

Department of Human Services
Bureau of Human Service Licensing

August 1, 2022

[REDACTED], MANAGING MEMBER

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 10/20/2021, 10/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *11/15/2022*
Address: *80 WEST MILLPORT ROAD, LITITZ, PA 17543*
County: *LANCASTER* Region: *CENTRAL*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *08/07/2015* Issued By: *Warwick Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *108* Waking Staff: *81*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *10/21/2021*

Inspection Dates and Department Representative

10/20/2021 - On-Site: [REDACTED]
10/21/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *76*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reflections* Capacity: *40* Residents Served: *25*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *32* Have Physical Disability: *1*

Inspections / Reviews

10/20/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/24/2022*

Inspections / Reviews (*continued*)

07/26/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/02/2022*

07/29/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/05/2022*

08/01/2022 - Document Submission

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

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 10/20/21, the licensing inspection summary for the home's most recent partial licensing inspection on 7/20/2020 and the most recent full renewal inspection from 10/7/19 and 10/8/19, were not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

Administrator unaware of location of red binder in lobby of facility that contains this information. Binder in lobby does have license renewal from 10/7/19 and 10/8/19. Administrator will update accordingly moving forward. Corrected day after inspection. Administrator with audit once monthly on the 3rd Friday of the month.

Completion Date: 10/21/2021

Document Submission**Implemented**

Administrator unaware of location of red binder in lobby of facility that contains this information. Binder in lobby does have license renewal from 10/7/19 and 10/8/19. Administrator will update accordingly moving forward. Corrected day after inspection. Administrator with audit once monthly on the 3rd Friday of the month.

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] for Resident #1, was not signed by the resident.

Plan of Correction**Accept**

Resident refused to sign document upon move in. Will notate refusals moving forward. Business office coordinator or designee will audit 15 business office files per month to mock a mini inspection of the facility. Will start in the month of November. Contract for resident 1 was addressed by administrator reviewing with resident on 10/22/21 and obtaining signatures. All charts audited between November 2021 and March 2022 doing 15 per month. Repeat 15 per month every month following as noted above.

Completion Date: 03/31/2022

Document Submission**Implemented**

Resident refused to sign document upon move in. Will notate refusals moving forward. Business office coordinator or designee will audit 15 business office files per month to mock a mini inspection of the facility. Will start in the month of November. Contract for resident 1 was addressed by administrator reviewing with resident on 10/22/21 and obtaining signatures. All charts audited between November 2021 and March 2022 doing 15 per month. Repeat 15 per month every month following as noted above.

65d - Initial Direct Care Training

1. Requirements

65d - Initial Direct Care Training (continued)

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct Care Staff Person A, hired on [REDACTED], did not complete the Department-approved direct care training course and pass the competency test until [REDACTED].

Plan of Correction**Accept**

Isolated event. Employee did complete direct care staff training on [REDACTED] during second day of inspection and Administrator did provide to inspectors. Business office coordinator or designee will audit 10 employee charts per month at random. Will start with month of November.

Completion Date: 10/21/2021

Document Submission**Implemented**

Isolated event. Employee did complete direct care staff training on [REDACTED] during second day of inspection and Administrator did provide to inspectors. Business office coordinator or designee will audit 10 employee charts per month at random. Will start with month of November.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface**1. Requirements**

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar at the toilet in the bathroom stall nearest the door in the women's bathroom, located in the hallway across from the bistro.

Plan of Correction**Accept**

Upon opening facility has not had a grab bar in bathroom and have not been cited for such incident. Grab bar was installed in bathroom following inspection. Administrator and MD audited remainder of building and found all other bathrooms do have a grab bars.

Completion Date: 10/22/2021

Document Submission**Implemented**

Upon opening facility has not had a grab bar in bathroom and have not been cited for such incident. Grab bar was installed in bathroom following inspection. Administrator and MD audited remainder of building and found all other bathrooms do have a grab bars.

103f - Refrigerator/Freezer Temps**1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

The 2 "standing refrigerators" had temperatures of 43 and 42 degrees F displayed on the exterior. Neither of these refrigerators, which contain drinks, juices, salad dressings, etc.. have thermometers on the inside. The "reach in" line refrigerator felt warm but did not contain a thermometer to determine the temperature. This refrigeration unit contains liquid eggs, deli meats and cheeses.

