

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

September 4, 2026

[REDACTED], OWNER
BRISTOL HOUSE MEMORY CARE LLC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2026, 07/16/2026 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: 02/21/2027

Address: 2527 BRISTOL ROAD, WARRINGTON, PA 18976

County: BUCKS

Region: SOUTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: BRISTOL HOUSE MEMORY CARE LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: I 1

Date: 03/19/2019

Issued By: Warrington Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 86

Waking Staff: 65

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 07/16/2026

Inspection Dates and Department Representative

07/15/2026 On Site:

07/16/2026 On Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48

Residents Served: 43

Secured Dementia Care Unit

In Home: Yes

Area: Blue Jay - Gold Finch

Capacity: 48

Residents Served: 43

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 43

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 43

Have Physical Disability: 0

Inspections / Reviews

07/15/2026 - Full

Lead Inspector:

Follow Up Type: POC Submission

Follow Up Date: 08/23/2026

Inspections / Reviews (*continued*)

08/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/07/2026

09/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/15/2026 the home's most recent license inspection summary, issued by the Department was not posted in a conspicuous and public place in the home.

Repeat Violation - 9/16/2024

Plan of Correction

Accept () - 08/27/2026)

On 7/16/2026 ED immediately sent an email to (supervisor) requesting removal of this violation, as it was cited on survey from 09/2025. , surveyor, advised the past ED to post a notice stating that the LIS and emergency management plan would be available upon request. The Dept of Human Services accepted this plan of correction as per the LIS provided to on 7/16/2026. We respectfully request removal of this violation based on this information.

- 1) ED immediately moved the LIS summary and emergency management plan to the credenza at the front entrance to the community.*
- 2) ED educated all managers on 7/16/2026 regarding regulation 3c*
- 3) Front desk receptionist will monitor LIS and emergency management plan location X 4 weeks, and monthly thereafter for 3 months beginning 7/18/2026. Documentation will be kept*
- 4) LIS summary and emergency management plan will be kept on the credenza at the front desk moving forward*
- 5) LIS and emergency management placement audit will be reviewed with ED at quarterly QA meeting to be held on Oct 19,2026*

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented () - 09/04/2026)

28e - Death of a Resident

2. Requirements

2600.

- 28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident 1 passed away on Resident 1's personal belongings were removed from room on however, the refund payment was issued on

28e Death of a Resident (continued)**Plan of Correction**

Accept () - 08/27/2026)

ED immediately sent an email to () (supervisor), requesting removal of this violation, as there was no refund due to the resident after death. The refund was made to the LTC insurance because they had paid again after the resident death, so the funds were made available to them based on this mistake made by the LTC policy. We respectfully request removal of this violation based on the extenuating circumstance cited. Documentation was provided to supervisor on 7/16/2026

- 1) ED educated BOM on regulation 28e on 7/16/2026
- 2) BOM will audit all refunds for compliance with regulation 28e for 3 months beginning 7/18/2026. documentation will be kept
- 3) BOM will audit quarterly thereafter.
- 4) All refunds will be completed within the 30 day limit as per regulation moving forward.
- 5) Refunds will be reviewed with ED at quarterly QA meeting to be held on 10/19/2026

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented () - 09/04/2026)

85a - Sanitary Conditions**6. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/15/2026, at 11:00 am, during a medication pass observation staff person A did not perform hand hygiene before passing medications to resident 2.

Plan of Correction

Accept () - 08/27/2026)

- 1) ED immediately educated MT on regulation 85a on 7/16/2026.
- 2) MT was required to review the med tech training module on preparation for medication administration on 7/21/2026 provided by ED (train the trainer)
- 3) ED (Train the trainer) observed MT on the cart X 2 observations on 7/22 and 7/23/2026 and signed off on proper procedure.
- 4) MT trainer (ED) will provide quarterly observations of med tech moving forward.
- 5) MT training and observations will be reviewed by ED at quarterly QA meeting to be held on 10/19/2026.
- 6) This med tech has been terminated as of 8/21/2026 for community policy violations

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented () - 09/04/2026)

103d - Storing Food Off Floor**7. Requirements**

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 7/15/2026, there were 5 cases of 6 gallons of water stored on the floor of a hallway closet.

