



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
Sent via e-mail [REDACTED]  
January 15, 2025

[REDACTED]  
Manager  
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 July 30, 2024 and January 15, 2025 of the above facility, we have determined that your submitted plan of correction for the June 26, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

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: *12/14/2024*  
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]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *1-2* Date: *03/19/2019* Issued By: *Warrington Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Fine* Exit Conference Date: *06/26/2024*

**Inspection Dates and Department Representative**

06/26/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *48* Residents Served: *34*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Gold Finch/Blue Jay* Capacity: *48* Residents Served: *34*

**Hospice**

Current Residents: *11*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*  
Diagnosed with Mental Illness: *34* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *34* Have Physical Disability: *34*

**Inspections / Reviews**

**06/26/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/12/2024*

Inspections / Reviews (*continued*)

## 07/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/24/2024

## 07/30/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/20/2024

## 08/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/29/2024

## 01/15/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

#### Description of Violation

On June 26, 2024, at 9:45 AM, the residents' task sheets containing care needs, skin checks, and shower schedules were left unlocked, unattended, and accessible to both residents and visitors on a counter in the common area.

#### Plan of Correction

Accept (█) - 07/30/2024)

Staff was trained on proper storage of documentation 7/11/2024 by Executive Director and the importance of not leaving residents records on the nursing station desk. Resident Care coordinator to ensure books are stored behind the nursing station moving forward starting on 7/11/2024 for the duration of 2months. The Resident care coordinator will ensure books are stored behind nursing station during █ rounds. Specific method for audits will be daily rounds, managers will pinch in as well ensuring that no books are found on nursing station counters. frequency every 2hr rounds, daily.

Licensee's Proposed Overall Completion Date: 07/24/2024

Implemented (MS - 1/15/25)

## 82c - Locking Poisonous Materials

### 2. 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

Colgate toothpaste, Sensodyne toothpaste, Crest Toothpaste, Dawn Mist toothpaste, with a manufacture's label indicating "if you swallowed more than used for brushing seek professional assistance or contact a poisonous control center", was unlocked, unattended, and accessible to residents #1, #2, #3, Not all the residents of the home, including #1, #2, #3, have been assessed as capable of recognizing and using poisons safely.

Suave Hair Spray with a manufacture's label indicating "Flammable and inhaling the contents can be harmful or fatal", was unlocked, unattended, and accessible to residents #1 and #3. Not all the residents of the home, including #1 and #3, have been assessed capable of recognizing and using poisons safely.

Repeat Violation Dates: 2/22/24, 12/27/23, 5/15/23; 03/21/23.

#### Plan of Correction

Accept (█) - 07/30/2024)

As of 7/11/2024 we have issued keys to all staff members for the resident's room cabinets to ensure everything is locked away.

As this is a constant issue Activities Director will take over on ensuring that all cabinets are locked throughout the day after performing hygiene task on residents. Activities Director has been trained by Executive Director on 7/10/2024, on poisonous materials and the effects they can have on our residents. Bristol house has now ordered

82c - Locking Poisonous Materials (continued)

non- fluoride and poisonous materials for oral hygiene for the residents to include in incontinence supplies once ordered. This will last for the duration of the year for 5-months. Specific methods for audits will be to enter each room and physically check to ensure cabinets are locked, ensure that all poisonous materials are stored away. Each audit will be performed daily.

Licensee's Proposed Overall Completion Date: 07/24/2024

Not Implemented ( [REDACTED] - 1/15/25)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On June 26, 2024, at 9:45 am, an overflowing, uncovered, and unattended trash can fill with breakfast waste was found in the Gold Finch kitchen.

Repeat Violation Date: 2/22/24, 12/27/23

Plan of Correction

Accept ( [REDACTED] - 07/19/2024)

On July 12, 2024 staff was retrained on the importance of keeping lid cover and we have now installed a keypad operated lock which ensures that residents are no able to enter the kitchenette on 7/5/2024 by the executive Director. Business office manager to check all trash lids 3times daily moving forward starting 7/12/2024 for the duration of 4-months.

Licensee's Proposed Overall Completion Date: 07/11/2024

Not Implemented ( [REDACTED] - 1/15/25)

231b - Medical Evaluation

7. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; However, the resident's medical evaluation was completed on [REDACTED] and it was not reviewed for the necessity of a secure dementia unit.

Repeat Violation Date: 11/6/2023

Plan of Correction

Accept ( [REDACTED] - 07/19/2024)

As of 07/10/2024 Executive Director has trained current Resident care coordinator on resident chart audits and what they should consist of, such as DME, RASP, Pre-screen and dates time frames. Executive Director has performed a chart audit as of 7/10/2024. Resident #4 is a [REDACTED] resident and [REDACTED] were given notice to come in for contract signing on 7/15/2024 as [REDACTED] wishing to extend the residents stay. Upon coming in we will have to re-do entire admission over as a readmit to ensure all is order due to management changes here at Bristol house.

Licensee's Proposed Overall Completion Date: 07/11/2024

231b - Medical Evaluation (continued)

Implemented (█) - 1/15/25

231c - Preadmission Screening

8. 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 █. However, the resident #1's written cognitive preadmission screening was completed on █.

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on █. The written cognitive preadmission screening for resident #2 was completed; however, the date of the assessment's completion was not recorded.

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on █. However, the resident #4's written cognitive preadmission screening was completed on █.

Plan of Correction

Accept (█) - 07/19/2024

As of 7/10/2024 Executive Director has audited all forms and made any necessary changes needed and trained Resident Care coordinator on these assessments and dated time frame requirements. Resident care coordinator to perform monthly audit starting 7/12/2024 on all resident's chart to ensure dates are correct. This will last for the duration of 3-months and after the 3-months Executive director will take over the monthly checks for the duration of 3-months after.

Licensee's Proposed Overall Completion Date: 07/11/2024

Not Implemented (█) - 1/15/25

234a - Admission Support Plan

9. 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 #4 was admitted to the Secure Dementia Care Unit (SDCU) on █. However, the resident's initial support plan was completed on █.

Plan of Correction

Accept (█) - 07/19/2024

As of 07/10/2024 Executive Director has trained current Resident care coordinator on resident chart audits and what they should consist of, such as DME, RASP, Pre-screen and dates time frames. Executive Director has performed a chart audit as of 7/10/2024. Resident #4 is a █ resident and █ were given notice to come in for contract signing on 7/15/2024 as █ wishing to extend the residents stay. Upon coming in we will have to re-do entire admission over as a readmit to ensure all is order due to management changes here at Bristol house.

234a - Admission Support Plan (continued)

Licensee's Proposed Overall Completion Date: 07/11/2024 Not Implemented ( [REDACTED] - 1/15/25)