



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: 11/23/22

[REDACTED]  
LANCASTER PCH LLC  
31 MILLERSVILLE ROAD  
LANCASTER, PA, 17603

RE: LEGEND PERSONAL CARE AND  
MEMORY CARE OF LANCASTER 31  
MILLERSVILLE ROAD LANCASTER,  
PA, 17603 LICENSE/COC#: 33306

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 15, 2022, and March 16, 2022 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Human Services Licensing Supervisor

Enclosure  
<Licensing Inspection Summary>

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

**Facility Information**

Name: *LEGEND PERSONAL CARE AND MEMORY CARE OF LANCASTER* License #: *33306* License Expiration: *01/09/2023*  
 Address: *31 MILLERSVILLE ROAD, LANCASTER, PA 17603*  
 County: *LANCASTER* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *LANCASTER PCH LLC*  
 Address: *31 MILLERSVILLE ROAD, LANCASTER, PA, 17603*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: <i>I-1</i>	Date: <i>12/19/2016</i>	Issued By: <i>Manor Township</i>
Type: <i>I-2</i>	Date: <i>12/19/2016</i>	Issued By: <i>Manor Township</i>
Type: <i>Other</i>	Date: <i>12/19/2016</i>	Issued By: <i>Manor Township</i>

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *03/16/2022*

**Inspection Dates and Department Representative**

03/15/2022 - On-Site: [REDACTED]  
 03/16/2022 - 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: *40* Residents Served: *21*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>63</i>
Diagnosed with Mental Illness: <i>1</i>	Diagnosed with Intellectual Disability: <i>1</i>
Have Mobility Need: <i>24</i>	Have Physical Disability: <i>0</i>

## Inspections / Reviews

03/15/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/22/2022*

05/17/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/05/2022*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/24/2022*

07/20/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/05/2022*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/27/2022*

11/23/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *08/05/2022*  
Reviewer: [REDACTED] Follow-Up Type: *Exception*

## 15a - Resident Abuse Report

**1. Requirements**

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**Description of Violation**

On [REDACTED] at approximately 6:00 PM, Resident 1 was observed punching Resident 2 in the face. Resident 3 was observed pushing and kicking Resident 1. This incident was observed by staff person A, however, this allegation of abuse was not reported to the local area agency on aging protective services unit until [REDACTED].

**POC Submission****Directed**

The report to the Office of Aging was made on [REDACTED] by the Residence Director. The report in the future will be made within 24 hours of the incident. The Residence Director is responsible for making these reports.

*(Directed)*

The home will re-educate staff on reportable incidents and conditions by 7/29/22.

The home will create and implement a system to ensure that reportable incidents and conditions are reported within 24 hours -- even when the residence director isn't present in the building. This system shall be implemented by 7/29/22.

Reportable incidents and conditions will be reviewed during the home's next quality management review which shall be completed by 7/29/22; documentation of this review shall be kept for review by the Department. AS, 7/15/22

**Directed Completion Date: 07/29/2022**

**Document Submission****Not Implemented (KB - 09/06/2022)**

The report to the Office of Aging was made on [REDACTED] by the Residence Director. The report in the future will be made within 24 hours of the incident. The Residence Director is responsible for making these reports.

*(Directed)*

The home will re-educate staff on reportable incidents and conditions by 7/29/22.

The home will create and implement a system to ensure that reportable incidents and conditions are reported within 24 hours -- even when the residence director isn't present in the building. This system shall be implemented by 7/29/22.

Reportable incidents and conditions will be reviewed during the home's next quality management review which shall be completed by 7/29/22; documentation of this review shall be kept for review by the Department. AS, 7/15/22  
see attached

15a - Resident Abuse Report (continued)

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25b - Contract Signatures

2. 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 4 was not signed by the resident.

The resident-home contract, dated [REDACTED], for Resident 5 was not signed by the resident.

The resident-home contract, dated [REDACTED], for Resident 6 was not signed by the resident.

The resident-home contract, dated [REDACTED] for Resident 9 was not signed by the resident.

POC Submission

Directed

The report was done by [REDACTED] the Residence Director. Contracts were signed on the [REDACTED]. Residents 4,5,9 signed their contracts but resident 6 had passed away so that couldn't get signed. In the future contracts are signed at admission so this doesn't happen again. The Residence Director is responsible for the contracts.

(Directed)

The administrator will audit all resident files to ensure that they contain a signed resident contract; this shall be completed by 7/29/22.

The administrator will audit new resident contracts on a monthly basis starting 8/1/22 to ensure that they are completed. This audit shall be documented and kept for review by the Department. The audits shall occur for no less than 3 months. AS, 7/15/22

Directed Completion Date: 07/29/2022

Document Submission

Implemented (KB - 09/02/2022)

The report was done by [REDACTED] the Residence Director. Contracts were signed on [REDACTED]. Residents 4,5,9 signed their contracts but resident 6 had passed away so that couldn't get signed. In the future contracts are signed at admission so this doesn't happen again. The Residence Director is responsible for the contracts.

