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

February 14, 2025

[redacted]
BRISTOL HOUSE MEMORY CARE LLC
[redacted]

RE: BRISTOL HOUSE MEMORY CARE
2527 BRISTOL ROAD
WARRINGTON, PA, 18976
LICENSE/COC#: 14458

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2024 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: *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: *I 2* **Date**: *03/19/2019* **Issued By**: *Warrington Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *70* **Waking Staff**: *53*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Provisional, Monitoring* **Exit Conference Date**: *08/15/2024*

Inspection Dates and Department Representative

08/15/2024 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *35*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Blue Jay/ Gold Finch* **Capacity**: *48* **Residents Served**: *35*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *35*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *35*

Have Physical Disability: *0*

Inspections / Reviews

08/15/2024 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *09/07/2024*

Inspections / Reviews *(continued)*

09/10/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/14/2024*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *09/15/2024*

09/18/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/14/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/15/2024*

02/14/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/14/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

5a1 DHS Access

1. Requirements

2600.
5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

Description of Violation

On [redacted], at 9:00 am, an agent of the Department, requested access to records. Staff person A could not provide access until staff person B arrived which was approximately 10:20 am.
On [redacted] an agent of the Department requested documentation of timecards for [redacted], and [redacted] The requested information was not provided until [redacted] at 5:26 pm.

Plan of Correction ***Accept ([redacted] - 09/10/2024)***

Effective 09/05/2024, all staff members were trained on the importance of providing immediate access to records and the procedures for doing so. Training included steps to ensure that any request from an agent of the Department is handled without unnecessary delay. The Executive Director will Implement a monitoring system to track and verify that documentation requests are fulfilled within the required timeframe. This system will include checks to ensure that all requests are processed promptly starting on 9/06/2024. The Executive Director will also Perform regular monthly internal audits starting 9/6/2024 to ensure compliance with documentation request requirements and address any issues promptly for the duration of 3-months.

Licensee's Proposed Overall Completion Date: *09/06/2024*

Implemented [redacted] 02/14/2025)

25b Contract Signatures

2. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for resident [redacted] was not signed by the resident. There was no indication the resident was given the opportunity to sign the contract.

The resident-home contract, dated [redacted], for resident [redacted] was not signed by the resident. There was no indication the resident was given the opportunity to sign the contract.

Plan of Correction ***Accept [redacted] - 09/18/2024)***

Starting 09/12/2024 all new residents that are admitted to Bristol house Memory Care will have the opportunity to participate in their contract signing process. If the resident is unable to sign or put a mark it will be indicated by the POA that resident is unable to sign, and it will be initialed by the POA and the Executive Director.

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented [redacted] - 02/14/2025)

51 Criminal Background Check

3. Requirements

2600.

51 Criminal Background Check *(continued)*

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

Staff person C hired [redacted], did not have an acknowledgement that [redacted] or [redacted] has resided in PA for over 2 years. Staff person C has a work authorization permit issued [redacted]3. There was no FBI clearance completed for staff person C.

Repeated Violation: [redacted]

Plan of Correction ***Accept ([redacted] - 09/10/2024)***

Executive Director to review and update hiring policies to ensure they align with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15.
Executive director will on 9/10/2024 provide training to HR and relevant staff on the updated policies and procedures, emphasizing the importance of compliance with criminal history checks and documentation requirements. Executive Director will also Implement weekly audits of new hires to ensure that all required criminal history checks and documentation (including FBI clearances and residency acknowledgments) are completed before employment.
Maintain a checklist for each staff person to track the completion and verification of all required documents. These audits will begin on 9/10/2024 and last for the duration of 6 months following plan of correction.

Licensee's Proposed Overall Completion Date: *09/07/2024*

Implemented ([redacted] - 02/14/2025)

52 - Hiring Staff

4. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons 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) and other applicable regulations.

Description of Violation

Staff person D was hired on [redacted], a background check was not completed until [redacted]

Plan of Correction ***Directed [redacted] - 09/18/2024)***

Starting 09/12/2024 The Business office manager will create a new hire check list to ensure that all necessary paperwork and trainings is completed before start date. The Executive Director will sign off on the check list and will give the ok for the new staff member to start work.

