

Department of Human Services
Bureau of Human Service Licensing

January 13, 2022

[REDACTED]
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2021 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: 11/15/2021
Address: 80 WEST MILLPORT ROAD, LITITZ, PA 17543
County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED] Phone: 7172834255 Email: [REDACTED]

Legal Entity

Name: *LITITZ PCH LLC*
Address: 80 WEST MILLPORT ROAD, LITITZ, PA, 17543
Phone: 7172834255 Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: 05/06/2021

Inspection Dates and Department Representative

05/06/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 63

Secured Dementia Care Unit

In Home: *Yes* Area: *Reflections* Capacity: 33 Residents Served: 24

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 62
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 32 Have Physical Disability: 1

Inspections / Reviews

05/06/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 06/21/2021

Inspection Dates and Department Representative (*continued*)

01/11/2022 - POC Submission

Reviewer [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/11/2022*

01/13/2022 - Document Submission

Reviewer [REDACTED] Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Per the Order of the Secretary of the Pennsylvania Dept. of Health Requiring Universal Face Coverings, updated November 18, 2020.

Section 2

Face Coverings Required

Except as provided in Section 3, every individual, age two and older, in the Commonwealth of Pennsylvania shall wear a face covering when: A. Indoors or in an enclosed space, where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance.

On 5/6/2021, at approximately 9:30 am, Staff Person A was observed in the lounge area of Reflections, the home's memory care unit wearing a mask that was pulled down and exposed [redacted] nose. At approximately 12 pm, Staff Person A was observed wearing a mask that was pulled down under [redacted] chin, while standing near the dining area of Reflections. At approximately 12 pm on 5/6/2021, Staff Member B was observed serving lunch to residents of Reflections with a mask that did not cover [redacted] nose.

Plan of Correction

Accept

Team has been re-educated about proper mask wearing technique along with full PPE training. Ongoing training will occur as needed. Compliance will be monitored by RD and management team. Verbal and written coaching will be given to those team members who fail to comply with applicable local state and federal health and safety laws.

Document Submission

Implemented

All steps have been completed

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

- On 5/6/2021 at approximately 10 am, the walls in the kitchen had splatters of black debris which staff reported to have happened when the floors were power washed.
- The floor throughout kitchen had dirt and sticky food debris along the baseboards.
- The prep sink located in the serving area beside the dining room was splattered with juice and a wrapper from single serving butter was found in the sink.
- The sink faucet handles were grimy.

88a - Surfaces (continued)**Plan of Correction****Accept**

Dining Service Manager immediately cleaned all surfaces to meet 2600.88a. RD followed up with a deep kitchen cleaning day on 5/19/21. All surfaces were disinfected/sanitized at that time. Cleaning schedules were implemented

1. Requirements

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

Description of Violation

- *The walk-in freezer contained a box of puff pastry that was open, exposing its contents to the air, and a plastic bag with 4 hamburger patties that was unsealed.*
- *The walk-in refrigerator had an open plastic bag of lunch meat.*
- *A large stainless steel bowl of tortilla chips was on a shelf in the dry storage area. The plastic wrap covering the bowl had a hole measuring approximately 2 inches by 4 inches.*
- *In the dry storage area, a gallon bottle of light, unsulfured molasses was not capped and the sides of the bottle were covered in large drips of molasses.*
- *The spice rack located near the cooking area of the kitchen included a large 18 oz. plastic jar of cinnamon. The jar was partially melted and had no lid exposing the contents to the air.*
- *In Refrigerator #1, a 9.25 oz. squeeze bottle of Smucker's raspberry topping was not sealed and had a ring of topping that leaked around the top and down the sides of the bottle.*

103g - Storing Food (continued)**Plan of Correction****Accept**

On day of survey all identified items had been thrown away and all other food items were checked to be sure that everything was sealed, signed, dated and identified. RD will round in kitchen Monday thru Friday to check compliance. MOD will round in kitchen on weekends to verify compliance. Corrected at time of inspection.

Document Submission**Implemented**

All steps have been completed

103i - Outdated Food**1. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

- *An unlabeled, undated 24 oz. bag of Monarch brand crispy onions was on a shelf in the dry storage area.*
- *An opened 24 oz. bottle of Hershey brand chocolate syrup was missing a lid and chocolate syrup drips had dried on the outside of the bottle and on a shelf in the dry storage area. The bottle states, "Refrigerate after opening."*

Plan of Correction**Accept**

On day of survey all identified items had been thrown away and all other food items were checked to be sure that everything was sealed, signed, dated and identified. RD will round in kitchen Monday thru Friday to check compliance. MOD will round in kitchen on weekends to verify compliance. Corrected at time of inspection.

Document Submission**Implemented**

All steps have been completed

161d - Dietary Needs**1. Requirements**

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

- *On [REDACTED] Resident 1's physician ordered a mechanical soft diet. However, on 5/6/2021 at 12 pm, the Resident 1 was served turkey that staff cut into approximately 1" - 2" pieces with a fork. Resident 1 was observed trying to bite off a piece of turkey from a large piece of turkey the resident picked up with a fork.*
- *On [REDACTED] Resident 2's doctor ordered a mechanical soft diet. However on 5/6/2021 at 12 pm, Resident 2 was served turkey cut into 1" - 2" pieces by staff. Resident 2 was observed coughing while eating this meal.*
- *On [REDACTED] Resident 3's physician ordered a mechanical soft diet. On 5/6/2021, Resident 3 was served turkey that staff cut into 1" - 2" pieces with a fork.*

161d - Dietary Needs (continued)

Plan of Correction**Directed**

Corrected at time of inspection. All culinary and care staff was re-educated on proper diet consistency. RD has scheduled additional training with Speech Therapy in July. RD, AHCD, med tech or designee will verify proper consistency prior to plate going to resident at meals.

Directed -

Administrator will audit all residents' special dietary needs as prescribed by each resident's health care professional and review dietary needs with the culinary staff, within 30 days of the receipt of this plan of correction. Documentation of each resident's special dietary needs shall be kept in the resident's record. GE, 1/11/22

Document Submission**Implemented**

All steps have been completed

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident 1's support plan, completed on [REDACTED] was not updated to include the physician's [REDACTED] order that Resident 1 be served a mechanical soft diet.

Resident 2's support plan, completed on [REDACTED] was not updated to include the doctor's order, dated [REDACTED] that Resident 2 is to be served a mechanical soft diet.

Plan of Correction**Accept**

RASPs have been updated with the appropriate information. Audit was completed by AHCD on 05/07/21.

Compliance will be maintained by HCD and AHCD or designee moving forward. Monthly audits will occur with RD or designee review.

Document Submission**Implemented**

All Steps have been completed

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 1's support plan, dated [REDACTED] does not include the home's plan to meet the resident's dental, dietary or recreational needs.

Plan of Correction**Accept**

Previous AHCD failed to complete RASP in its entirety. Corrected at time of visit. Audit was completed by AHCD on 05/07/21. Compliance will be maintained by HCD and AHCD or designee moving forward. Monthly audits will

227d - Support Plan Medical/Dental (continued)

occur with RD or designee review.

Document Submission**Implemented**

All Steps have been completed

231c - Preadmission Screening**1. Requirements**

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 Secured Dementia Care Unit (SDCU) on [REDACTED] However, Resident 1's written cognitive preadmission screening was not completed.

Plan of Correction**Accept**

HCD and AHCD have completed an audit of all pre screens. This resident was found to be an isolated incident. Compliance will be maintained by HCD and AHCD or designee moving forward. Monthly audits will occur with RD or designee review.

Document Submission**Implemented**

All items have been completed