(Directed)

**25b - Contract Signatures (continued)**

*The administrator will audit all resident files to ensure that they contain a signed resident contract; this shall be completed by 7/29/22.*

*The administrator will audit new resident contracts on a monthly basis starting 8/1/22 to ensure that they are completed. This audit shall be documented and kept for review by the Department. The audits shall occur for no less than 3 months. AS, 7/15/22*

*Attached*

**Licensee's Proposed Overall Completion Date: 08/05/2022**

**42b - Abuse****3. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED] at 6 PM, Resident 1 was punching Resident 2 in the face. Resident 3 then shoved and kicked Resident 1 to the floor and several other residents continued to kick Resident 1.

**POC Submission****Directed**

*RD will keep any resident that is agitated busy, with something to do. RD has educated staff on how to work with adjudicated residents. HDC and AHCD will help train PCA's on how to redirect an agitated resident.*

*(Directed)*

*The administrator will provide (or arrange for) training of all staff on identifying potentially abusive behaviors and safe management techniques to be used to modify or eliminate them. This training shall be documented and shall occur by 7/29/22.*

*The administrator shall review reportable incidents involving abuse as part of the home's next quality management review to be held no later than 7/29/22. AS, 7/15/22*

**Directed Completion Date: 07/29/2022**

**Document Submission****Implemented (KB - 09/06/2022)**

*RD will keep any resident that is agitated busy, with something to do. RD has educated staff on how to work with adjudicated residents. HDC and AHCD will help train PCA's on how to redirect an agitated resident.*

*(Directed)*

*The administrator will provide (or arrange for) training of all staff on identifying potentially abusive behaviors and safe management techniques to be used to modify or eliminate them. This training shall be documented and shall occur by 7/29/22.*

*The administrator shall review reportable incidents involving abuse as part of the home's next quality management review to be held no later than 7/29/22. AS, 7/15/22*

*Attached*

42b - Abuse (*continued*)

Licensee's Proposed Overall Completion Date: 08/05/2022

## 60a - Staff/Support Plan

**4. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**Description of Violation**

*On 2/26/22, the home had 62 residents including 24 with mobility needs who require assistance to evacuate in the event of an emergency; 21 of those residents reside in the home's secured dementia care unit (SDCU). From 2 AM - 6 AM, there were only two staff in the home which is not sufficient to assist the population in the event of an emergency.*

*On 3/5/22, the home had 62 residents including 24 with mobility needs and there were only two staff working from 10 PM - 6 AM.*

*On 3/13/22, the home had 62 residents including 24 with mobility needs and there were only two staff working from 2 AM - 6 AM.*

**POC Submission*****Directed***

*This plan was implemented immediately following the inspection by the Residence Director. We will continue to hire and have had our activity staff become PCA's. We also continue to use agency. This will be on going indefinitely. The Residence Director, HCD and AHCD are responsible for making sure we have enough staff for the residents that we care for at Legend.*

*(Directed)*

*The administrator will conduct weekly staffing calculations to ensure that a sufficient number of qualified direct care staff are available to meet the needs of the residents. These staffing calculations will be performed prior to the next week so that potential shortages can be addressed proactively. The calculations will be initiated by 7/29/22 and kept for inspection by the Department for no less than three months.*

*The administrator will create a list of staff who are available to work on an emergency basis; this list will include staff names, phone numbers, and shifts available to work. This list will be kept current by the administrator and available to supervisor staff for use when needed. The list shall be available by 7/29/22.*

*The administrator will arrange for necessary emergency staffing by contacting agencies to ensure that staff is available if needed. The name and phone number of the agency will be kept current by the administrator and available to supervisor staff for use when needed. The list shall be available by 7/29/22.*

60a - Staff/Support Plan (continued)

AS, 7/15/22

Directed Completion Date: 07/29/2022

Document Submission

Not Implemented (KB - 09/06/2022)

This plan was implemented immediately following the inspection by the Residence Director. We will continue to hire and have had our activity staff become PCA's. We also continue to use agency. This will be on going indefinitely. The Residence Director, HCD and AHCD are responsible for making sure we have enough staff for the residents that we care for at Legend.

(Directed)

The administrator will conduct weekly staffing calculations to ensure that a sufficient number of qualified direct care staff are available to meet the needs of the residents. These staffing calculations will be performed prior to the next week so that potential shortages can be addressed proactively. The calculations will be initiated by 7/29/22 and kept for inspection by the Department for no less than three months.

The administrator will create a list of staff who are available to work on an emergency basis; this list will include staff names, phone numbers, and shifts available to work. This list will be kept current by the administrator and available to supervisor staff for use when needed. The list shall be available by 7/29/22.