Directed Plan of Correction:
In addition to the above plan of correction, the administrator or designee shall create a line item on the check list that will identify a staff persons official hire date and the staff persons first official day working in the home (including if just attending training in the home prior to performing actual job duties.) Tracking the dates in this manner will allow for accurate measuring of compliance with dates for trainings and documentation.

Directed Completion Date: *09/12/2024*

Implemented ([redacted] - 02/14/2025)

53a - Qualifications

5. Requirements

2600.
53.a. The administrator shall have one of the following qualifications:
1. A license as a registered nurse from the Department of State.
2. An associate's degree or 60 credit hours from an accredited college or university.
3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
4. A license as a nursing home administrator from the Department of State.
5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

On [redacted], the home was serving 35 of residents. Staff person E the administrator does not have a license from the Pennsylvania Department of State as a registered nurse, or a licensed practical nurse with one year of work experience in a related field, an associate's degree, 60 or more credits from an accredited college or university, or a license on file in the home.

Plan of Correction ***Accept ([redacted] - 09/18/2024)***

Starting 09/12/2024 the Business office manager will do a monthly staff chart audit to ensure that all necessary paperwork is up to date and not expired. The Executive Director will sign off on the audit stating that the audit was completed to its fullest. This will be an ongoing process.

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented [redacted] - 02/14/2025)

54a - Direct Care Staff

6. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person D, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat violation: [redacted]

Plan of Correction ***Accept [redacted] - 09/18/2024)***

Starting 09/12/2024 The Business office manager will create a new hire check list to ensure that all necessary paperwork and trainings is completed before start date. The Executive Director will sign off on the check list and will give the ok for the new staff member to start work.

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented [redacted] - 02/14/2025)

62 - Contact List

7. Requirements

62 - Contact List *(continued)*

2600.
62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person E, the administrator, maintains a list of staff persons that does not include all staff members.

Plan of Correction ***Accept [redacted] - 09/10/2024)***

Executive Director has established a procedure for updating the staff list on a regular basis (e.g., monthly) or as soon as changes occur.
Executive Director has retrained business office manager on 9/6/2024 on the importance of maintaining an accurate and complete staff list and the procedures for updating it. Executive Director to perform Bi-weekly audits on random employee files beginning 9/10/2024 which will last for the duration of 2-months.

Licensee's Proposed Overall Completion Date: *09/07/2024*

Implemented [redacted] - 02/14/2025)

65i - Training Record

9. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training for staff member D does not include date, source, length of each course and copies of any certificates received.

Plan of Correction ***Accept ([redacted] - 09/10/2024)***

Business off manager to review and enhance record-keeping procedures to ensure all future training records are maintained in compliance with the regulations. Audits to be performed weekly starting 9/10/2024 for the duration of 3-months.

Licensee's Proposed Overall Completion Date: *09/07/2024*

Implemented ([redacted] - 02/14/2025)

82c - Locking Poisonous Materials

10. 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

On [redacted] at 10:14am a broken container of Lysol wipes, with a manufacture's label indicating "Contact poison control if there is contact with eyes.", a red bottle of Peroxy HDox Red Dilution - with a manufacture's label indicating Contact poison control if swallowed.", and a SureScents Lavender air fresher manufacture's label indicating "If inhaled call physician or poison control if you feel unwell." were observed unlocked, unattended, and accessible to residents' activity area kitchenette under the sink in an unlocked cabinet. The kitchenette door was unlocked, and the keys to the area were on a countertop accessible to residents.

82c - Locking Poisonous Materials (continued)

At 10:51 a stick of Lady Speed Stick invisible dry deodorant with a manufacture's label indicating "if swallowed contact poison control" was unlocked in the bedside table of room [redacted]

At 3:05 pm a stick of Dove deodorant manufacture's label indicating "if swallowed contact poison control" was in an unlocked bedside table in room [redacted]

Not all the residents of the home, have been assessed as capable of recognizing and using poisons safely.

Repeat Violation: [redacted]

Plan of Correction ***Accept ([redacted] - 09/18/2024)***

All management such as executive director, business office manager and resident care coordinator has removed all poisonous materials from accessible areas and securely locked them in a designated cabinet that is out of reach of residents. Ensure that all keys to these cabinets are kept in a secure location, inaccessible to residents. Starting on 9/12/2024 all residents personal care items will be placed in storage closets with named baskets and locked, Caregivers will be given access to retrieve such items daily and place back when finished caring for resident. Daily audits will continue with resident care coordinator checking rooms daily at 8:30am for any poisonous and hazardous materials for the duration of 4-months started 9/1/2024. Daily audits will continue, and monthly in-services will be conducted on this topic in the staff meetings. This will be an ongoing process. Last in-service was conducted on 09/05/2024.

