



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 23 2015

Ms. Eva J. Bering, Vice President of Operations
Landis Homes Retirement Community
1001 East Oregon Road
Lititz, Pennsylvania 17543

RE: Landis Homes Retirement Community
License #: 321770


Dear Ms. Bering:

As a result of the Department of Human Services' licensing inspection on April 27, 2015 and April 28, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 3, 2015 to June 3, 2016 was issued on February 13, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: LANDIS HOMES RETIREMENT COMMUNITY		License Number: 32177
Address: 1001 EAST OREGON RD, LITITZ, PA 17543		County: Lancaster
Administrator: Susan Paul		Region: CENTRAL
Legal Entity Name: LANDIS HOMES RETIREMENT COMMUNITY		
Legal Entity Address: 1001 EAST OREGON ROAD, LITITZ, PA 17543		
Certificate(s) of Occupancy		
I-1 12/26/2006 Manheim Twp.	I-1 10/31/2008 Manheim Twp.	C-1 10/16/1998 DOH
Staffing Hours		
Resident Support: 0	Total Daily Staff: 120	Waking Staff: 90
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/27/2015: Hoover, Douglas; Palermo, Michael 04/28/2015: Hoover, Douglas; Palermo, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED MAY 06 2015 CENTRAL REGIONAL FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 124 Number of Residents Served: 98 Secured Dementia Care Unit in Home: Yes Area: Lititz Secured Dementia Unit Capacity, if Applicable: 16 Number of Residents Served in Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 98 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 0	

Susan Paul
EIA Review, & P operation
6-6-2015

Violation Report: 32177 - 04/27/2015 - Hoover, Douglas
 PCH Name: LANDIS HOMES RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The contracts for residents' #1, #2 and #3, dated 2/10/15, 3/16/15 and 1/29/15 respectively, were not signed by the residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All Personal Care Contracts will be reviewed by the designated social worker in each household. If there are any signatures omitted the social worker will obtain those signatures from the resident. This audit will be completed by June 1, 2015. For three consecutive months, social services will audit all new resident contracts to assure this practice is consistent.

Personal Care Social Workers were re-educated by the Director of Social Services on the regulatory requirement to obtain resident signatures. The training occurred on May 1, 2015.

Social services have implemented a double check system at the time of admission. Effective May 1, 2015, contract resident signature will be obtained by the admitting admissions and/or social services team member and will be reviewed by the designated social worker and then checked by a second team member.

Minutes of the training and signature sheets attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Eva Berling*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) EVA BERLING Vice Pres. OPERATIONS	Date 5-6-2015
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/26/15
 (Date)

Plan of correction implementation status as of 5/26/15
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by NSC
 (Initials)

Violation Report: 52177 - 04/27/2015 - Hoover, Douglas
 PCH Name: LANDIS HOMES RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The April 2015 Medication Administration Record (MAR) for resident #4 did not have the diagnosis or purpose for the following medications: *Motoprolol Tartrate, 25 mg., Aspirin, 81 mg., CO Q-10, 100 mg. and Celebra, 20 mg.*

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

See attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Eva J Berling

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

EVA J BERLING In operation

Date *5-6-2015*

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Regulation: 2600.187 (a)s

A report on all current Personal Care residents will be run by the Clinical IT Specialist indicating any medications listed in our electronic medical records that do not have a supporting diagnosis listed. The team leader (LPN/RN) will then contact the attending Physician to obtain the supporting diagnosis. Reports and follow up will be completed by May 15, 2015

Personal Care team members will be re- educated on the requirement to have a supporting diagnosis for each medication. This training will be completed by May 12, 2015.

Upon admission, the admitting nurse will review all medications. If a diagnosis is not listed the admitting nurse will contact the Primary Care physician to obtain a supporting diagnosis.

New orders received will be reviewed by the nurse transcribing the order. If a supporting diagnosis is not listed the nurse will contact the physician to obtain a supporting diagnosis.

Medication technicians will inform the nurse in charge if they see any medications during their medication administration that does not have a supporting diagnosis listed.

Pharmacy will be notified if any medication is dispensed without a supporting diagnosis per pharmacy meeting on May 6, 2015

*Ed
Cora J. Berman
Eric J. Berman
VP Operations
5-6-2015*

Violation Report: 32177 - 04/27/2015 - Hoover, Douglas
 PCN Name: LANDIS HOMES RETIREMENT COMMUNITY

1. REGULATION 65 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 2/13/15, was not signed by resident #1 and there is no notation of inability or refusal to sign

The support plan, dated 7/2/14, was not signed by resident #5 and there is no notation of inability or refusal to sign.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All current Personal Care RASP will be reviewed by the LPN, secretary or RN Nurse Manager. If there are any missing signatures the LPN/RN Household team leader will obtain these signatures by May 15, 2015.

Team leaders (LPN/RN) responsible for reviewing the RASP with residents will be re-educated on the requirement to obtain resident signatures. Education will also include the need to document if the resident was unable to sign or refuse to sign. Education will be completed by May 12, 2015.

Designated LPN will audit all new admissions to Personal Care to ensure required signatures have been obtained. This LPN will also audit all annual updates and significant change updates for required signatures. This will be done for 2 consecutive months until there is full compliance .

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Handwritten Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>EVAN BEELING VP Manager</i>	<i>5-6-2015</i>

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