



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Mr. Timothy Buchanan  
Managing Member  
Lancaster PCH LLC  
31 Millersville Road  
Lancaster, Pennsylvania 17036

APR 10 2018

RE: Signature Senior Living Lancaster  
Personal & Memory Care Community  
Certificate #: 333060

Dear Mr. Buchanan:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on December 18, 2017, December 19, 2017, January 23, 2018 and January 29, 2018 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](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 black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: Signature Senior Living Lancaster		License Number: 33306
Address: 31 Millersville Road, Lancaster, PA 17603		County: Lancaster
Administrator: MJ Dugas/Jared Zimmerman		Region: CENTRAL
Legal Entity Name: Signature Senior Living Lancaster, LLC		
Legal Entity	31 Millersville Road, Lancaster, PA 17603	
<b>Certificate(s) of Occupancy</b>		
I-I, 1-2 and A2 12/09/2016 Manor Township		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 71	Waking Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
12/18/2017: Heemer, Laura; McCloskey, Jason		
12/19/2017: Heemer, Laura; McCloskey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 100 Number of Residents Served: 56 Secured Dementia Care Unit in Home: Yes Area: Reflections Secured Dementia Unit Capacity, if Applicable: 40 Number of Residents Served In Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 4		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of or Older: 55 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 0

*Jared Zimmerman* 1/4/2018

Violation Report: 33306 - 12/18/2017 - Heemer,  
 Laura PCH Name: Signature Senior Living Lancaster

1. REGULATION 55 Pa.Code §2600

2600.44(f) - Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

2a. DESCRIPTION OF VIOLATION

On 11/28/2017 a written complaint regarding call bell response times was filed with the home. The home did not provide Resident #4, the complainant, a written decision explaining the home's investigation findings and the action taken to resolve the complaint.

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 importance of the regulation is to ensure that residents and designated persons are informed of the final disposition of complaint investigations.

The resident's complaint was addressed by the Residence Director however the violation cited was incurred due to the previous administrations error in retaining a copy of the response to the resident.

An Informal educational review of the regulation, policy and procedures was conducted the second day of the inspection, (12/19/17) with all Director level staff. The complaint log binder has been updated and remains in the office of the Residence Director.

Future violations are prevented through the daily staff meetings that include a review of any resident concerns to be immediately addressed by the Residence Director along with any supporting staff as indicated.

The responsibility of the prevention of future violations remains with the Residence Director. Any complainant will receive a written response by the Residence Director within the regulatory time frame. A copy of the complaint and response will be retained in the complaint log, secured in the Residence Director's office.

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) Mary Jane Dugas Date 1/4/2018

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

The above plan of correction is approved as of <u>1/8/18</u> (Date)	Plan of correction implementation status as of <u>2/8/18</u> (Date)
The above plan of correction was approved by <u>BAT</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: 33306 - 12/18/2017 - Heemer, Laura  
 PCH Name: Signature Senior Living Lancaster

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 12-15-2017 at 7:00 pm, the glucometer assigned for Resident#1 was used to measure the blood glucose level of 266 of Resident  
 2. On 12-13-2017 at 7:00 am, the glucometer assigned for Resident #2 was used to measure the blood glucose level of 106 of 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 primary benefit of the regulations is to greatly minimize the risk of resident illness.

The regulatory violation was cited because the staff failed to follow best practices by using the individual glucometers owned by each individual resident.

The Healthcare Coordinator did verify on 12/19/17, that each resident requiring accuchecks does, in fact, have their own labeled, individual glucometer.

To prevent future violations, the Healthcare Coordinator will facilitate additional educational opportunity with med tech staff on a one on one basis. Additionally, the Healthcare Coordinator will begin immediately conducting random audits of all glucometers to ensure ongoing compliance and accurate documentation and resident safety.

- The audit shall be a comparison of the actual readings on a resident's glucometer with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis for <sup>BAS</sup> 1/8/18 the residents who receive blood glucose testing. The weekly audits shall occur for a period of three weeks commencing on the date of this plan.

- The home shall review and amend the home's policies regarding 2600.185a to specifically address the safe storage, access, distribution, and use of glucometers and testing equipment. The Healthcare Coordinator will assure a copy of the updated policy is provided to and reviewed with all medication <sup>BAS</sup> 1/8/18 administration staff. This shall be completed within 20 days from the date of this plan.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Marcy Jane Dugas* Date *1/4/2018*

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Violation Report: 33306 - 12/18/2017 - Heemer, Laura

PCH Name: Signature Senior Living Lancaster

**1. REGULATION 55 Pa.Code §2600**

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

**2a. DESCRIPTION OF VIOLATION**

On 12/19/2017, at 9:50 am, the water temperature in the sink located in the resident laundry room across from Room A106 measured 128 degrees Fahrenheit.

