

Department of Human Services  
Bureau of Human Service Licensing

November 23, 2020

VICTORIA LEITGEB, REGIONAL DIRECTOR  
LITITZ PCH LLC  
80 WEST MILLPORT ROAD  
LITITZ, PA 17543

RE: LEGEND PERSONAL CARE AND  
MEMORY CARE OF LITITZ  
80 WEST MILLPORT ROAD  
LITITZ, PA, 17543  
LICENSE/COC#: 33298

Dear Ms. Leitgeb,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2020, 07/29/2020, 07/31/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *LEGEND PERSONAL CARE AND MEMORY CARE OF LITITZ* License #: *33298* License Expiration Date: *11/15/2020*  
 Address: *80 WEST MILLPORT ROAD, LITITZ, PA 17543*  
 County: *LANCASTER* Region: *CENTRAL*

**Administrator**

Name: *Victoria Leitgeb* Phone: *7172834255* Email: *Victoria.Leitgeb@legendseniorliving.com*

**Legal Entity**

Name: *LITITZ PCH LLC*  
 Address: *80 WEST MILLPORT ROAD, LITITZ, PA, 17543*  
 Phone: *7172834255* Email: *Victoria.Leitgeb@legendseniorliving.com*

**Certificate(s) of Occupancy**

Type: *I-1* Date: *11/18/2016* Issued By: *Warwick Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *105* Waking Staff: *79*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *07/31/2020*

**Inspection Dates and Department Representative**

*07/28/2020 - Off-Site: Douglas Hoover*  
*07/29/2020 - Off-Site: Douglas Hoover*  
*07/31/2020 - Off-Site: 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: *27*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *35* Have Physical Disability: *2*

## Inspections / Reviews

## 07/28/2020 - Partial

Lead Inspector: *Douglas Hoover*Follow-Up Type: *POC Submission*Follow-Up Date: *08/17/2020*

## 9/15/2020 - POC Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Document Submission*Follow-Up Date: *09/25/2020*

## 11/23/2020 - Document Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Not Required*

227g -Support Plan Signatures

1. Requirements

2600.

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

Description of Violation

*The support plan, dated 7/16/2019, for Resident #1, admitted 7/15/2019, was not signed by the home.*

Plan of Correction

Accept

*Corrected at time of inspection.*

*All staff that participate in the development of the CP will sign and date the document. Healthcare Director and Assistant Health Care Director will audit the documents for compliance monthly, beginning in September 2020.*

*Administrator will intermittently evaluate compliance.*

**Completion Date:** 08/16/2020

Document Submission

Implemented

*Corrected at time of inspection.*

*All staff that participate in the development of the CP will sign and date the document. Healthcare Director and Assistant Health Care Director will audit the documents for compliance monthly, beginning in September 2020.*

*Administrator will intermittently evaluate compliance.*

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

*The medical evaluation is dated 3/25/2020 for Resident #2 who was admitted on 7/3/2020.*

Plan of Correction

Accept

*Healthcare Director or designee will review all initial medical information prior to resident move in to ensure compliance. If all criteria is not met, the HCD will follow up with the physician to ensure accurate completion to include appropriate dates.*

*HCD will audit medical evaluation periodically for compliance.*

**Completion Date:** 08/10/2020

Document Submission

Implemented

*Healthcare Director or designee will review all initial medical information prior to resident move in to ensure compliance. If all criteria is not met, the HCD will follow up with the physician to ensure accurate completion to include appropriate dates.*

*HCD will audit medical evaluation periodically for compliance.*