

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

February 13, 2023

[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 Service Licensing review on 08/24/2022, 08/26/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 101 **Waking Staff:** 76

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Interim **Exit Conference Date:** 08/26/2022

Inspection Dates and Department Representative

08/24/2022 On Site [REDACTED]

08/26/2022 On Site [REDACTED]

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:** 23

Hospice

Current Residents: 2

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: 31 **Have Physical Disability:** 0

Inspections / Reviews

08/24/2022 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/18/2022

09/22/2022 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/11/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/29/2022

Inspections / Reviews (*continued*)

11/22/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/11/2023

Reviewer [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/30/2022

02/13/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/11/2023

Reviewer [REDACTED] Follow-Up Type: Not Required

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/24/22 at approximately 9:30 AM there was a 10 gallon rectangular can marked "recycle" which was partially full, and a square 28 quart trashcan near the coffee maker which were both uncovered and unattended in the kitchen.

Repeat violation - 5/3/2022

POC Submission

Accept (████) - 09/21/2022)

The trash cans observed out of compliance were taken out of service at time of survey. On 08/25/2022 Chef █████ held a meeting with all kitchen staff to coach and re-educate about properly covering all trash containers. New covers for the 10 gallon rectangular "recycle" can and the 28 quart trashcan were received by the residence on 9/8/2022 and the containers were placed back in service on that date. RD █████ and Chef █████ to round kitchen weekly to ensure all trash receptacles are covered to prevent the penetration of insects and rodents

Licensee's Plan Completion Date: 09/16/2022

Implemented (████) 02/13/2023)

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the rooms of Residents #1 and #2.

Repeat Violation - 5/3/2022

POC Submission

Directed (████) - 11/16/2022)

Emergency contact information was posted in apartments for Residents #1 and #2 on 8/25/2022 on the telephones with outside lines. Staff educated as to the need to have emergency contact info on all phones with outside lines on 9/5, 9/7, and 9/9 Residence Director █████ to round 10% of apartments and all common area phones weekly to ensure compliance.

Directed)

- The Administrator posted Emergency Telephone numbers in apartments for Residents #1 and #2 on 8/25/2022.
- The Administrator will re-educate all staff on the regulation regarding emergency telephone numbers by 12/15/22.
- Starting 12/1/22, the Residence Director will conduct weekly walk-throughs of apartments and common areas to ensure continued compliance.

Directed Completion Date: 12/15/2022

Implemented (████) - 02/13/2023)

103c - Food Protected

3. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 8/24/22 at approximately 10:00 AM, there was an uncovered tray of salmon burgers stored in the walk in refrigerator in the kitchen.

Repeat Violation - 5/3/22

POC Submission

Directed (████) - 11/16/2022)

On 08/25/2022 Chef █████ held a meeting with all kitchen staff responsible for food storage and preparation to coach and re-educate about proper food storage technique, protecting food from contamination when stored, prepared, transported, and served. RD █████ and Chef █████ to round kitchen storage weekly to ensure storage of all food is within regulation. Weekly audits began 9/5/2022

(Directed)

- On 8/24/22, the chef on duty immediately covered the tray of salmon burgers in the walk-in refrigerator.*
- On 08/25/2022, the chef held a meeting with all kitchen staff responsible for food storage and preparation to coach and re-educate about proper food storage technique, protecting food from contamination when stored, prepared, transported, and served.*
- Beginning 9/5/22, Residence Director and chef will perform kitchen storage walk-through weekly to ensure storage of all food is within regulation.*

Directed Completion Date: 12/01/2022

Implemented (████) 02/13/2023)

103d - Storing Food Off Floor

4. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 8/24/22 at approximately 9:30 AM, an open 50 pound bag of potatoes was stored on the floor in the dry storage area of the kitchen.

POC Submission

Directed (████) - 11/16/2022)

On 8/25/2022 Chef █████ held an inservice for food storage and preparation to coach and re-educate about proper food storage technique, including keeping food off the floor. RD █████ and Chef █████ to round kitchen storage weekly to ensure storage of all food is within regulation, including keeping all foods off the floor. Weekly audits began 9/5/2022

Directed)

- On 8/24/22, the chef moved the 50 lb bag of potatoes to a storage location off of the floor.*
- On 08/25/2022, the chef held a meeting with all kitchen staff responsible for food storage and preparation to*

103d - Storing Food Off Floor (continued)

coach and re-educate about proper food storage technique, including keeping food off of the floor.

- Beginning 9/5/22, Residence Director and chef will perform kitchen storage walk-through weekly to ensure storage of all food is within regulation.