The administrator will arrange for necessary emergency staffing by contacting agencies to ensure that staff is available if needed. The name and phone number of the agency will be kept current by the administrator and available to supervisor staff for use when needed. The list shall be available by 7/29/22.

AS, 7/15/22

attached form that is used

141a - Medical Evaluation

5. Requirements

2600.

141a - Medical Evaluation (continued)

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.

Description of Violation

The medical evaluation for Resident 7, who was admitted to the home on [redacted] was completed on [redacted]

POC Submission

Directed

The HCD and AHCD have been getting the DME's all up to date since the inspection. The DME for resident 7 we can't fix [redacted] is already here all we can do is make sure that in the future any Admissions are done in the time frame allowed (60 days prior or 30 days after) to stay in compliance. The HCD, AHCD and Residence Director are responsible for this. The Residence Director has trained the AHCD and HCD to do this.

(Directed)

All resident records shall be audited to ensure that they contain current medical evaluations. The administrator shall be responsible for ensuring that the audit is completed by 7/29/22. Any resident records that do no include a current medical evaluation will be noted and steps taken to ensure that a new medical evaluation is obtained by 8/12/22.

The administrator will be responsible for conducting a monthly audit starting on 8/1/22 to ensure that all resident records contain current medical evaluations. These monthly audits will occur for no less than three months and shall be in writing. AS, 7/15/22

Directed Completion Date: 07/29/2022

Document Submission

Implemented (KB - 09/06/2022)

The HCD and AHCD have been getting the DME's all up to date since the inspection. The DME for resident 7 we can't fix [redacted] is already here all we can do is make sure that in the future any Admissions are done in the time frame allowed (60 days prior or 30 days after) to stay in compliance. The HCD, AHCD and Residence Director are responsible for this. The Residence Director has trained the AHCD and HCD to do this.

(Directed)

All resident records shall be audited to ensure that they contain current medical evaluations. The administrator shall be responsible for ensuring that the audit is completed by 7/29/22. Any resident records that do no include a current medical evaluation will be noted and steps taken to ensure that a new medical evaluation is obtained by 8/12/22.

The administrator will be responsible for conducting a monthly audit starting on 8/1/22 to ensure that all resident records contain current medical evaluations. These monthly audits will occur for no less than three months and shall be in writing. AS, 7/15/22

Attached

Licensee's Proposed Overall Completion Date: 08/05/2022

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 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 4's medical evaluation, completed [REDACTED] does not include body positioning and movement stimulation.*

**POC Submission****Directed**

*The resident Director will be training HCD and AHCD how to complete this form in its entirety. The RD, HCD and AHCD completed this form on 3/15/2022 even though the resident already lives here. The HCD and AHCD are responsible for this but the Residence Director will oversee the forms.*

*(Directed)*

*An audit of all resident records shall be completed by 7/29/22. The audit shall be documented. Any medical evaluations that do not contain all required elements will be noted and the medical professional consulted so that the form can be updated appropriately or a new medical evaluation obtained.*

*Starting on 8/1/22, the administrator will be responsible for ensuring that a monthly audit of all medical evaluations is completed for no less than three months from the date of this directed plan. Incomplete medical evaluations shall be noted along with how the home addressed the discrepancy.*

*The administrator shall implement an ongoing monitoring system to ensure this violation doesn't reoccur. The monitoring system shall be specific as to who is responsible for each step and shall document each step of the system. Training in this monitoring system shall be provided to applicable staff by 7/29/22 and shall be documented. AS, 7/15/22*

**Directed Completion Date: 07/29/2022**

**Document Submission****Implemented (KB - 09/06/2022)**

*The resident Director will be training HCD and AHCD how to complete this form in its entirety. The RD, HCD and AHCD completed this form on 3/15/2022 even though the resident already lives here. The HCD and AHCD are responsible for this but the Residence Director will oversee the forms.*

*(Directed)*

*An audit of all resident records shall be completed by 7/29/22. The audit shall be documented. Any medical evaluations that do not contain all required elements will be noted and the medical professional consulted so that the form can be updated appropriately or a new medical evaluation obtained.*

*Starting on 8/1/22, the administrator will be responsible for ensuring that a monthly audit of all medical evaluations is completed for no less than three months from the date of this directed plan. Incomplete medical evaluations*

**141a 1-10 Medical Evaluation Information (continued)**

*shall be noted along with how the home addressed the discrepancy.*

*The administrator shall implement an ongoing monitoring system to ensure this violation doesn't reoccur. The monitoring system shall be specific as to who is responsible for each step and shall document each step of the system. Training in this monitoring system shall be provided to applicable staff by 7/29/22 and shall be documented. AS, 7/15/22*