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented [redacted] - 02/14/2025)

96b - First Aid Location

11. Requirements

2600.
96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

On [redacted]*, Staff person F, did not know the location of the first aid kit.*

Plan of Correction ***Accept ([redacted] - 09/10/2024)***

Director of Nursing to ensure that the location of the first aid kit is clearly identified and accessible. Confirm that it is stocked and properly maintained.
Director of nursing has Immediately informed all staff members, including Staff person F, of the first aid kit's location.
Director of Nursing has conducted a mandatory training session on 9/5/2024 at 2:30pm for all staff members on the location and use of the first aid kit. Include this information in the orientation for new hires.

Director of nursing has Implemented a procedure where staff are periodically asked about the location of the first aid kit to ensure they are aware. This can be included in regular staff meetings or check-ins starting 9/10/2024.
Director of Nursing to Maintain records of staff training and any check-ins related to first aid kit location awareness starting 9/10/2024 and will last for a duration of 2-months.

Licensee's Proposed Overall Completion Date: *09/07/2024*

Implemented ([redacted] - 02/14/2025)

103c - Food Protected

12. Requirements

2600.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [redacted] at 10:13 am there was an unsealed and partially open container of chocolate chip muffins stored in the activity room kitchenette cabinet.

Plan of Correction ***Accept [redacted] - 09/10/2024)***

Executive director to review and update food storage procedures to ensure that all food is stored in sealed containers to protect it from contamination.
Executive Director has conducted training for all relevant staff on 9/5/2024 on proper food storage practices, emphasizing the importance of keeping food sealed and stored in a clean environment.
Activities Director has implemented a daily inspection routine to check food storage areas and ensure that all food items are properly sealed and stored this start 9/5/2024 and will last for a duration of 4-months.

Licensee's Proposed Overall Completion Date: *09/07/2024*

Implemented ([redacted] - 02/14/2025)

132g - Fire Drills Days/Times

13. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills for the 7am-3pm shift between 1:14pm and 2:32 pm, and between 4:25pm and 4:47pm for the 3pm to 7pm shift. This is evidenced by drills held:
[redacted] at 1:14pm, [redacted] at 2:32pm. [redacted] at 1:42 pm. [redacted] at 4:47pm. [redacted] at 1:39pm, and [redacted] at 4:25pm.

Plan of Correction ***Directed ([redacted] - 09/18/2024)***

Starting 09/12/2024, all fire drills will be conducted monthly at various times throughout the day of each shift. The times will vary from month to month. This will be an ongoing process.

Directed Plan of Correction:
The administrator or designee shall audit the fire drill log monthly in the first week of each month to track or identify any repeating days/times/shifts etc to ensure drills are appropriately staggered. Additionally the administrator or designee shall provide in-service training regarding this regulation to the person responsible for conducting the fire drills. This in-service shall be completed prior to the next fire drill or within 15 business days of the receipt of this POC, which ever is sooner. Documentation of the training shall be kept and made available for department review.

Directed Completion Date: *09/12/2024*

Implemented [redacted] - 10/29/2024)

183e - Storing Medications

14. Requirements

183e - Storing Medications *(continued)*

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted] resident [redacted] tablet blister pack the foil for pill 15 was punctured. Foil was taped over with two orange "direction change" stickers and pill was still in the pack.

Plan of Correction ***Accept [redacted] - 09/18/2024)***

Director of nursing has provided training to all med techs on 9/5/2024 on proper medication storage procedures, including how to handle and report compromised packaging. Emphasize the importance of maintaining the integrity of medications.
Director of nursing to perform weekly cart audits to ensure all training is implemented and ongoing starting 9/6/2024 for the duration of 2-months. An Audit sheet will be signed off by the Director of Nursing and the Med tech.

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented [redacted] - 02/14/2025)

184b - Labeling OTC/CAM

15. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted] a bottle of Dermal Care wound cleanser belonging to resident [redacted] was in the medication cart and was not labeled with the resident's name.

