



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 10 2019

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

RE: Legend Personal Care and
Memory Care of Lancaster
Certificate #: 333060

Dear Mr. Buchanan:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 27, 2018 and November 28, 2018, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

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

Violation Report: 33306 - 11/27/2018 - Springs, Israel
 PCH Name: LEGEND PERSONAL CARE AND MEMORY CARE OF LANCASTER

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 home's records document that Resident #1's blood sugar levels measured 140 on 11/22/18 at 8:31pm, 132 on 11/24/18 at 8:31pm, 130 on 11/25/18 at 8:30pm, and 140 on 11/26/18 at 8:49pm. These measurements were not stored in the resident's glucometer.
 On 11/28/18 at 9:55am, the glucometer for Resident #1 was incorrectly set to read 5/24/18 at 2:01am.

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.

11/28- Immediately the Assistant Health Care Coordinator reset the glucometer per the licensing reps instructions.

That evening the LPN went to check blood sugar for the resident involved, After checking the history realized that the machine was not storing in the memory.

11/29 The Health Care Coordinator rechecked the glucometer and found the date and time were coming up a day and hour ahead. It was determined that the glucometer failed.

11/29 The glucometer was replaced, and documented in the resident chart.

Resident readings have been appropriately stored since the glucometer was replaced. Moving forward the HCC, AHCC, or designee will audit the glucometers daily to ensure the equipment is working properly.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Raren Mackley* Date *12/19/18*

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The above plan of correction is approved as of <u>12/19/18</u> (Date)	Plan of correction implementation status as of <u>12/19/18</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented