



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 04 2018

Mr. Timothy Buchanan,
Managing Member
Lititz PCH LLC
80 West Millport Road
Lititz, Pennsylvania 17543

RE: Signature Senior Living Lititz
Personal and Memory Care Community
Certificate #: 332980

Dear Mr. Buchanan:

As a result of the Department of Human Services' annual licensing inspections on November 2, 2017 and November 3, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in cursive script that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 33298 - 11/02/2017 - Hoover, Douglas
 PCH Name: SIGNATURE SENIOR LIVING LITITZ

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 7/22/17, Resident #1 fell, resulting in complaints of lower back and shoulder pain. On 7/25/17, the resident was observed having hallucinations. Resident #1 was sent to the hospital on 7/27/17 for right side facial droopage. The resident was diagnosed with a subdural hematoma as a result of the fall. The home did not submit an incident report to the Department.

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.

Effective August 2017, new administrator created a "reportable incident" binder. All reportable incidents according to DHS are now placed in chronological order in the binder and also in the resident's file. Moving forward reportable incidents will be reviewed and submitted by either PCH administrator or designee.

As part of the home's implementation of the quality management plan, the PCH administrator will review the reportable incident and condition reporting procedures developed as required by 2600.16b, and review all incidents reported during periodic quality management reviews. -BE

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jared M Zimmerman* Date *11/22/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-30-17</u> (Date)	Plan of correction implementation status as of <u>11-30-17</u> (Date)
The above plan of correction was approved by <u>BE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33298 - 11/02/2017 - Hoover, Douglas
 PCH Name: SIGNATURE SENIOR LIVING LITITZ

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

Resident #2, Resident #3 and Resident #4 did not sign their contracts, dated [redacted] 17, [redacted] 17 and [redacted] 17 respectively.

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.

The identified contracts will be reviewed with each resident by the Administrator or designee, and appropriate signatures obtained by 1/15/2018. *JZE*

Effective immediately, all new contracts will be signed by all parties necessary according to regulation 2600.25b. Administrator and designee will audit all files using the new admission checklist, by 1/15/18.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jmz

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

Jared M. Zimmerman

Date *11/22/17*

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The above plan of correction is approved as of 12-20-17
 (Date)

Plan of correction Implementation status as of 12-20-17
 (Date)

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

The above plan of correction was approved by *JZE*
 (Initials)

Violation Report: 33298 - 11/02/2017 - Hoover, Douglas
 PCH Name: SIGNATURE SENIOR LIVING LITIZ

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On the following dates, the home's census exceeded 51 residents:
 On 10/11, 10/15, 10/19 and 10/20 of 2017, there were no staff certified in first aid and CPR from 10:00 pm to 6:00 am.
 On 10/8, 10/9, 10/10, 10/13 and 10/14 of 2017, there were no staff certified in first aid from 10:00 pm to 6:00 am.
 On 10/14/17 and 10/15/17, there was only one staff member certified in first aid and CPR from 2:00 pm to 10:00 pm.

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.

There are CPR/First Aid classes scheduled through the local EMS company to ensure our schedules meet the minimum requirements needed for regulation 2600.63a. Minimum requirements will be satisfied by 12/31/2017. In addition, we will be hosting CPR classes quarterly or as needed to ensure that the appropriate amount of staff are CPR/First Aid certified.

CPR/First Aid classes will commence on 12/8/17 with two classes scheduled.
 The administrator will ensure that sufficient numbers of staff with the required training and certification are present in the home at all times. Documentation of staffing, training, and certification will be kept.
 CPR/First Aid training provided to direct care staff will be addressed during the home's periodic quality management reviews - *BE*

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Violation Report: 33298 - 11/02/2017 - Hoover, Douglas
 PCH Name: SIGNATURE SENIOR LIVING LITITZ

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member A, hired 4/17/17, did not have an orientation in fire safety and emergency preparedness.

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.

On 11/5/17, Direct Care Staff Member A has completed a new orientation in fire safety and emergency preparedness. Please see attached form. In addition, CSA will ensure all new hires are completing the correct orientation according to regulation 2600.65a.

An overview of required training needs and completion will be included during the home's periodic quality management reviews. -EE

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jared M. Zimmerman	11/22/17

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Violation Report: 33298 - 11/02/2017 - Hoover, Douglas
 PCH Name: SIGNATURE SENIOR LIVING LITITZ

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member A, hired 4/17/17, did not have an orientation in resident rights, emergency medical plan, mandatory reporting of abuse under the Older Adult Protective Services Act and reportable incidents.

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.

On 11/4/17, Direct Care Staff Member A has completed a new orientation in resident rights, emergency medical plan, mandatory reporting of abuse and reportable incidents. Please see attached form. In addition, CSA will ensure all new hires are completing the correct orientation according to regulation 2600.65b.

An overview of required training needs and completion will be included during the home's periodic quality management reviews. *-BE*

Repeat Violation: No

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JMZ

Printed Name and Title of Legal Entity Representative
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Jerold M Zimmerman

Date

11/22/17

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Violation Report: 33298 - 11/02/2017 - Hoover, Douglas

PCH Name: SIGNATURE SENIOR LIVING LITITZ

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the Initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member A, hired 4/17/17, did not have the required training before providing unsupervised ADL services.

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.

On 11/4/17 and 11/14/17,

Direct Care Staff Member A has since received the correct training needed according to regulation 2600.65d. Please see attached form. In addition, CSA will ensure all new hires are completing the correct orientation according to regulation 2600.65b.