Plan of Correction ***Accept ([redacted] - 09/18/2024)***

on 9/5/2024 all medications were checked and rechecked by both director of nursing and resident care coordinator to ensure all OTC and CAM belonging to a resident is labeled and all MedTech's were trained on 9/5/2024 on the importance of properly labeling resident-specific medications. Include instructions on how to label medications correctly and the importance of adhering to labeling protocols. Director of nursing to perform daily checks to ensure all training is implemented and ongoing starting 9/6/2024 for the duration of 2-months. An audit sheet will be signed off by the Director of Nursing and the Med Tech. This will be an ongoing process.

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented ([redacted] - 02/14/2025)

185a - Implement Storage Procedures

16. 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

On [redacted], at 3:00 pm resident [redacted] was not calibrated to the correct date or time and read [redacted] 5:58pm.

185a - Implement Storage Procedures (continued)

Repeat violation: [redacted]

Plan of Correction ***Accept [redacted] - 09/10/2024)***

Director of Nursing has immediately calibrated Resident [redacted] to the current date and time and verified that the glucometer is functioning correctly and providing accurate readings.
Director of nursing has Inspected all other glucometers and medical equipment to ensure they are calibrated correctly and reflect the accurate date and time.
Director of nursing has provided training to all Medtech's on 9/5/2024 on proper use, calibration, and maintenance of glucometers and other medical equipment. Director of nursing also emphasized the importance of accurate calibration and the procedures for reporting and addressing issues. Director of Nursing to perform weekly calibrations which will start 9/10/2024 and last for the duration of indefinitely as policy.

Licensee's Proposed Overall Completion Date: *09/07/2024*

Implemented [redacted] - 02/14/2025)

187d - Follow Prescriber's Orders

17. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] to be given at 9:00am. However, resident [redacted] was administered these medications on [redacted] at 10:14 am.

Plan of Correction ***Accept ([redacted]S - 09/18/2024)***

Director of nursing had trained Medtech's on 9/5/2024 on the importance of adhering to prescribed medication times and procedures. Include instructions on how to handle and document any deviations from the prescribed schedule.
Director of nursing has also scheduled regular refresher training sessions to ensure ongoing compliance with medication administration procedures.
Director of nursing has Implemented monthly audits of medication administration to ensure compliance with prescribed schedules beginning 9/5/2024 which will last for the duration of 3-months.

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented [redacted] - 02/14/2025)

190c - Record of Training

18. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person F does not include documentation of successful completion of the training

190c - Record of Training (continued)

. Home only has documentation of the most recent annual practicum which does not list original certification date, or recertification date.

Plan of Correction ***Directed [redacted] - 09/18/2024)***

Starting 09/12/2024 The Business office manager will create a new hire check list to ensure that all necessary paperwork and trainings is completed before start date. The Executive Director will sign off on the check list and will give the ok for the new staff member to start work.

Directed Plan of Correction:
Within 10 business days of the receipt of this Plan of Correction, the administrator or designee shall audit all medication training records for all staff to ensure all required documentation is completed accurately and filed appropriately. If any areas of non-compliance are observed, the documents will be corrected if appropriate, or the staff person shall receive remediation training to come into compliance within 5 calendar days of the audit. The administrator or designee shall audit med training documents monthly for 3 months, then quarterly thereafter to ensure compliance.

Directed Completion Date: *09/12/2024*

Implemented [redacted] 02/14/2025)

231b - Medical Evaluation

19. 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 [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident's medical evaluation was completed on [redacted].

Repeat Violation[redacted]

Plan of Correction ***Accept [redacted] - 09/10/2024)***

Director of nursing has arranged for a new medical evaluation for Resident [redacted] as soon as possible which was completed, ensuring it is completed within the 60-day period prior to admission. This evaluation documents the resident's diagnosis of[redacted] or other dementia and the need for the Secure Dementia Care Unit. Director of nursing has provided training on 9/6/2024 to resident care coordinator on the requirements for medical evaluations prior to admission, including the need to document diagnoses and secure care unit requirements. Director of nursing to perform random weekly audits on 30% of residents starting 9/10/2024 which will last for the duration of 5-months and after monthly for the duration of 1-year.

Licensee's Proposed Overall Completion Date: *09/07/2024*

Implemented [redacted] - 02/14/2025)