September 12, 2019

Ms. Michelle N. Rassler
Vice President of Operations
Landis Homes Retirement Community
1001 East Oregon Road
Lititz, Pennsylvania 17543

RE: Landis Homes Retirement Community
Certificate #: 321770

Dear Ms. Rassler:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 22 and 23, 2019 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,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *LANDIS HOMES RETIREMENT COMMUNITY* **License Number**: *321770*
Address: *1001 EAST OREGON ROAD, LITITZ, PA 17543*
County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: *Susan Paul* **Phone**: *7175693271* **Email**: *INFO@LANDISHOMES.ORG*

Legal Entity

Name: *LANDIS HOMES RETIREMENT COMMUNITY*
Address: *1001 EAST OREGON ROAD, PA, 17543*

Certificate(s) of Occupancy

Type: *I-1* **Date**: *12/26/2006* **Issued By**: *Manheim Twp.*
Type: *C-1* **Date**: *10/16/1998* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *118* **Waking Staff**: *89*

Inspection

Type: *Full* **BHA Docket #**: **Notice**: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

04/22/2019 - On-Site: Kellie Cargile, Laura Heemer

04/23/2019 - On-Site: Kellie Cargile, Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* **Residents Served**: *95*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Lititz House* **Capacity**: *16* **Residents Served**: *16*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *95*
Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *23* **Have Physical Disability**: *2*

Rec'd
6/12/19
GE

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Staff Person A did not receive training in care for residents with mental health/intellectual disabilities for the training year 2018. The home serves one resident with a primary mental health diagnosis.

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.)

1) Annual training schedule was reviewed with our Computer Support Specialist on April 30, 2019 to ensure that all direct care staff persons have been assigned mental health/ intellectual disabilities training for the new 2019 training year in our electronic training system. It was discovered during our recent annual survey that this requirement was inadvertently not assigned to Staff Person "A". All other required trainings were also reviewed for accuracy in annual assignments. *See attachment # 1 for 2019 assignments for all direct care staff members.
2) Monthly emails will be sent by the Personal Care Administrative Assistant to all direct care staff persons. This report will inform them of any required trainings that are overdue.
3) The Personal Care Administrative Assistant will also send this report to the Personal Care Administrator. Team members with outstanding training will be removed from the schedule if all training is not completed by November 29th, 2019.
4) Overdue trainings will be reviewed at the Personal Care quarterly Quality Improvement meetings.
5) This plan was also reviewed in our April 25, 2019 team meeting, emails and our E-MAR communication system called inbox. (attachment # 2)

Legal Entity Representative

S. Paul PCHA/LPN	Susan W. Paul PCHA/LPN	6/12/19
Signature	Printed Name and Title	Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/15/19 (Date)

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

Plan of correction implementation status as of 8/15/19 (Date)

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

65g - Annual Training Content

Regulations

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. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
3. Resident rights.

Description of Violation

Staff Member A did not receive training in Fire safety or Resident rights during training year 2018.

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.)

1) Annual training schedule was reviewed with our Computer Support Specialist on April 30, 2019 to ensure that all direct care staff persons have been assigned fire safety and resident rights training for the new 2019 training year in our electronic training system. It was discovered during our recent annual survey that this requirement was inadvertently not assigned to Staff Person "A". All other required trainings were also reviewed for accuracy in annual assignments. Attachment # 1 is the 2019 assignments for all direct care staff members.

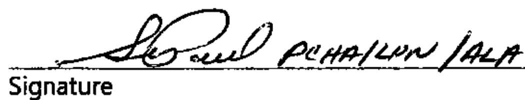
2) Monthly emails will be sent by the Personal Care Administrative Assistant to all direct care staff persons. This report will inform them of any required trainings that are overdue

3) The Personal Care Administrative Assistant will also send this report to the Personal Care Administrator. Team members with outstanding training will be removed from the schedule if all training is not completed by November 29th, 2019.

4) Overdue trainings will be reviewed at the Personal Care quarterly Quality Improvement meetings.

5) This plan was also reviewed in our April 25, 2019 team meeting, emails and our E-MAR communication system called "inbox". (Attachment # 2)

Legal Entity Representative



Signature

Susan W. Paul PCHA/LPN/ALA — Printed Name and Title

6/13/19 — Date

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183e - Storing Medications

Regulations

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 4/23/19, two loose pills were found in the medication cart in the home's secure dementia care unit, Lititz House. One pill was a green gel tablet that was identified as Vitamin D. The other was half of a white tablet that could not be identified.

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.)

1) Loose pills were removed and immediately discarded in the drug buster.
2) Night shift team members will audit all medication carts on a daily basis. If any loose pills are discovered the staff will try to identify the pill, contact the pharmacy, complete an internal incident report, and complete a DHS reportable incident. The physician will also be notified if the resident can be identified. * Attachment # 4 is a copy of audit log.
3) Education has been provided to team members on April 25, 2019 and a follow up training will also occur on June 25, 2019. Review was also sent via email and our E-Mar communication system called " inbox"
4) Personal Care Compliance nurse will audit medication carts during her medication technician observations.

Legal Entity Representative

Signature | Printed Name and Title: Susan W. Paul PCHA/LPN/ ALA | Date: 6/12/19

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- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

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231c - Preadmission Screening

Regulations

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.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 8/14/18. However, the resident's written cognitive preadmission screening was completed on 7/17/18. The cognitive screening did not include a diagnosis of Alzheimer's or other dementia and did not verify that the resident needed secure care.

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.)

1) Re-education was provided to the Social Service team and RN nurse mangers regarding the requirement to complete the cognitive screen in its entirety. It was also reviewed in our April 25, 2019 (Attachment # 2) emails & our E-Mar communication system called "inbox"
2) Completion of the cognitive screen will be completed within 72 hours of admission. If completed prior to 72 hours the cognitive screen will be updated on the day of admission.
3) Personal Care Compliance nurse will audit all new admissions to our secure dementia unit for accuracy of all admission paperwork. *Attachment # 3 is the audit log.

Legal Entity Representative

S Paul PCHA/LPN/ALA — Signature

Susan W Paul PCHA/ALA/LPN — Printed Name and Title

6/12/19 — Date

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