Directed Completion Date: 12/01/2022

Implemented [REDACTED] 02/13/2023)

103e - Left Overs

5. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated container of chicken cordon bleu balls, and a covered pan of mashed potatoes in the walk in refrigerator.

There was also an unlabeled and undated bag of shredded carrots and a container of lettuce and sliced tomatoes in the "sandwich fridge".

Repeat Violation - 5/3/22

POC Submission

Directed [REDACTED] - 11/16/2022)

On 08/25/2022 Chef [REDACTED] held a meeting with all kitchen staff responsible for food storage and preparation to coach and re-educate about proper food storage, including ensuring that all leftover food should be labeled and dated. RD [REDACTED] and Chef [REDACTED] to round kitchen storage weekly to ensure storage of all food is within regulation, including labels and dates on all leftover foods. Weekly audits began 9/5/2022

Directed)

- On 8/24/22, the chef on duty immediately removed and disposed of the unlabeled and undated food in both the walk in and sandwich refrigerator.

- On 08/25/2022, the chef held a meeting with all kitchen staff responsible for food storage and preparation to coach and re-educate about ensuring that all food should be labeled and dated.

- Beginning 9/5/22, Residence Director and chef will perform kitchen storage walk-through weekly to ensure all food s accurately labeled and dated to ensure future recurrence of this violation.

Directed Completion Date: 11/14/2022

Implemented [REDACTED] - 02/13/2023)

181d - Storing Medication

6. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #1 self-administers some medications and stores medications in his/her room. On 8/24/22, there was a tube of [REDACTED] unlocked and unattended in the resident's bathroom.

Resident #2 self-administers some medications and stores medications in his/her room. On 8/24/22, there were three (3) bottles of [REDACTED] unlocked and unattended in the resident's bathroom.

Resident #4 self-administers some medications and stores medications in his/her room. On 8/24/22, there was a bottle of [REDACTED] and a bottle of [REDACTED] unlocked on the resident's bedside table. The resident stated that [REDACTED] does not lock them anywhere upon leaving the room.

POC Submission**Directed [REDACTED] - 11/21/2022)**

Residents #1, #2, and #4 were re-educated and demonstrated understanding at time of survey as to the location of the lockbox provided by the community for medication storage. All residents and families were reminded via community messaging system on 8/26 of the importance of storing self administered medications locked in their apartment to prevent contamination, spillage, or theft. Staff educated as to the above on 9/5, 9/7, and 9/9. Residence Director [REDACTED] to round 10% of apartments weekly to ensure compliance.

Directed)

- On 8/24/22, Residence Director ensured that all medications belonging to Residents #1, #2 & #4 were either locked in the provided lockbox or that the residents lock their rooms upon leaving.*
- On 8/26/22, Residence Director re-educated all residents and family on appropriate storing of self-administered medications.*
- Residence Director will re-educate ALL staff, including ancillary staff, regarding the policy about self-administered medications, and how to report if staff view unlocked medications in resident's rooms by 11/30/22.*
- Residence Director will create a recording sheet and perform weekly walk-throughs of 10% of resident's apartments starting 12/1/22 and continuing thereafter to ensure compliance.*
- Residence Director will discuss results of these findings at next quality management meeting to be held no later than 1/1/2023.*

Directed Completion Date: 01/01/2023**Implemented ([REDACTED] - 02/13/2023)****185a - Implement Storage Procedures****8. 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

On 8/24/22, the One Touch Glucometer, [REDACTED] was not calibrated to the correct date and time.

185a - Implement Storage Procedures (continued)

At 3:38 PM on 8/24/22, the Glucometer showed 10:44 pm on 8/24/22.

Repeat Violation - 5/3/22

POC Submission

Directed [REDACTED] 11/21/2022)

On 08/24/2022 the Health Care Director, [REDACTED] corrected the calibration of the One Touch Glucometer at time of survey. The Health Care Director or [REDACTED] designee shall audit all resident glucometers weekly beginning 9/5/2022 to ensure calibration of all glucometers is accurate.

Directed)

- On 08/24/2022, the Health Care Director corrected the calibration of the One Touch Glucometer belonging to [REDACTED]
- By 11/30/2022, the Health Care Director will check ALL glucometers to verify that they all are currently calibrated to the correct date and time.
- The Health Care Director will re-train all clinical staff on the importance of accurately calibrated glucometers by 12/15/2022.
- Starting 9/5/22 and continuing thereafter, the Health Care Director shall audit all resident glucometers weekly to ensure correct calibration and keep an audit sheet of any discrepancies.
- The Health Care Director will discuss these findings with management during the next quality management meeting to be held no later than 1/1/2023.

