months.

Licensee's Proposed Overall Completion Date: 06/02/2023

Not Implemented ([REDACTED] - 08/09/2023)

65b - Rights/Abuse 40 Hours

4. Requirements

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
 2. Emergency medical plan.
 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [REDACTED] 40th scheduled work hour on 5/19/23. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect, reportable incidents.

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction

Accept (█ - 06/13/2023)

Dementia Care coordinator has been counseled on importance of before first day orientation and what it consist of 5/15/2023.

Executive Director will take on role of ensuring proper documentation is provided by future employee/employee prior to start date beginning 5/15/2023.

Executive Director will perform monthly employee binder audits beginning 5/15/2023 that will happen for the duration of 3-months.

Licensee's Proposed Overall Completion Date: 06/02/2023

Not Implemented (█ - 08/09/2023)

82c - Locking Poisonous Materials

5. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Head & Shoulders shampoo, with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible on the bathroom sink counter of room 113 in the Gold Finch wing. None of the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (█ - 06/13/2023)

Executive Director has trained all staff on what is consider poisonous control and all staff went around putting any poisonous materials away. Staff was retrained on hazardous materials and poisonous materials 5/12/2023.

Executive Director and Nursing Director will check every two weeks beginning on 5/15/2023 to ensure staff is keeping up with putting loose poisonous materials away. The audits will last for the duration of 6-months.

Licensee's Proposed Overall Completion Date: 06/02/2023

Not Implemented (█ - 08/09/2023)

141a 1-10 Medical Evaluation Information

6. 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 medical diagnoses, including any physical or mental disabilities.

Plan of Correction	Repeated Violation: 10/13/21	Accept ([REDACTED] 06/13/2023)
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Dementia Care Coordinator has been counseled by Executive Director on 5/16/2023 to ensure this doesn't happen again.

Executive Director will check monthly beginning 5/16/2023 on this topic. The duration of this Audit will last for 6months

due to a complete chart audit that has been implemented as of 5/17/2023.

The Following residents records have been reviewed and updated

Licensee's Proposed Overall Completion Date: 06/02/2023

Not Implemented ([REDACTED] - 08/09/2023)

185a - Implement Storage Procedures

7. 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

The glucometer log for Resident 4 lists a reading of 224 at 6:51 AM on 5/14/23. This reading is not present on Resident 4's glucometer.

Plan of Correction		Accept ([REDACTED] 06/13/2023)
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Nursing director reset the glucometer to make sure device works properly, time is updated and changed as needed on 5/16/2023.

Executive Director will check monthly beginning 5/17/2023 on this topic to ensure the time is accurate. which will last

for the duration of 1year.

Licensee's Proposed Overall Completion Date: 06/02/2023

Not Implemented ([REDACTED] 08/09/2023)

190a - Completion Medication Course

8. Requirements

190a - Completion Medication Course (continued)

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 Violation

Staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to resident 2 on the following dates/times:

- 4/10/23 at 5:04 PM
- 4/15/23 at 3:58 PM
- 4/20/23 at 4:44 PM
- 4/25/23 at 10:02 PM
- 5/9/23 at 5:07 PM
- 5/13/23 at 4:11 PM
- 5/14/23 at 5:04 PM

Repeated Violation: 10/13/21

Plan of Correction

Accept (████) 06/13/2023)

Dementia Care coordinator has been counseling on proper documentation for ensuring Med techs paperwork is updated.

Staff person C Med tech paperwork has been updated.

Executive Director has Dementia care coordinator doing monthly Audits starting on 5/16/2023 which will last for the Duration of 1-year.

Licensee's Proposed Overall Completion Date: 06/02/2023

Not Implemented (████) - 08/09/2023)

202 - Prohibitions**9. Requirements**

2600.

202. The following procedures are prohibited:

4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident 2 is prescribed Lorazepam for Anxiety. According to Medical Administration Record for April and May of 2023, the medication was administered to Resident 2 on the following days/times to control behaviors:

- 4/17/23 at 1:09 PM
- 5/10/23 at 12:48 PM
- 5/11/23 at 8:02 AM
- 5/12/23 at 10:33 AM
- 5/15/23 at 1:05 PM
- 5/17/23 at 7:28 AM
- 5/22/23 at 8:50 AM

202 - Prohibitions (continued)

Plan of Correction

Accept [REDACTED] - 06/13/2023)

Staff Counseled on differences of Agitation and Anxiety, Resident has right to be agitated and in this environment we are unable to give diagnoses of agitation as this medication can be classified as a chemical restraint if used for something in which it has not been prescribed for.

Nursing director has trained all med techs on documenting the needs of medication and what they can and cannot be used for on 5/17/2023.

Director of Nursing will perform monthly audits beginning on 5/18/2023 which will last for the duration of 1-year.

Licensee's Proposed Overall Completion Date: 06/02/2023

Not Implemented [REDACTED] - 08/09/2023)

227g -Support Plan Signatures

10. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 did not sign [REDACTED] support plan dated 4/2/22.

Plan of Correction

Accept [REDACTED] - 06/13/2023)

Dementia Care coordinator has received counseling on RASP and who is expected to sign. It has been noted as an Error on Dementia Care Coordinator's behalf.

Director of Nursing will do monthly Audits beginning on 5/16/2023 which was last for the duration of 1-year to ensure RASP are signed and dated.

Licensee's Proposed Overall Completion Date: 06/02/2023

Not Implemented [REDACTED] - 08/09/2023)

231c - Preadmission Screening

11. 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]/23 and moved in 4/11/23. However, the resident's written cognitive preadmission screening was not dated and contains no diagnoses.

Repeated Violation: 10/13/21

Plan of Correction

Accept [REDACTED] 06/13/2023)

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/23 and moved in 4/11/23. However, the resident's written cognitive preadmission screening was not dated and contains no diagnoses.

It has been noted between pharmacy and facility of Admission intake error. Nursing Director will continue to use planned intake option but will however ensure that the correct intake date is updated upon move in starting on 5/16/2023, Nursing Director will perform weekly Audits to ensure paperwork is updated to match system for the duration of 3-months.

231c - Preadmission Screening (continued)

Licensee's Proposed Overall Completion Date: 06/02/2023

Not Implemented ([REDACTED] - 08/09/2023)