103d Storing Food Off Floor (continued)

Plan of Correction

Accept () - 08/27/2026

- 1) Maintenance director immediately moved water off of the floor and placed on a floor rack system (which had broken the night before)
- 2) ED educated directors on regulation 103d on 7/16/2026
- 3) Maintenance director will develop an audit tool to monitor for compliance with reg 103d by 7/20/2026
- 4) Maintenance director will audit for compliance x 4 weeks beginning 7/18/2026 and monthly x 3 months thereafter. Documentation will be kept
- 5) Audits will be reviewed by ED at quarterly QA meeting to be held on 10/19/2026

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented () - 09/04/2026

103e - Left Overs

8. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled and undated tray of cornbread in the hot box in the main kitchen.

Plan of Correction

Accept () - 08/27/2026

We respectfully request this violation be removed, as the tray of cornbread had just been brought back from a meal when it was seen in the hot box.

- 1) Culinary director immediately removed and discarded the unused portion of the tray of cornbread
- 2) ED educated community directors on reg 103e on 7/16/2026
- 3) Culinary director will audit leftovers for compliance with 103e X 4 weeks beginning 7/18/2026 and monthly thereafter X 3 months. Documentation will be kept
- 4) All leftovers will be labeled and dated and/or discarded as per regulation beginning 7/17/2026
- 5) Audits will be reviewed with ED at quarterly QA meeting to be held on 10/19/2026

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented () - 09/04/2026

103g - Storing Food

9. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

103g Storing Food (continued)**Description of Violation**

On 7/15/2026, there was a bag of chicken patties in the main kitchen freezer that was opened and unsealed.

Plan of Correction**Accept () - 08/27/2026)**

- 1) Culinary director immediately labeled and dated bag of chicken patties*
- 2) ED educated community directors on reg 103g on 7/16/2026*
- 3) Culinary director will audit leftovers for compliance with 103g X 4 weeks beginning 7/18/2026 and monthly thereafter X 3 months. Documentation will be kept*
- 4) All leftovers will be labeled and dated and/or discarded as per regulation beginning 7/17/2026*
- 5) Audits will be reviewed with ED at quarterly QA meeting to be held on 10/19/2026*

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented () - 09/04/2026)**103i - Outdated Food****10. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were packs of unlabeled, undated salami, ham, chicken, onion rings, vegetables, chicken nuggets, chicken patties, and hamburgers in the main kitchen freezer.

Plan of Correction**Accept () - 08/27/2026)**

- 1) Culinary director immediately labeled and dated packages of undated food items*
- 2) ED educated community directors on reg 103i on 7/16/2026*
- 3) Culinary director will audit leftovers for compliance with 103i X 4 weeks beginning 7/18/2026 and monthly thereafter X 3 months. Documentation will be kept*
- 4) All leftovers will be labeled and dated and/or discarded as per regulation beginning 7/17/2026*

103i - Outdated Food (continued)

5) Audits will be reviewed with ED at quarterly QA meeting to be held on 10/19/2026

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented () - 09/04/2026)

123b - Emergency Procedures Posted**11. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 08/27/2026)

On 7/16/2026 ED immediately sent an email to () (supervisor) requesting removal of this violation, as it was reviewed on survey from 09/2025. (), surveyor advised the past ED to post a notice stating that the LIS and emergency management plan would be available upon request. The Dept of Human Services accepted this plan of correction as per the LIS provided to () on 7/16/2026. We respectfully request removal of this violation based on this information.

1) ED immediately moved the LIS summary and emergency management plan to the credenza at the front entrance to the community.

2) ED educated all managers on 7/16/2026 regarding regulation 123b

3) Front desk receptionist will monitor LIS and emergency management plan location X 4 weeks, and monthly thereafter for 3 months beginning 7/18/2026.

4) LIS summary and emergency management plan will be kept on the credenza at the front desk moving forward

5) LIS and emergency management placement audit will be reviewed with ED at quarterly QA meeting to be held on Oct 19,2026

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented () - 09/04/2026)

132b - Safety Inspection/Fire Drill**12. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 9/26/2025. However, the previous fire drill observed by a fire safety expert was 6/26/2024.

