



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 5, 2018

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

RE: Legend Personal Care and
Memory Care of Lititz
Certificate: 332980

Dear Mr. Buchanan:

As a result of the Department's Bureau of Human Services Licensing inspection on May 10, 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 cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 33298 - 05/10/2018 - Cargile, Kellie
 PCH Name: LEGEND PERSONAL CARE AND MEMORY CARE OF LITZ

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
 The cognitive screening form for Resident #2, admitted to the home on [redacted] 18, does not include a diagnosis of Alzheimer's or other dementia.
 The cognitive screening form for Resident #3, admitted on [redacted] 18, was not signed by the person who completed the form.

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.

Beginning immediately the HCC and Assistant HCC will ensure that all DHS forms are completed properly and in their entirety. Random audits will occur quarterly. See attached Prescreen, completed for Resident #3 on 5/29/18. Resident #2's Prescreen was amended on 5/29/18 to include the required information.
Audits will be conducted by RO, HCC or designee - jmb
 Results of quarterly audits will be addressed at the home's Quality Management reviews. *jt*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jared Zimmerman PCHA* Date *5/29/18*

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

The above plan of correction is approved as of 6-5-18
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 6-5-18
 (Date)

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

Violation Report: 33298 - 05/10/2018 - Cargile, Kelle
 PCH Name: LEGEND PERSONAL CARE AND MEMORY CARE OF LITITZ

1. REGULATION 55 Pa.Code §2800

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 4/6/18, 4/29/18, 4/30/18, 5/1/18 and 5/5/18, Resident #1 had unwitnessed falls in the home. The home has not completed a new assessment of the resident's needs to reflect the risks of falls.

2. 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.

dated 5/28/18, and signed 5/28/18 (LAE)

HCC completed a new RASP for resident #1. HCC will ensure that all Significant Change RASPs are completed in accordance with the regulation. Random audits will occur quarterly. See attached RASP.

Audits will be conducted by RD, HCC or designee.

Any RASP found needing an update shall be completed immediately. Staff will receive re-education to contact the RD, HCC or designee immediately when a significant change in the resident's abilities has occurred, so that any change in need can be properly addressed and documented.

Results of quarterly audits will be addressed at the home's Quality Management reviews. *de*

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* PCHA Date *5/28/18*

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

The above plan of correction is approved as of 6-5-18
 (Date)

Plan of correction implementation status as of 6-5-18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
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The above plan of correction was approved by *de*
 (Initials)