



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: March 5, 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
License #: 332980

Dear Mr. Buchanan:

As a result of the Department of Human Services' licensing inspections on February 9, 2018 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 33298 - 02/09/2018 - Bomberger, Cybil
 PCH Name: SIGNATURE SENIOR LIVING LITITZ PERSONAL & MEMORY CARE CMT

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 1/22/18 at approx. 10:30 AM, resident #1 entered their private room to find resident #3 in the room. Resident #1 was physically assaulted by resident #3. Resident #1 had bleeding from scratches to the scalp for which first aid was administered. Resident #1 also complained of having sore ribs due to being hit by resident #3.

On 2/2/18 at approx. 6:15 PM, residents #2 and #4 were watching tv in the media room when resident #4 became agitated and grabbed the hand of resident #2. Resident #2 obtained a significant skin tear which required treatment at the hospital emergency department. Resident #2 was visibly shaken and crying following the incident.

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.

Both incidents were located within the Secure Dementia Care Unit.

Both residents were separated immediately after the incident. Resident #1 was treated with first aid and had no recollection of the incident the following day. Resident #3 had no recollection of the incident minutes after it happened.

Resident #4 was immediately escorted to a different area of the community. He was given a 30-day notice and a family member was placed with him for all waking hours until he left the community. He has since left the community for another facility. Resident #2 has no recollection of the incident at this point and is very happy with the community.

Staff were all trained on noticing the signs of irritation from residents in the SDCU. Formal training will be held on 3/2/18.

Incidents were reviewed during Monthly QM on 2/28/18 and will be reviewed during additional upcoming months.

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)

Jared M. Zimmerman

Date 3/1/18

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

The above plan of correction is approved as of 3/5/18
 (Date)

Plan of correction implementation status as of 3/5/18
 (Date)

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

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