



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 04 2019

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 annual inspection on October 17 and 18, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 33298 - 10/17/2018 - OPake, Hope
 PCH Name: LEGEND PERSONAL CARE AND MEMORY CARE OF LITITZ

1. REGULATION 55 Pa.Code §2600

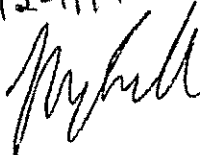
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

-The annual training provided to direct care Staff Member A in training year 2017 did not include the topics of medication self-administration and instruction on meeting the needs of residents as described in the pre-admission screening form, assessment tool, medical evaluation, and support plan.
 -The annual training provided to direct care Staff Member B in training year 2017 did not include the topics of medication self-administration and instruction on meeting the needs of residents as described in the pre-admission screening form, assessment tool, medical evaluation, and support plan.

Training held on 11-7-2018 for all staff for medication self administration and meeting the needs of residents with pre-admission screening form, assessment tool, DME, and RASP. All staff were instructed the purpose of these documents and where to find them. Going forward this training will be provided annually for all staff members. Administrator will also provide training to new employees with a start date after the annual training for these topics as they are not included in our Relias training. Staff person training needs will also be included in the home's periodic quality management reviews. - GE

2/24/19


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) Terri Sanelli, Resident Director	Date 2/24/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/5/19</u> (Date)	Plan of correction implementation status as of <u>3/5/19</u> (Date)
The above plan of correction was approved by <u>GE</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 - 10/17/2018 - OPake, Hope
 PCH Name: LEGEND PERSONAL CARE AND MEMORY CARE OF LITITZ

1. REGULATION 55 Pa.Code §2500

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

-Staff Member A did not receive training in fire safety, by a fire safety expert, during training year 2017.
 -Staff Member B did not receive training in fire safety, by a fire safety expert, during training year 2017.

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.

Annual Fire training will be conducted for all staff annually. Annual fire inspection held 11/5/2018, and Fire Drill held 11-7-2018. Maintenance Director trained to provide annual training and will continue. Administrator or designee to audit periodically for compliance.

Staff person training needs will also be included in the home's periodic quality management reviews. - GE

2/24/19


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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Terri Sanelli, Residence Director	Date	2/24/2019
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Violation Report: 33298 - 10/17/2018 - OPake, Hope
 PCH Name: LEGEND PERSONAL CARE AND MEMORY CARE OF LITITZ

1. REGULATION 55 Pa.Code §2800
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted on August 9, 2018. The Medical Evaluation completed on August 9, 2018 did not have a completed self-administration of medications section. An attached medication list was outdated and from a previous residence.

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 residents file was immediately updated. Administrator provided review of regulation was reviewed with Health Care Coordinator and Assistant Care Coordinator. Auditing tool implemented for Nursing supervisor or designee to follow, administrator or designee to check for completion with each admission.

2/24/19


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Violation Report: 33298 - 10/17/2018 - OPake, Hope
 PCH Name: LEGEND PERSONAL CARE AND MEMORY CARE OF LITITZ

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a physician's order to receive Humalog Kwikpen Inj 100/mj, with instructions to "Inject 4 units subcutaneously before meals three times daily. Hold if blood sugar is < 150; if blood sugar > than 350 call PCP."
 -On October 6, 2018 at 11:30 AM, the resident's blood sugar was 104. Staff Member A administered the Humalog in the left arm.
 -On October 12, 2018 at 4:30 PM, the resident's blood sugar was 80. Staff Member C administered the Humalog in the left arm.
 -On October 14, 2018 at 11:30 AM, the resident's blood sugar was 146. Staff Member D administered the Humalog in the right arm.

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.

Healthcare Coordinator or designee to review all orders upon receiving and check that pharmacy has entered sliding scale orders clearly. Administrator reviewed with med tech staff triple checking each medication order prior to administration. Administrator reviewed with med tech staff in Emar system how to calculate insulin dose and proper documentation. Healthcare Coordinator or designee to conduct periodic audits of glucometers and sliding scale.

The results of the medication audits will be discussed at the home's periodic quality management reviews. - GE

TS 2/24/19
[Signature]

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