*Attached*

**Licensee's Proposed Overall Completion Date: 08/05/2022**

**224a - Preadmission Screen Form****7. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident 4 was admitted to the home on [REDACTED], however, the home did not complete a preadmission screening.*

**POC Submission****Directed**

*The resident Director will be training HCD and AHCD how to complete this form in its entirety prior to admission. We did a pre-admission screening on [REDACTED] even though the resident already lives here. The HCD and AHCD are responsible for this form but the Residence Director will oversee the form.*

*(Directed)*

*The administrator will train applicable staff how to complete the preadmission screening form in its entirety prior to admission. This training will occur by 7/29/22 and shall be documented.*

*Starting on 8/1/22, the administrator shall audit new resident records for no less than three months to ensure that preadmission screening forms are completed. AS, 7/15/22*

**Directed Completion Date: 07/29/2022**

**Document Submission****Implemented (KB - 09/06/2022)**

*The resident Director will be training HCD and AHCD how to complete this form in its entirety prior to admission. We did a pre-admission screening on [REDACTED] even though the resident already lives here. The HCD and AHCD are responsible for this form but the Residence Director will oversee the form.*

*(Directed)*

*The administrator will train applicable staff how to complete the preadmission screening form in its entirety prior to admission. This training will occur by 7/29/22 and shall be documented.*

*Starting on 8/1/22, the administrator shall audit new resident records for no less than three months to ensure that preadmission screening forms are completed. AS, 7/15/22*

*Attached*

**Licensee's Proposed Overall Completion Date: 08/05/2022**

**225a - Assessment 15 Days**

**8. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

An assessment was not completed for Resident 4, who was admitted to the home on [REDACTED].

An assessment was not completed for Resident 8, who was admitted to the home on [REDACTED].

**POC Submission****Accept**

The assessment was fixed on [REDACTED] by the AHCD. The RD has trained the HCD and AHCD to fill these forms out within the 15 days following move in. RD will monitor these forms for compliance.

Licensee's Proposed Overall Completion Date: 05/24/2022

**Document Submission****Implemented (KB - 09/06/2022)**

The assessment was fixed on [REDACTED] by the AHCD. The RD has trained the HCD and AHCD to fill these forms out within the 15 days following move in. RD will monitor these forms for compliance.

Licensee's Proposed Overall Completion Date: 08/05/2022

**225c - Additional Assessment****9. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

**Description of Violation**

Resident 7's most recent assessment was completed on [REDACTED].

Resident 8's most recent assessment was completed on [REDACTED].

**POC Submission****Accept**

HCD updated the assessment on [REDACTED] for both residents. The HCD and AHCD have a list of when this form is do. The RD trained them on these forms and will oversee them and check for compliance. ongoing

Licensee's Proposed Overall Completion Date: 05/24/2022

**Document Submission****Not Implemented (KB - 09/06/2022)**

HCD updated the assessment on [REDACTED] for both residents. The HCD and AHCD have a list of when this form is do. The RD trained them on these forms and will oversee them and check for compliance. ongoing

225c - Additional Assessment (continued)

Plan of Correction

Five horizontal lines for writing a plan of correction.

{{vmPrintout.templateSettings.correctionsDueDateTitle}}

227g -Support Plan Signatures

10. 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 for Resident 9, completed [redacted], was not signed by the assessor.

POC Submission

Accept

As of 5/24/22, the RD has trained HCD and AHCD on how to complete this form. Resident 9's support plan was signed [redacted]. The RD went over how to fill out these forms with the HCD and AHCD. The Rd will review these forms for compliance.

Licensee's Proposed Overall Completion Date: 05/24/2022

Document Submission

Not Implemented (KB - 09/06/2022)

As of 5/24/22, the RD has trained HCD and AHCD on how to complete this form. Resident 9's support plan was signed [redacted]. The RD went over how to fill out these forms with the HCD and AHCD. The Rd will review these forms for compliance.

Five horizontal lines for additional notes or signatures.

227h - Support Plan Refuse Sign

11. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**227h - Support Plan Refuse Sign (continued)****Description of Violation**

The support plan for Resident 6, completed [REDACTED] was not signed by the resident nor is there a notation as to their refusal or inability to sign.

**POC Submission****Accept**

As of 5/24/22. the RD has trained the HCD and AHCD to fill out this form. Resident 6 has past so we can not fix this. All support plans going forward will have signatures or a refusal to sign. The RD will review these contract for compliance.

Licensee's Proposed Overall Completion Date: 05/24/2022

**Document Submission****Implemented (KB - 09/06/2022)**

As of 5/24/22. the RD has trained the HCD and AHCD to fill out this form. Resident 6 has past so we can not fix this. All support plans going forward will have signatures or a refusal to sign. The RD will review these contract for compliance.

Licensee's Proposed Overall Completion Date: 08/05/2022