

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

November 29, 2023

[REDACTED], REGIONAL DIRECTOR
LITITZ PCH LLC
80 WEST MILLPORT ROAD
LITITZ, PA, 17543

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 10/04/2023, 10/05/2023 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 LITITZ	License #: 33298	License Expiration: 11/15/2023
Address: 80 WEST MILLPORT ROAD, LITITZ, PA 17543		
County: LANCASTER	Region: CENTRAL	

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

Legal Entity	
Name: LITITZ PCH LLC	
Address: 80 WEST MILLPORT ROAD, LITITZ, PA, 17543	
Phone: [REDACTED]	Email: [REDACTED]

Certificate(s) of Occupancy		
Type: I-1	Date: 08/07/2015	Issued By: Warwick Township
Type: I-2	Date: 08/07/2015	Issued By: Warwick Township

Staffing Hours		
Resident Support Staff:	Total Daily Staff: 75	Waking Staff: 56

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Complaint, Incident	Exit Conference Date: 10/12/2023	

Inspection Dates and Department Representative	
10/04/2023 - On-Site:	[REDACTED]
10/05/2023 - On-Site:	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 100		Residents Served: 74	
Secured Dementia Care Unit			
In Home: Yes	Area: Memory Care	Capacity: 40	Residents Served: 32
Hospice			
Current Residents: 8			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 74	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 1		Have Physical Disability: 0	

Inspections / Reviews		
10/04/2023 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 10/22/2023

Inspections / Reviews (*continued*)

10/31/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/28/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/08/2023

11/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/28/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/24/2023

11/29/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/28/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 10/5/23, there was a large piece of furniture known as a "buffet" blocking egress from the exit hallway in Secure Dementia Care Unit (SDCU), by resident bedroom 311.

Plan of Correction

Accept [redacted] - 11/17/2023)

Plan of Correction

- This was corrected on site of visit on 10.5.23 by Regional Director of Operations.
- Residence Director reeducated staff on Regulation 2600.121 (a) Stairways,hallways,doorways, passageways and egress routes from the rooms and from the building must be unlocked and unobstructed. Exhibit 1 a 10.16.23, Staff was educated if they do observe a blocked egress or obstruction to report it to RD via RedApp (internal system.)
- Weekly x 6 week checks to be inspected by the Maintenance director and or appointed designee exhibit 1b 10.10.23

Completion Date:

-This was discussed with the safety committee on 10.31.23. Added to the quality improvement plan, Maintenance director is doing a weekly safety walk through looking for doorway, hall, exits, and obstructions that may be unsafe.

-If at any time during the weekly inspections the Maintenance Director and or Designee should notice noncompliance, the safety issue will immediately be addressed and correct4ed, then within 48 hours of observation, staff will again be educated on the importance of regulation 121a by (Residence Director). Furthermore, an additional 2 weeks of audits/inspections will be added to ensure continued compliance. If noncompliance is observed a 3rd time, investigation will be conducted into staff/shift responsible for safety issues and again reeducated with the possibly of disciplinary action.

Licensee's Proposed Overall Completion Date: 11/17/2023

Implemented [redacted] - 11/29/2023)

141a - Medical Evaluation

2. 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.

Description of Violation

Resident 1 was admitted to the home on [redacted] However, resident's initial medical evaluation was completed on [redacted]

Resident 2 was admitted to the home on [redacted] However, resident's initial medical evaluation was completed on [redacted].

141a - Medical Evaluation (continued)

Plan of Correction**Accept (SK - 11/17/2023)***Plan of Correction*

-Residence Director reeducated staff on Regulation 2600.141a on 10/16/23. Starting 11/1/23, Residence Director will be informed within 24 hours via email and or verbally by (Sales Director) on any new resident admissions into the facility. Sales Director or HCD will inform Residence Director verbally or via email if the new resident already has a medical evaluation completed within the last 60 days prior to admission, or not. If the Resident does not have a medical evaluation completed within the last 60 days prior to admission, the Residence Director will assist the new resident in scheduling an evaluation with a physician within 72 hours so that evaluation can be completed within 30 days after admission. An audit form will be established on 11/01/23 to track all new admissions and if they need to have a medical evaluation scheduled per 2600. 141a regulatory timeframes.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█ - 11/29/2023)

183e - Storing Medications

3. 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

On █ there was a small white round pill found in med cart 1.

Plan of Correction**Accept (█ - 11/17/2023)**

- Med tech immediately destroyed pill using the drug buster system on 10.05.23.*
 - Executive Director Reeducated med techs and LPNS of Regulation 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. Exhibit 3a 10.19.23. Staff was educated on if they observe incorrect storage methods within their med carts to inform HCD. HCD to give instructions to correct measure.*
 - There will be a weekly audit of med carts 1,2,3 for a total of 8 weeks, this will be done by the Health and Wellness Director and or designee. Exhibit 3b 10.17.23. This was introduced to our quality control 10.31.23.*
- If at any time during the weekly inspections the Health and Wellness Director and/or Designee should notice noncompliance, the issue will immediately be addressed and corrected, then within 48 hours of observation, med techs and LPN's staff again be educated on the importance of regulation 183e by (Residence Director). Furthermore, an additional 2 weeks of audits/inspections will be added to ensure continued compliance. If noncompliance is observed a 3rd time, investigation will be conducted into staff/shift responsible for noncompliance and again be reeducated with the possibility of disciplinary action such as being removed from the med cart and possible termination. Weekly audits of med carts will be reviewed at the next quality assurance meeting on (on or before 11.30.23).*

183e - Storing Medications (*continued*)

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([REDACTED] 11/29/2023)

185a - Implement Storage Procedures

4. 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 [REDACTED] Resident 3's [REDACTED] went missing at the facility. Staff Member A obtained the medication from resident's family. However, staff left the medication unattended on top of the med cart. Then the medication went missing. Police were notified, and the medication was never located. Staff Member A was fired as a result.