132b - Safety Inspection/Fire Drill (continued)**Plan of Correction****Accept () - 08/27/2026)**

- 1) ED immediately recognized the need for the fire safety inspection to be within 12 months and not just yearly
- 2) ED educated community directors on regulation 132b on 7/16/2026.
- 3) Maintenance director immediately requested an annual fire safety inspection which was completed on 8/4/2026, to be in compliance with the 9/2025 past inspection letter.
- 4) All annual inspections will be held within the 12 month period moving forward. Maintenance director will be responsible for scheduling beginning immediately.
- 5) Maintenance director will create an audit tool for annual inspections by 7/20/2026 and document all dates on this tool for review
- 6) Audit tools will be reviewed with ED at quarterly QA meeting to be held on 10/19/2026

Licensee's Proposed Overall Completion Date: 08/30/2026**Implemented () - 09/04/2026)****183e - Storing Medications****13. Requirements**

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 7/15/2026, there were two loose pills observed in the first drawer of the medication cart in the Blue Jay neighborhood.

Sarna Sensitive 1% anti-itch lotion prescribed for resident 3 was in a locked box in the residents' bathroom. However the medication had an expiration date of 6/2026.

Resident 4 is prescribed Lantus Solostar. On 7/15/2026, this medication was stored in the medication cart with an opening date of 5/30/2026. According to the manufacturer's instructions, this medication has to be discarded after 28 days of opening.

Plan of Correction**Accept () - 08/27/2026)**

- 1) MT immediately removed loose pills and expired medications from cart
- 2) ED educated MTs on regulation 183e on 7/16/2026
- 3) Wellness director/designee will audit med carts for compliance weekly X 4 weeks beginning 7/20/2026 and monthly thereafter X 3 months. Documentation will be kept on a cart audit tool
- 4) Expired medication and loose items will be removed immediately upon notice beginning 7/17/2026
- 5) Quarterly medication audits will be completed by pharmacist from IPPC pharmacy. (already in place since 1/2026)
- 6) Pharmacy nurse liaison will audit carts upon request of community beginning 7/20/2026.
- 7) Med cart audits will be reviewed with the ED at quarterly QA meeting to be held on 10/19/2026

Licensee's Proposed Overall Completion Date: 08/30/2026**Implemented () - 09/04/2026)**

185a - Implement Storage Procedures

14. 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 for resident 5 is not calibrated to the correct date and time. On 7/15/2026, at 11:26 am, the glucometer for resident 5 has a current date of 7/14/2026 with a time of 2:21 pm.

Plan of Correction

Accept () - 08/27/2026)

- 1) Wellness director immediately recalibrated glucometer to correct date and time
- 2) ED/Wellness director educated MTs on regulation 185a on 7/20/2026.
- 3) Glucometers will be audited weekly X 4 weeks beginning 7/20/2026 and monthly thereafter for 3 months by Wellness Director/designee
- 4) Both residents requiring accu checks have been provided new glucometers on 8/19/2026 to ensure accuracy of date and time.
- 4) All glucometers will be reviewed by med techs prior to administering accu checks moving forward to ensure accuracy of dates and times. This will be documented in the eMAR as a task beginning 8/24/2026
- 5) Glucometer audits will be reviewed by ED at quarterly QA meeting to be held on 10/19/2026

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented () - 09/04/2026)

227g -Support Plan Signatures

15. 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 participated in the development of support plan on However, the assessor did not sign the support plan.

Plan of Correction

Accept () - 08/27/2026)

- 1) ED immediately provided signature on RASP in front of surveyor
- 2) ED educated wellness director and resident care coordinator on regulation 227g on 7/20/2026
- 3) ED completed 100% audit of all resident support plans for signature on 7/29/2026
- 4) Wellness director/designee will audit 10% of resident support plans monthly X3 months for assessors' signatures beginning 8/1/2026
- 5) Assessor signatures will be completed immediately after support plan has been completed moving forward
- 6) Audits will be reviewed by ED at quarterly QA meeting to be held on 10/19/2026

Licensee's Proposed Overall Completion Date: 08/30/2026

227g Support Plan Signatures (*continued*)

Implemented ([REDACTED] - 09/04/2026)