

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

May 5, 2023

[REDACTED], REGIONAL OPERATIONS DIRECTOR
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 03/14/2023, 03/20/2023 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:** 01/09/2024

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-1	Date: 12/19/2006	Issued By: Manor Township
Type: I-2	Date: 12/19/2006	Issued By: Manor Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 82 **Waking Staff:** 62

Inspection Information

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

Reason: Complaint **Exit Conference Date:** 03/14/2023

Inspection Dates and Department Representative

03/14/2023 - On-Site: [REDACTED]

03/20/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 100		Residents Served: 81	
Secured Dementia Care Unit			
In Home: Yes	Area: Reflections	Capacity: 40	Residents Served: 34
Hospice			
Current Residents: 6			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 81	
Diagnosed with Mental Illness: 1		Diagnosed with Intellectual Disability: 1	
Have Mobility Need: 1		Have Physical Disability: 1	

Inspections / Reviews

03/14/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/02/2023

Inspections / Reviews (*continued*)

04/03/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/19/2023
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 04/10/2023

04/12/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/19/2023
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 04/19/2023

05/05/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 04/19/2023
Reviewer: [REDACTED] Follow Up Type: Not Required

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 8:30am, an altercation reportedly occurred between Resident 1 and Resident 2, alleging physical abuse. However, the Mandatory ACT 13 Form was not completed and sent to AAA reporting an allegation of abuse.

Plan of Correction

Directed ([REDACTED] - 04/11/2023)

The immediate action was to separate the residents and preform an assessment for the resident who was kicked.

Medication associate, [REDACTED] completed the assessment.

Residence Director [REDACTED] put a call into AAA next day but was unaware a ACT 13 need to be completed.

This was corrected after a visit from DHS and completed on 3/17/2023, this was attached in first (POC).

Administrator is responsible for timely reporting and will do so moving forward.

(Directed)

- On [REDACTED] Resident 1 and Resident 2 were immediately separated by a staff member.
- On [REDACTED] a staff member completed an assessment of Resident 1 and Resident 2.
- On [REDACTED] the RD placed a call to AAA.
- On [REDACTED] the RD completed the Mandatory ACT 13 Form to AAA.
- On [REDACTED] the RD submitted the Mandatory ACT 13 Form to DHS.
- Beginning on 3/17/23, the administrator will ensure abuse reporting and the completion of the Mandatory ACT 13 Form in accordance with this regulation.
- Beginning on 04/18/23, the RD will audit Incidents and Reportables every 3 months until 4/15/24.
- Begining on 4/17/23, the RD will develop and implement an auditing tool to document the results of the audits and address any discrepancies during the next scheduled quality management review.
- The RD will train all staff on this regulation by 04/26/23.

Directed Completion Date: 04/10/2023

Implemented ([REDACTED] - 05/05/2023)

16c Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], at 8:30pm, Resident 1 was observed exhibiting [REDACTED] behavior resulting in the home contacting 911 and resident 1 being taken to the hospital for a psychiatric evaluation. The home did not report this incident to the department until [REDACTED]

Plan of Correction

Directed ([REDACTED] - 04/11/2023)

All reports will be done in timely fashion by RD so that the home is in compliance RD provided reminders and will

16c Written Incident Report (continued)

provide a formal reportable incident training at next all staff meeting on 4/26/2023 with staff after each shift and remind them to report changes immediately.

(Directed)

- The RD will report the incident identified in this violation to DHS by [REDACTED].
- The RD will train all staff on reporting requirements by [REDACTED].
- Starting 3/17/23, the administrator will ensure abuse reporting and the completion of the Mandatory ACT 13 Form in accordance with this regulation.
- Starting 04/19/23, the RD will audit Incidents and Reportables every 3 months until 4/19/24.
- The RD will document the results of the audits starting 4/19/23 and address any discrepancies during the next scheduled quality management review.

Directed Completion Date: 04/28/2023

Implemented [REDACTED] - 05/05/2023)

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 approximately [REDACTED], Resident 1 was observed by Staff Member A telling Resident 3 to "get out of here" then observed Resident 1 forcefully kick Resident 3 on the left side of Resident 3's stomach.

Plan of Correction

Directed [REDACTED] - 04/11/2023)

Residents were separated at the time of incident and monitored for the rest of the evening. Family meeting held with residents POA and Residence Director Nakina McFarlane on 3/ 23/2023 at that time family was given a verbal 30day notice citing safety of other residents in the community. The home sent certified letter attached on 4/7/2023.

(Directed)

- On [REDACTED], Residents 1 and 2 were separated, by staff; Resident 3 was examined by the LPN for injuries.
- On [REDACTED], the staff monitored the residents throughout the evening.
- On [REDACTED], the RD held a meeting with Resident 1's family, and family was provided with a verbal 30 Day Notice citing safety concerns for other residents.
- On [REDACTED], the RD sent a certified letter to the family documenting the 30 day notice for Resident 1.
- The RD will develop and implement a monitoring system, to include 30 minute interval resident checks, by [REDACTED] and monitor for a period of 30 days, in instances of resident abuse.
- Starting [REDACTED] the RD will ensure the monitoring is documented, to include the date, time, behaviors, locations, and signatures of staff persons performing the checks. The RD will ensure the documentation is maintained at the home.
- The RD will train all staff on this regulation by [REDACTED].

Directed Completion Date: 04/10/2023

Implemented [REDACTED] 05/05/2023)