

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

May 8, 2023

[REDACTED], DIRECTOR OF PERSONAL CARE  
UNITED ZION RETIREMENT COMMUNITY, INC.  
722 FURNACE HILLS PIKE  
LITITZ, PA, 17543

RE: UNITED ZION RETIREMENT  
COMMUNITY  
722 FURNACE HILLS PIKE  
LITITZ, PA, 17543  
LICENSE/COC#: 32181

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/18/2023 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: UNITED ZION RETIREMENT COMMUNITY License #: 32181 License Expiration: 08/15/2023  
 Address: 722 FURNACE HILLS PIKE, LITITZ, PA 17543  
 County: LANCASTER Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: UNITED ZION RETIREMENT COMMUNITY, INC.  
 Address: 722 FURNACE HILLS PIKE, LITITZ, PA, 17543  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 09/22/1995 Issued By: I & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 26 Waking Staff: 20

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #: 0  
 Reason: Renewal, Complaint Exit Conference Date: 04/18/2023

**Inspection Dates and Department Representative**

04/18/2023 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 49 Residents Served: 26  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 1

**Inspections / Reviews**

04/18/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/04/2023

05/04/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/05/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/09/2023

Inspections / Reviews (*continued*)

05/05/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/10/2023

05/08/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 04/18/23, bed enabler bars with openings that measured greater than the 4 3/4 inches as recommended by FDA, were found uncovered and unsecured for Residents 1, 2, 3 and 4.

Plan of Correction

Accept (████ - 05/04/2023)

This PCHA purchased all new bed enablers for all residents in Personal Care that are covered. They were delivered and installed on 4/24/2023. Maintenance installed to ensure they were secured to bed frame. Additional enablers were purchased to utilize when new orders are written so they meet the regulations.

Future compliance will be maintained by requiring approval of device at time of order received from PCP by PCHA. PCHA will provide agency approved enablers to be installed only.

Licensee's Proposed Overall Completion Date: 05/04/2023

Implemented (████ - 05/08/2023)

132b Safety Inspection/Fire Drill

2. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

An annual fire safety inspection and fire drill observed by a fire safety expert was not conducted within the past twelve months.

Plan of Correction

Accept (████ - 05/04/2023)

On Feb 28, 2023 a fire safety expert was here at our Personal Care and conducted a fire drill and inspected our site. The inspection report is kept with our fire logs. █████ is now added onto an annual rotation. PCHA will ensure that the fire inspector arrives annually. Reminders were added onto digital calendar for scheduling.

Licensee's Proposed Overall Completion Date: 05/02/2023

Implemented (████ - 05/08/2023)

132c Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 10/28/22, 11/22/22, 12/23/22, 01/27/23, 02/10/23 and 03/16/23 does not include the exit routes that were used.

Repeated Violation - 11/17/2021

## 132c Fire Drill Records (continued)

**Plan of Correction**

Accept ( ) - 05/04/2023)

*This PCHA has begun utilizing the department of Health and Human Services recommended fire drill form. Form went into effect on April 28, 2023 during routine fire drills. PCHA to keep forms with facility forms in fire log binder and audit quarterly.*

**Licensee's Proposed Overall Completion Date: 05/02/2023**

Implemented ( ) - 05/08/2023)

## 132d - Evacuation

**4. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

**Description of Violation**

*The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert.*

**Plan of Correction**

Accept ( ) - 05/04/2023)

*On Feb 28, 2023, the fire safety expert was here to do a monitored fire drill as well as review evacuation plan. At time of inspection, PCHA had not received the letter, however, did receive it on 4/26/23. Letter states that Personal Care has an evacuation time of 15 minutes maximum.*

**Licensee's Proposed Overall Completion Date: 05/02/2023**

Implemented ( ) - 05/08/2023)

## 181f - Record of Medication

**5. Requirements**

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

**Description of Violation**

*On ( ), a bottle of ( ), a tube of antifungal cream and ( ) solution were observed in Resident 3's bathroom. Resident 3 is assessed as being capable of self administering certain medications, however, these were not included in resident's record.*

**Plan of Correction**

Accept ( ) - 05/04/2023)

*Items were immediately removed from resident's room on 4/18/23 by the med tech on shift and orders were obtained if resident wished to continue to use the medications. Effective May 1, 2023 Room audits were initiated by PCHA to aid in monitoring for medications being brought in and stored in resident rooms without orders. No additional items were found during conducted audits and audits will continue on a monthly basis, to be completed by Personal Care Aids.*

**Licensee's Proposed Overall Completion Date: 05/02/2023**

181f - Record of Medication (continued)

Implemented ( ) - 05/08/2023

184a - Resident's Meds Labeled

6. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for Resident 4's [REDACTED], states the dosage of 1 tablet 2 times per day. The correct prescribed dosage for administration, as indicated on the electronic medication administration record (Emar) is 1 tablet once daily.

Plan of Correction

Accept ( ) - 05/05/2023

On 4/19/23 a request was sent to Pharmacy to correct the label per written orders by PCHA. Audit was completed on all remaining bottles and no others were found to be out of compliance. Staff educated by PCHA to obtain appropriate labels when medication orders change.

Education was provided during a routine med tech meeting held on 4/27/23. I have attached an attendance roster. This will be monitored in our monthly cart audits. I have included a copy of our cart audit forms.

Licensee's Proposed Overall Completion Date: 05/04/2023

Implemented ( ) - 05/08/2023

225a - Assessment 15 Days

7. 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

Resident 1 was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED].

Repeated Violation - 11/17/21

Plan of Correction

Accept ( ) - 05/05/2023

This PCHA corrected the date on the RASP and audited all others. This was the only one out of compliance. PCHA will monitor closely to ensure proper dates are recorded for initial and finalized RASPS.

PCHA is responsible for all RASP updates and completion. PCHA will begin reviewing RASPS quarterly, in addition to significant changes and annual updates, to ensure that they meet regulatory requirements.

Licensee's Proposed Overall Completion Date: 05/04/2023

Implemented ( ) - 05/08/2023

252 - Record Content

8. Requirements

2600.

**252 - Record Content (continued)**

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

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

**Description of Violation**

*The records for Residents 1, 2 and 3 do not include identifying marks. In addition, Resident 2's record does not include hair color, eye color, race, and religion.*

**Plan of Correction**

**Accept** [REDACTED] - 05/04/2023)

*This PCHA went through all EMAR documentation and updated identifying marks for all residents. Audit was completed by 4/28/23. PCHA placed all identifying markers on admission checklists to ensure they do not get missed.*

**Licensee's Proposed Overall Completion Date: 05/02/2023**

**Implemented** [REDACTED] - 05/08/2023)