Plan of Correction

Accept [REDACTED] - 11/17/2023)

- Staff Member A was removed from duty and subsequently fired immediately upon discovery that medication was missing, termed on [REDACTED]
 - Executive Director reeducated current staff on procedures of only licensed / med techs only acceptance of medications. Exhibit 4 a 10.09.23
 - Executive Director reeducated staff on Regulation 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. Exhibit 4a 10.09.23
- Pharmacy manifest sheets gets signed upon medications being delivered goes into a binder and kept for 30 days. This is monitored by HCD or designee, this is monitored monthly. If there is noncompliance with the policy on medication acceptance, there will be coaching, counseling, and reeducation, possible suspension if not followed.

Licensee's Proposed Overall Completion Date: 12/30/2023

Implemented [REDACTED] - 11/29/2023)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [REDACTED] Resident 4 reported he/she have requested their PRN [REDACTED] for the past 3 days but haven't received it. Resident's medication administration record (MAR) had no documentation the medication was administered from [REDACTED]. No hold orders were provided for this time frame.

Plan of Correction

Directed [REDACTED] - 11/17/2023)

- This was corrected on time of visit (10/4/23 by Residence Director), prescriber added hold parameter, put hold for diarrhea.
- Executive director reeducated LPN/ Med techs on Regulation 2600.187(d) The home shall follow the directions of the prescriber. Exhibit 5 a 10.19.23 Staff was educated to report to HCD then clarify with physician and or

187d - Follow Prescriber's Orders (continued)

pharmacy provider.

-Health Direct will providing a full cart MAR audit to be completed by 12.15.23.

Proposed Overall Completion Date: 12/30/2023

(Directed)

- This was corrected on time of visit (10/4/23 by Residence Director), prescriber added hold parameter, put hold for diarrhea.
- Executive director reeducated LPN/ Med techs on Regulation 2600.187(d) The home shall follow the directions of the prescriber. Exhibit 5 a 10.19.23 Staff was educated to report to HCD then clarify with physician and or pharmacy provider.
- Residence Director and/or Health Director will also educate LPN's/Med tech by 12.01.23 (if not already discussed on 10.19.23) that if staff believe a medication/PRN needs to be held or discontinued to bring this concern to the Health Director so that this can be consulted with the Physician and/or Pharmacy provider to obtain updated orders.
- Health Direct will providing a full cart MAR audit to be completed by 12.15.23.
- After Health Director conducts the full cart MAR audit by 12.15.23. Health Director will continue to monitor and sample Medication Administration Records (MARs) of 3 different residents a week for 6 weeks to ensure that administration of routine meds and PRN's are documented within the MAR.
- If during the audit discrepancies are discovered with the documentation in the MAR with orders or administration records, LPN/Med Tech staff will be reeducated again on regulation 187d and 4 weeks of additional MAR audits will be conducted. If additional discrepancies are discovered, such as no record of administration. An investigation into LPN/Med Tech shift will be conducted and disciplinary actions could be taken up to possible termination.
- Findings of the MAR audits will be discussed at the next quality assurance meeting.

Directed Completion Date: 01/26/2024

Implemented (█ - 11/29/2023)

233c - Key-Locking Devices

6. 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 Secure Dementia Care Unit (SDCU) exit near resident room 311 did not have the correct code posted to be able to unlock the exit.

Plan of Correction

Accept (█ - 11/17/2023)

- Changed the sign with the current code number on 10.06.23 by Residence Director. This is to be checked weekly when the Maintenance Director is doing the safety walk through.
- Residence Director to reeducate staff on Regulation 2600.233c Exhibit 6a - 10.19.23. Staff notified that if they notice the key pad doesn't match with the code posted to notify RD via redapp.

233c - Key-Locking Devices (continued)

• Residence Director and or designee to check all codes in the secured dementia unit weekly for 8 weeks. Exhibit 6b 10.20.23.

-If deficiencies are observed and or noncompliance the resident director will reeducate staff within 24 hours. . This will be monitored on the quality assurance meetings until 12.31.23.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented (█ - 11/29/2023)

234a - Admission Support Plan**7. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

On █ Resident 5 was admitted to the Secure Dementia Care Unit (SDCU) from the home's personal care unit. However, a new support plan was not completed for the resident until █.

Plan of Correction

Accept (█ - 11/17/2023)

Residence Director reeducated HCD on Regulation 2600.234a on 10/19/2023. Starting 11/01/2023, Residence Director will be informed within 24 hours via email and or verbally by HCD on any new resident admissions/transfers into the SDCU. Within 24 hours HCD will inform the Residence Director verbally or via email of when the new Support plan will be completed and finalized. If the new SDCU Resident does not have a support plan completed within 48 hours of admission, the Residence Director will assist the HCD in developing a support plan within the next 24 hours to meet the 72-hour time frame per 2600.234a. An audit form will be established on 11/01/2023 to track all new/ transfer SDCU admissions and if they need to have a support plan completed within 72 hours of admission and tracked.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█ - 11/29/2023)