



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: November 26, 2019

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

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

Dear Mr. Buchanan:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 17, 2019 and October 18, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: LEGEND PERSONAL CARE AND MEMORY CARE OF LANCASTER

License Number: 33306

Address: 31 MILLERSVILLE ROAD,, LANCASTER, PA 17603

County: LANCASTER

Region: CENTRAL

Administrator

Name: Karen Mackley

Phone: 7172088655

Email:

Legal Entity

Name: LANCASTER PCH LLC

Address: 31 MILLERSVILLE ROAD, LANCASTER, PA, 17603

Certificate(s) of Occupancy

Type: I-1

Date: 12/19/2016

Issued By: Manor Township

Type: I-2

Date: 12/19/2016

Issued By: Manor Township

Type: Other

Date: 12/19/2016

Issued By: Manor Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 91

Waking Staff: 68

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Incident

Inspection Dates and Department Representative

10/17/2019 - On-Site: Jason McCloskey, Douglas Hoover

10/18/2019 - On-Site: Jason McCloskey, Douglas Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100

Residents Served: 70

Secured Dementia Care Unit

In Home: Yes

Area: Reflections

Capacity: 40

Residents Served: 21

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 70

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 21

Have Physical Disability: 1

103g - Storing Food

Regulations

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of "Swift River" dried apple rings, located in the kitchen pantry, was not sealed.
A six pound box of "Premium" multicolored sprinkles, located in the kitchen pantry, was not sealed and open at the top.

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.)

Continued on Page 7A

Legal Entity Representative

Karen Mackley
Signature

Karen Mackley

Printed Name and Title

11/1/19

Date

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

The above plan of correction is approved as of 11/4/19 Plan of correction implementation status as of 11/26/2019
(Date) (Date)

Fully Implemented

The above plan of correction was approved by BAS
(Initials) Not Implemented

183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident 1 had a bottle of prescription Lantanoprost OP 0.005% sol unsecured and stored on a table in her room. Resident 1 has not assessed as capable to self-administer this medication and had free access to it.

Plan of Correction (POC)

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Continued on Page 7A

Legal Entity Representative

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Signature

Karen Mackley
Printed Name and Title

11/1/19
Date

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184b - Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

The medication cart labeled "PC 1" had two bottles of Nasonex 50mcg nasal spray, an Asmanex Twisthaler, a 220mcg, a bottle of 81mg aspirin, a 350 count bottle of D3 2000 IU softgels, a 220 count bottle of Centrum Silver, and a 100 count bottle of AREDS 2 + Multivitamin softgels stored in it. None of these medications were labeled to identify the resident using the medication.

Plan of Correction (POC)

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Continued on Page 7A

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Signature

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

The home hasn't implemented procedures for the safe use of glucometers as evidenced by multiple readings stored in residents' glucometers which were incorrectly recorded in the home's medication administration records (MARs). This included Resident 2's blood sugar reading on 10/17/19 of 325 that was recorded in the MAR as 335, and Resident 4's blood sugar reading on 10/17 of 286 that was recorded on the MAR as 288.

In addition, the meters for Resident 2 and and Resident 3 were programmed with the incorrect date and time. Resident 2's glucometer was programmed for the date 4/24 when the date was actually 10/18 and Resident 3's glucometer was programmed for the date 1/02 when the date was actually 10/17.

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.)

Continued on Page 7A

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 4 is ordered to have blood sugar testing completed two hours after every meal. Resident 4's blood sugar was not measured on 10/14/19 after lunch.

Resident 5 is prescribed Furosemide Tab 20mg, 1/2 tab (10mg) daily and Isosorb Mono Tab 30mg er, 1 tab daily. Neither of these medications were administered 10/13/19 through 10/17/19 because the medications weren't present and available in the home.

Plan of Correction (POC)

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Continued on Pages 7A and 7B

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Signature

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227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

According to Staff Person A, Resident 6's and Resident 7's family members participated in the development of their support plans. The family members did not sign the support plans nor is there any documentation of their refusal or inability to do so. Both residents reside in the home's secure dementia care unit.

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.)

Continued on Page 7B

Legal Entity Representative

<i>Karen Mackley</i>	<i>Karen Mackley</i>	<i>11/1/19</i>
Signature	Printed Name and Title	Date

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Legend of Lancaster- Plan of Correction

103g The unsealed food was corrected at the time of inspection. Residence Director retrained cook and Dining Services Coordinator on proper labeling and storage of foods. See attached documentation. Culinary Services Coordinator or cook will audit walk in and food storage daily and then ongoing weekly. Residence Director or designee will monitor monthly and discuss during quality assurance monthly meetings. *The audits for the first five days will be documented and submitted to the Department by 11/15/19 BAS 11/4/19

183b The bottle of prescription eye drops were removed from the resident's apartment. Her Eye Doctor was contacted to request the residents' ability to self-medicate her eye drops. Her physician requested she schedule an updated appointment to review the need to continue the medication and insure the dosage is correct. That was scheduled for November 1st. The resident was not assessed to self-administer her medication by her PCP related to her admission diagnosis. All of the residents that self-administer medication have been assessed as per regulations.

184b immediately, all of the medications were labeled with the correct resident's name. The med-techs were retrained on 10/30/2019 on the importance of labeling all medication with residents name. The med-techs will monitor compliance when doing medication audits. Daily audits are starting on November 1st. Audits for the first 14 days will be submitted to DHS by 11/29/2019.

185a The Glucometers were calibrated by the Health Care Director with the correct date and time 10/29/2019. The med techs were retrained on 10/30/19. The glucometers were added to the audit sheet and the Med techs will sign. They will be checked daily for compliance starting October 29th for 14 days. The HCD and AHCD or designee will audit the actual readings on the resident's glucometer as compared with the documented readings on the Medication Administration Record. Afterwards random audits will occur to ensure ongoing compliance. The audits for the first 14 days will be submitted to the department by 11/29/2019.

187d Blood sugar testing will be completed as prescribed by the physician. Resident #4 was out of the building at the time the testing was ordered. When the resident is out of the building the med-tech will make a notation in the resident mar, or completion of the testing will be noted upon return to the building.

All medication will be given as prescribed by the physician. The resident was a new admission coming from home with his spouse with limited medications from an outside specialist that the PCP was not aware of at the time of admission. The PCP was contacted by both the family, and Health Care Director for resident #5 to receive signed orders to fill the medications. The HCD or designee will obtain signed orders prior to permitting admission to the community. The Health care Director or designee will audit the Medication Administration Records to ensure medications are administered and being recorded

accurately. The audits will occur on a weekly basis for a period of four weeks and then randomly for ongoing compliance. The initial 4 week period of audits will be completed by 12/10/19. Documentation for the completion of these audits will be submitted to the Department.

227g All family members participating in the development of a residents support plans shall sign and date, or the refusal to do so. If participating by phone, a notation will be documented on the support plan. The Assistant Health Care Coordinator or designee will review each completed support plan for a period of thirty day and randomly to ensure compliance. The AHCC or designee with initial each support plan in the bottom right hand corner. The initial review period will be completed by 11/22/2019