Plan of Correction

Accept

Refrigerators were checked following lunch service when they were being open and closed consistently. Dining Director and Administrator did turn the calibration cooler as both coolers are in good working condition and do maintain a temperature under 40 degrees. Dining Director did place thermometer in reach in refrigerator following inspection. Dining Director to maintain temperature log of all operating equipment and notify Administrator if out of compliance.

Completion Date: 10/21/2021

Document Submission

Implemented

Refrigerators were checked following lunch service when they were being open and closed consistently. Dining Director and Administrator did turn the calibration cooler as both coolers are in good working condition and do maintain a temperature under 40 degrees. Dining Director did place thermometer in reach in refrigerator following inspection. Dining Director to maintain temperature log of all operating equipment and notify Administrator if out of compliance.

103g - Storing Food

1. Requirements

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

Description of Violation

Ten pound bags of spaghetti, macaroni, egg noodles, and a five-pound bag of chocolate brownie mix, were open and not sealed, in the dry storage area of the kitchen.
A two-quart plastic container in the walk-in refrigerator, that contained Kielbasa & Sauerkraut, was not closed or sealed.
An open, unsealed bag of chicken fingers was on the top shelf of the "a la carte line freezer".
An open, unsealed bag of corn flakes was on the top shelf in the "kitchenette" in the Memory Care unit.

Plan of Correction

Accept

New containers ordered for more efficient storage of dry goods as well as a la carte freezer items. Administrator and Dining Director created new form to ensure compliance with regulation. Daily rounds will be made by Administrator, Dining Director or MOD to comply with regulation. All items thrown out at time of inspection.

Completion Date: 10/21/2021

Document Submission

Implemented

New containers ordered for more efficient storage of dry goods as well as a la carte freezer items. Administrator

103g - Storing Food (continued)

and Dining Director created new form to ensure compliance with regulation. Daily rounds will be made by Administrator, Dining Director or MOD to comply with regulation. All items thrown out at time of inspection.

141a 1-10 Medical Evaluation Information**1. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation, dated [REDACTED], did not include blood pressure, height, weight, pulse rate, temperature and allergies.

Plan of Correction**Accept**

Isolated event, all other DME's completed in full. New form created to audit charts. Administrator or designee will complete monthly. Implemented starting in November. New DME completed for resident 2 on [REDACTED], completed by Jarrett Zellers LPN and PCP Charles Mershon.

Completion Date: 01/24/2022

Document Submission**Implemented**

Isolated event, all other DME's completed in full. New form created to audit charts. Administrator or designee will complete monthly. Implemented starting in November. New DME completed for resident 2 on 1/24/22, completed by [REDACTED] LPN and PCP [REDACTED].

171b4 - Staff Training**1. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

Staff Persons B, C and D routinely transport residents to appointments and activities. However, Staff Persons B, C and D have not completed the initial new hire direct care staff person training, nor did any staff person who have completed the training accompany residents on trips.

171b4 - Staff Training (continued)

Plan of Correction**Accept**

All staff regardless of job description will complete Direct Care Staff Training to avoid any further issues. Staff Person D is the only current driver still with the company who completed the training 11/16/21. Business office coordinator will ensure compliance upon hire and will be followed up with the monthly employee audits.

Completion Date: 11/16/2021

Document Submission**Implemented**

All staff regardless of job description will complete Direct Care Staff Training to avoid any further issues. Staff Person D is the only current driver still with the company who completed the training 11/16/21. Business office coordinator will ensure compliance upon hire and will be followed up with the monthly employee audits.

183e - Storing Medications

1. Requirements

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

Resident #3's [REDACTED] was not dated when opened.

Plan of Correction**Accept**

Cart audits to be completed monthly by designee. Med tech training for all certified med techs completed by Administrator who is the train the trainer in facility to cover compliance with this regulation.

Completion Date: 11/01/2021

Document Submission**Implemented**

Cart audits to be completed monthly by designee. Med tech training for all certified med techs completed by Administrator who is the train the trainer in facility to cover compliance with this regulation.