Directed Completion Date: 01/01/2023

Implemented [REDACTED] - 02/13/2023)

9. 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

Resident #6 is prescribed [REDACTED] On 8/7/22, at 7:22 AM, 11:08 AM, 12:44 PM, 3:41 PM, 4:24 PM, and 7:10 PM, these [REDACTED] were not taken as [REDACTED] were not available in the home.

POC Submission

Accept [REDACTED] - 11/21/2022)

On 8/24/2022 Health Care Director audited the medication cart to ensure that adequate supply of testing strips were available for all residents with blood sugar readings prescribed. The Health Care Director will audit med cart weekly beginning 9/5/2022 to ensure that adequate supply exists for each resident with a glucometer and ordered blood sugar checks. Health Care Director educated clinical staff to the need to ensure that an adequate supply of glucose monitoring materials available for each resident with a glucometer and ordered blood sugar checks on 9/7 and 9/9. Starting 9/9/22, Health Care Director and Residence Director will monitor eMAR daily through 9/30/22 to ensure blood sugar readings are documented as ordered, then weekly, ongoing.

Licensee's Plan Completion Date: 11/14/2022

Implemented [REDACTED] - 02/13/2023)

186a Authorized Prescriber

10. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

The following over the counter medications were found in resident's rooms:

The prescription medication, [REDACTED], belonging to Resident #1, were not prescribed by an authorized prescriber.

The prescription medications, [REDACTED], and generic [REDACTED], belonging to Resident #2, were not prescribed by an authorized prescriber.

The prescription medication, [REDACTED], belonging to Resident #3, were not prescribed by an authorized prescriber.

POC Submission**Directed** [REDACTED] - 11/21/2022)

Residents #1, #2, and #3 were re-educated and demonstrated understanding at time of survey as to the importance of having authorization, in writing, from an authorized prescriber for all medications, even over the counter medications. All residents and families were reminded via community messaging system on 8/26 of the importance of having authorization, in writing, from an authorized prescriber for all medications, even over the counter medications. Staff educated as to the importance of the above on 9/5, 9/7, and 9/9. Residence Director Nakina McFarlane to round 10% of apartments weekly to ensure compliance, beginning 9/5/2022.

Directed)

- On 8/24/22, Residence Director ensured that all medications belonging to Residents #1, #2 & #3 were either removed, or prescriptions obtained. If prescriptions were obtained, these medications were then locked either in the medication cart or in the resident's lockboxes (if able to be self-administered).*
- On 8/26/22, Residence Director re-educated all residents and family on the necessity of prescriptions, even for over-the-counter medications.*
- Residence Director will re-educate ALL staff, including ancillary staff, regarding the policy about both prescription and over-the-counter medications, and how to report if staff view ANY medications in resident's rooms by 11/30/22.*
- Residence Director will create a recording sheet and perform weekly walk-throughs of 10% of resident's apartments starting 12/1/22 and continuing thereafter to ensure compliance.*
- Residence Director will discuss results of these findings at next quality management meeting to be held no later than 1/1/2023.*

Directed Completion Date: 01/01/2023

Implemented [REDACTED] - 02/13/2023)**187c - Refusal of Medication**

11. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On [redacted] 22 at [redacted] AM, [redacted] /22 at [redacted] PM, [redacted] 22 at [redacted] AM, [redacted] /22 at [redacted] AM, [redacted] 22 at [redacted] PM, [redacted] /22 at [redacted] PM, [redacted] /22 at [redacted] AM, [redacted] 22 at [redacted] PM, [redacted] 22 at [redacted] AM, [redacted] /22 at [redacted] AM, and [redacted] /22 at [redacted] AM, Resident #6 refused to take a scheduled dose of [redacted]. The home did not notify the prescriber of these refusals.

Repeat Violation - 5/3/22

POC Submission

Accept [redacted] - 09/21/2022)

On 8/24/2022 and 08/25/2022 Health Care Director [redacted] provided coaching and re-education to all LPN and CMA staff on the requirement to notify the prescriber of all refusals of ordered medication. Staff to fax provider with notification of any refusals at end of shift, and return confirmation of notification to Health Care Director. Health Care Director or designee to cross reference, at least daily, documented refusals in the eMAR with notifications sent to provider prior to filing notifications in resident record.

Licensee's Plan Completion Date: 09/16/2022

Implemented [redacted] - 02/13/2023)