An overview of required training needs and completion will be included during the home's periodic quality management reviews. -ZE

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Violation Report: 33298 - 11/02/2017 - Hoover, Douglas

PCH Name: SIGNATURE SENIOR LIVING LITITZ

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 8/31/17 at 3:34 pm does not include the total number of residents in the home at the time of the drill or the total number of residents that were evacuated.

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

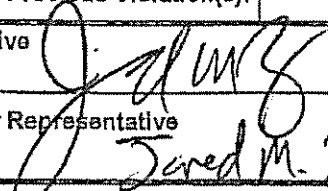
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The 8/31/17 drill was completed by an Interim administrator. Current administrator understands the process for fire drills. Administrator will complete fire drill logs correctly and according to regulation 2600.132c. See attached log.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Jared M. Zimmerman

Date 11/22/17

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Violation Report: 33298 - 11/02/2017 - Hoover, Douglas
PCH Name: SIGNATURE SENIOR LIVING LITITZ

1. REGULATION 55 Pa.Code §2600
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.

2a. DESCRIPTION OF VIOLATION
The glucometer for Resident #5 recorded 8 blood sugar readings from 10/28/17 to 11/2/17 which were not documented in the medication administration record (MAR). Included was a reading of 192 found between a measurement of 259 on 10/27/17 at 5:09 pm, and a reading of 120 on 10/28/17 at 8:32 am. A blood sugar measurement of 171 was found between a reading of 77 on 11/1/17 at 5:21 pm, and a reading of 157 on 11/2/17 at 8:26 am.

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.

A blood sugar recheck binder was implemented on 11/2/17. The binder is used to verify any blood sugar not recorded in a MAR. The glucometer in question was found to be faulty and was replaced.

The binder will be utilized by the Director of Wellness to monitor staff administering medications during bi-weekly checks. *SE*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 11/22/17

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(Date)

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

Plan of correction implementation status as of 12-20-17
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 33298 - 11/02/2017 - Hoover, Douglas
 PCH Name: SIGNATURE SENIOR LIVING LITITZ

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 8/4/17 for Resident #1, did not address approximately 30 falls that occurred since the resident's admission on 2/28/17 or how the home was going to assist the resident in meeting this need. Additionally, physical therapy services were not included in the 8/4/17 support plan.

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.

effective 10/2/17

Resident #1's RASP has been updated to include the falls and the addition of therapy services. Health Care Coordinator will ensure compliance with regulation 2600.227d by auditing all resident files. Please see attached RASP. The audit will be completed by 1/15/18. ~~SE~~

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jared M. Zimmerman	Date 11/22/17
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 (Date)

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

Plan of correction implementation status as of 11-30-17
 (Date)

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

Violation Report: 33298 - 11/02/2017 - Hoover, Douglas
 PCH Name: SIGNATURE SENIOR LIVING LITITZ

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the secured dementia care unit (SDCU) on [redacted] 17. The medical evaluation was dated 7/31/17.

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.

Effective immediately all new SDCU residents have a DME completed prior to admission according to regulation 2500.231b. Administrator and/or designee will ensure compliance by utilizing the admission checklist.

An audit of a sampling of resident records will be completed by the Administrator or designee by 1/15/18. - *sc*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

James M. Zimmerman

Date 11/22/17

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Violation Report: 33298 - 11/02/2017 - Hoover, Douglas
 PCH Name: SIGNATURE SENIOR LIVING LITITZ

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDCU on [redacted] 17. The cognitive preadmission screening was dated [redacted] 16.

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.

The Administrator and/or designee will ensure that each preadmission screening is completed within the required time frames, is accurate and completed in its entirety, including signing and dating the screening form. - *BE*

Effective immediately all new SDCU residents will have a signed prescreen completed according to regulation 2600.231c. Administrator and/or designee will ensure compliance by utilizing the admission checklist.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jared M Zimmerman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jared M Zimmerman</i>	Date <i>11/22/17</i>
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 (Initials)

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 (Date)

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- Not Implemented

Violation Report: 33298 - 11/02/2017 - Hoover, Douglas
 PCH Name: SIGNATURE SENIOR LIVING LITITZ

1. REGULATION 55 Pa.Code §2800

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

There were no directions or codes for operating the keypads in the SDCU by the "A311" and dining room exit doors.

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.

Sign was replaced at time of inspection. Sign was hung with double sided tape to prevent residents from removing the signs. See attached photo.

The Administrator or designee will complete monthly checks of the keypad codes to ensure that they are posted. *EE*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *J.M. Zimmerman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jared M. Zimmerman</i>	Date <i>11/22/17</i>
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- Not Implemented

Violation Report: 33298 - 11/02/2017 - Hoover, Douglas
 PCH Name: SIGNATURE SENIOR LIVING LITITZ

1. REGULATION 55 Pa.Code §2600

2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2a. DESCRIPTION OF VIOLATION

The resident and the resident's designated person were not involved in the development of the 5/10/17 support plan for Resident #3.

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.

The home will allow residents and their designated persons the opportunity to participate in support plan development and record whether or not such participation occurred. - *gc*

Effective immediately all residents and/or their designated person will sign the support plan. Health Care Coordinator will ensure compliance with regulation 2600.234e

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
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Jared M. Zimmerman

Date

11/22/17

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