185a - Implement Storage Procedures

1. Requirements

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 following blood glucose testing results for Resident #3 were not accurately recorded in the resident's medication administration record (MAR):

<u>DATE & TIME</u>	<u>RECORDED ON MAR</u>	<u>GLUCOMETER READING</u>
10/20/21 8PM	[REDACTED]	[REDACTED]
10/15/21 9AM	[REDACTED]	[REDACTED]
10/01/21 9AM	[REDACTED]	[REDACTED]

The following blood glucose testing results for Resident #4 were not accurately recorded in the resident's medication administration record (MAR):

<u>DATE & TIME</u>	<u>RECORDED ON MAR</u>	<u>GLUCOMETER READING</u>
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185a - Implement Storage Procedures (continued)

10/20/21 8AM
 10/10/21 8AM
 10/09/21 8AM
 10/03/21 8AM

**Plan of Correction****Accept**

Glucometer audits to be completed monthly by designee. Med tech training for all certified med techs completed by Administrator who is the train the trainer in facility to cover compliance with this regulation.

Completion Date: 11/01/2021

Document Submission**Implemented**

Glucometer audits to be completed monthly by designee. Med tech training for all certified med techs completed by Administrator who is the train the trainer in facility to cover compliance with this regulation.

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

The RASP for Resident #1 was not revised for the change of diet from regular to mechanical soft with thin liquids that was ordered by the resident's physician on [REDACTED].

The RASP for Resident #4 was not updated to reflect the need for the bed enabler bar and the plan to protect the resident from any potential dangers for the bed enabler bar on their bed.

Plan of Correction**Accept**

New form created to audit charts. Implemented starting in November. Administrator or designee will complete monthly for compliance. Resident 1 support plan updated [REDACTED] by adding addendum to RASP. Resident 4 support plan updated [REDACTED] by adding information regarding use of enabler bar for transferring in and out of bed. Both RASPs updated by [REDACTED] LPN.

Completion Date: 10/22/2021

Document Submission**Implemented**

New form created to audit charts. Implemented starting in November. Administrator or designee will complete monthly for compliance. Resident 1 support plan updated [REDACTED] by adding addendum to RASP. Resident 4 support plan updated [REDACTED] by adding information regarding use of enabler bar for transferring in and out of bed. Both RASPs updated by [REDACTED] LPN.

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.

231c - Preadmission Screening (continued)

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the written cognitive preadmission screening was completed on [REDACTED].

Plan of Correction**Accept**

HCD and ACHD who complete pre-screen re-educated on regulation regarding compliance. New form created to audit charts. Implemented starting in November. Administrator or designee will complete monthly for compliance.

Completion Date: 11/01/2021

Document Submission**Implemented**

HCD and ACHD who complete pre-screen re-educated on regulation regarding compliance. New form created to audit charts. Implemented starting in November. Administrator or designee will complete monthly for compliance.

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's keypad locking mechanism were not conspicuously posted at or near the Secure Dementia Care Unit (SDCU) exit door by Room [REDACTED], and the door near the dining room in the SDCU.

Plan of Correction**Accept**

New frames and supplies needed to place new placards for directions of exit by doors listed above. Corrected following inspection. Receptionist or designee to change placards immediately following any door code changes. Administrator to audit compliance during walking rounds daily Mon-Friday. Will correct day of if any issues noted.

Completion Date: 10/27/2021

Document Submission**Implemented**

New frames and supplies needed to place new placards for directions of exit by doors listed above. Corrected following inspection. Receptionist or designee to change placards immediately following any door code changes. Administrator to audit compliance during walking rounds daily Mon-Friday. Will correct day of if any issues noted.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The photo in the record of Resident #4 is dated [REDACTED].

Plan of Correction**Accept**

New form created to audit charts. Implemented starting in November. Administrator or designee will complete monthly for compliance. Photo was updated [REDACTED] by [REDACTED].

Completion Date: 10/25/2021

252 - Record Content *(continued)***Document Submission*****Implemented***

New form created to audit charts. Implemented starting in November. Administrator or designee will complete monthly for compliance. Photo was updated 10/25/21 by [REDACTED].