pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MDT ALF 1, LLC**
LEGAL ENTITY

To operate **LEGEND AT SILVER CREEK**
NAME OF FACILITY OR AGENCY

Located at **425 LAMBS GAP ROAD, MECHANICSBURG, PA 17050**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **108**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 4, 2023** until **October 4, 2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **339250**

ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

pennsylvania
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Emailing Date: October 4, 2023

[redacted]
MDT ALF 1, LLC
[redacted]

RE: Legend of Silver Creek
Certificate#: 339250

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on September 26, 2023 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes).

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

September 29, 2023

[redacted]

RE: LEGEND AT SILVER CREEK
425 LAMBS GAP ROAD
MECHANICSBURG, PA, 17050
LICENSE/COC#: 33925

Dear [redacted] ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/26/2023 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: *LEGEND AT SILVER CREEK* **License #:** *33925* **License Expiration:**

Address: *425 LAMBS GAP ROAD, MECHANICSBURG, PA 17050*

County: *CUMBERLAND* **Region:** *CENTRAL*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: [redacted]

Address:

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *07/14/2023* **Issued By:** *Hampden Township*

Staffing Hours

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

Inspection Information

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

Reason: *New* **Exit Conference Date:** *09/26/2023*

Inspection Dates and Department Representative

09/26/2023 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served:** *0*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Reflections* **Capacity:** *24* **Residents Served:** *0*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *0*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

Inspections / Reviews

09/26/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/07/2023*

09/28/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/28/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/04/2023*

Inspections / Reviews *(continued)*

09/28/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/28/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/04/2023*

09/28/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/28/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/06/2023*

09/29/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *09/28/2023*

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

82a - Poisonous Materials

1. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 9/26/2023 at 10:38 AM, a 24 ounce clear spray bottle containing a blue liquid substance was observed in the 1st floor housekeeping closet. The bottle was identified as "multi surface 8/25" in marker. A manufacturer's label was not used.

Plan of Correction ***Directed [redacted] - 09/28/2023)***

The benefit of the regulation is to minimize the possibility that a resident or staff person will mistake a poisonous substance for a harmless substance. The issue was corrected at time of inspection. The spray bottle was immediately removed from the housekeeping closet and the proper Ecolab chemical label was applied accordingly by the Maintenance Director.
On 09.26.2023 The Maintenance Director and Housekeeping staff were provided education by [redacted], Residence Director. A record of training is maintained in the associates training record. All new associates will be provided training by the Maintenance Director. A record of training is maintained on the individual's safety education record in the associate's file.
On 09.26.2023, the Residence Director, MJ Dugas, the Maintenance Director, Jason Martin and the Housekeeper, Rhonda Elliott did complete an initial internal audit to ensure all cleaning supplies/chemicals have the proper labels and no further issues were noted. The Safety Inspection Checklist tool was used and remains on file in the Residence Directors office.
To prevent future occurrences the Maintenance Director will complete a monthly Safety Inspection for ongoing compliance and the document will be retained in the Residence Director's office.

(Directed)

- *All current staff will be provided training by the Maintenance Director by 10/6/2023. A record of training will be kept by the home.*
- *To prevent future occurrences, beginning October 1, 2023, the Maintenance Director will complete a monthly Safety Inspection for ongoing compliance and the document will be retained in the Residence Director's office.*

Directed Completion Date: *10/06/2023*

Implemented [redacted] - 09/29/2023)

84 - Heat Sources

2. Requirements

2600.
84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from comin in contact with the heat source.

Description of Violation

On 9/26/2023, a steam table was observed in the Secured Dementia Care Unit's kitchen. There were no protective guards in place to prevent residents from coming in contact with the steam table.

84 - Heat Sources *(continued)*

Plan of Correction ***Accept [redacted] - 09/28/2023)***

Although no residents are currently residing in the home the regulation is in place to minimize the risk that residents will suffer burns by coming into contact with exposed heat sources. The steam table was removed at time of inspection from Reflections SDCU and is currently in storage. To prevent further occurrence the contractor will install a half wall and door to prevent access to the steam table heat source. The steam table will remain in storage until the work is completed within the next thirty days. The Residence Director will ensure the work is completed. The staff will be trained and the area will be monitored by all staff to be sure it remains locked, preventing resident access and supporting safe practices.

Licensee's Proposed Overall Completion Date: *10/25/2023*

Implemented ([redacted] 09/29/2023)

103f - Refrigerator/Freezer Temps

3. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 9/26/2023 at 10:05 AM, the temperature in the cinema's refrigerator was 44 degrees Fahrenheit, and at 10:21 AM it was 48 degrees Fahrenheit.

Plan of Correction ***Accept [redacted] - 09/28/2023)***

The controlled temperature ensures that foods are stored at safe temperatures. On 09.26.2023 [redacted], Maintenance Director was provided and educated by [redacted], Residence Director, with a copy of the regulatory requirement. A record of the training is maintained in the associate training file.
A temperature log sheet was developed on 09.26.2023 by Residence Director, [redacted]. The start date of the temperature log sheet was 09.26.2033 by Maintenance Director, [redacted]. On 09.27.2023 the Maintenance Director did place a new thermometer in the theater refrigerator and has monitored temperatures and completed logs (see attached). The Maintenance Director will continue to monitor and record the temperature logs daily for ongoing compliance.

Licensee's Proposed Overall Completion Date: *09/28/2023*

Implemented [redacted]/29/2023)