On 12/19/2017, at 10:26 am, the water temperature in the sink located at the "Reflections" activity common room measured 127 degrees Fahrenheit.

**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.

This regulation is in place to protect residents from "accidental scalding".

Although the numerous water temperatures assessed by the inspector were found to be compliant during the inspection, the regulation was violated due to a water temperature found in two locations to be 127 and 128 which exceed the allowed 120 degrees'.

The Maintenance Director does perform monthly checks of all hot water temperature outlets accessible to/by the residents and will continue to do so. The water temperature checks will continue to be varied by day, date, and time to best manage consistency in the water temperatures.

The Maintenance Director will manage overall responsibility for preventing future violations.

*\* An immediate correction of the hot water temperatures was completed on the date of the inspection 12/18/17.*

*BOS 1/8/18*

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

Printed Name and Title of Legal Entity Representative *Mary Jane Dugas* Date *1/4/2018*  
(Required on EVERY Page)

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Violation Report: 33306 - 12/18/2017 - Heemer, Laura

PCH Name: Signature Senior Living Lancaster

**1. REGULATION 55 Pa.Code §2600**

2600.105(g)(1)- To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

**2a. DESCRIPTION OF VIOLATION**

On 12/18/2017, there was an accumulation of lint in the lint screen of the large dryer located in the staff laundry room across from room A1 06

**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 importance of this regulation is to reduce the risk of fire hazards and greatly reduce the chance of fire in personal care homes.

On the day of inspection, a review of multiple dryers present in the home revealed one dryer whereby a load had just been removed from the dryer and a very small amount of lint was found by the inspector. There was no pattern established of the issue in the dryers in general however in this case the staff person inadvertently failed to remove the small amount of lint. The lint was removed at time of inspection.

The prevention of future violations includes a lint removal log to be signed by staff daily verifying that the filters have been cleared, cleaned of lint.

The Director of Maintenance will continue to perform routine checks of all dryers daily to ensure they are clear of any lint.

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) Mary Jane Dugas Date 1/4/2018

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Violation Report: 33306 - 12/18/2017 - Heemer, Laura PCH  
 Name: Signature Senior Living Lancaster

1. REGULATION 55 Pa.Code §2600  
 2600.188(c) - Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 did not receive the administration of NovalOG on 12-17-17 and 12-18-17, at 7:00 am, 11 .00 am, 4:00 pm, and 7:00 pm. The home's records do not contain documentation of the prescribers' response.

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 regulation requires that documentation of medication errors and the prescriber's response shall be kept in the resident's record which protects the home by documenting consultation with a prescriber in response to a medication error.


The Healthcare Coordinator did conduct communication with the prescriber in reference to the resident's refusal of accuchecks and subsequent Novalog administration according to the prescriber's sliding scale as ordered.

The prescriber did acknowledge the resident's refusal and agreed to send documentation thereof. The prescriber failed to submit the written document to the home.

Future violations will be prevented through proper documentation of conversations with a prescriber.

The Healthcare Coordinator will follow through with the prescriber relentlessly until the documentation has been received by the prescriber to the home. The documentation and a copy of the prescriber's order(s) will be maintained on the resident record.

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) MARY JANE DUGAS Date 1/4/2018

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Violation Report: 33306 - 12/18/2017 - Heemer, Laura PCH  
 Name: Signature Senior Living Lancaster

1. REGULATION 55 Pa.Code §2600  
 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  
 On 12-18-17, inspectors were unable to access the exit doors of the Secured Dementia Care Unit. The correct code for operating the home's locking mechanism were not conspicuously posted near the 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.

The regulation is important to help to ensure that persona in the SDCU who do not have an identified need to be in a SDCU can exit the SDCU on their own and at will.

On the morning of 12/18/17 the Director of Maintenance had changed the code. The code change had no impact on the emergency egress of the PCH however, the DHS inspectors arrived on location and the Director of Maintenance inadvertently did not update the code posted at the door.

The posted code was corrected at time of inspection.

In an effort to prevent future violations the Director of Maintenance will prepare the posted code sign prior to changing the code. At the moment the Director of Maintenance changes a code, the code sign will be immediately posted.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Jane Dugas* Date *1/4/2018*

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