

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

July 3, 2024

[REDACTED]
LANCASTER PCH LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/23/2024, 01/24/2024 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: 06/22/2024
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 109 Waking Staff: 82

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/24/2024

Inspection Dates and Department Representative

01/23/2024 - On-Site: [REDACTED]
 01/24/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 78

Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 40 Residents Served: 29

Hospice
 Current Residents: 2

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 31 Have Physical Disability: 0

Inspections / Reviews

01/23/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/16/2024

Inspections / Reviews (*continued*)

02/26/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/22/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/22/2024

07/03/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/22/2024

Reviewer: [REDACTED] Follow-Up Type: Not Required

42b - Abuse

2. 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 the evening of [REDACTED], staff observed Resident [REDACTED] and Resident [REDACTED] in a verbal altercation in the dining room, followed by Resident [REDACTED] hitting Resident [REDACTED] with an open hand.

On the evening of [REDACTED], staff observed Resident [REDACTED] in the dining room. Resident [REDACTED] walked over to Resident [REDACTED] and rammed a dining room chair into the knees of Resident [REDACTED]

On the evening of [REDACTED], staff observed Resident [REDACTED] hit Resident [REDACTED] with an open hand causing a skin tear on Resident [REDACTED]

Repeat Violation - 9/25/23, et al, 3/14/2023, et al

Plan of Correction

Accept [REDACTED] 02/26/2024)

Resident number [REDACTED] was discharged on...It has been noted that this occurrence and others happened on 2nd shift. 2nd shift Staff provided additional dementia training on de-escalation/validation by Residence Director [REDACTED] on [REDACTED] Residence Director [REDACTED] or designee will conduct daily rounds to offer supports to 2nd shift staff twice daily for 8 weeks [REDACTED]. Assistant Healthcare Director will be working evening hours 3x per week for the next 8 weeks beginning [REDACTED]

Proposed Overall Completion Date: 03/21/2024

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented [REDACTED] - 07/03/2024)

171c - Home's Vehicle Documents

3. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

- 4. Current inspection.

Description of Violation

At approximately 9:00 am on [REDACTED] and again at approximately 5:00 pm on [REDACTED], the van used to transport residents had an inspection sticker showing [REDACTED]. Staff confirmed that this was the van used to transport residents to and from medical appointments.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

Van was immediately suspended from use until inspection taken for inspection on [REDACTED] inspection performed, and van returned on [REDACTED] Maintenance Director [REDACTED] educated on 171.c on [REDACTED] by residence

171c - Home's Vehicle Documents (continued)

Director [REDACTED]. Maintenance Director [REDACTED] or designee will audit vehicles for compliance quarterly, beginning [REDACTED].

Licensee's Proposed Overall Completion Date: 05/01/2024

Implemented [REDACTED] - 07/03/2024)

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at approximately 5:00 PM, a medication cart, known as "Cart 2", was found to be unlocked, unattended, and accessible in the main hallway directly outside of the Bistro. The keys to the medication cart were observed to be hanging out of the medication cart lock.

Repeat Violation - 9/25/23, et al.

Plan of Correction

Directed [REDACTED] - 02/23/2024)

Identified Med cart was immediately locked other med carts were checked for compliance. Medication Technician was addressed and educated by HCD, followed up by written corrective actiHealth Care Director. Assistant Health Care Director or designee to audit carts for compliance daily on each shift for 8 weeks beginning [REDACTED].

Proposed Overall Completion Date: 02/20/2024

(Directed)

- Identified Med cart was immediately locked and other med carts were checked for compliance.
- Medication Technician was addressed and educated by HCD, followed up by written corrective actiHealth Care Director by 2/20/24.
- Assistant Health Care Director or designee to audit carts for compliance daily on each shift for 8 weeks beginning 2/1/2024.
- A training will be completed with all Med Tech's on regulation 2600.183(b) by the Administrator or designee by 3/8/2024.
- Documentation for completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 03/08/2024

Implemented [REDACTED] - 07/03/2024)

186b - Medication Used by Resident

5. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

186b - Medication Used by Resident (continued)

Description of Violation

On [redacted] at [redacted] Resident [redacted] was administered a [redacted], take [redacted] tablet twice daily for a diagnosis of [redacted], prescribed for and belonging to Resident [redacted]

Plan of Correction

Directed [redacted] 02/23/2024)

Resident [redacted] family and PCP contacted, resident had no adverse reaction or change to treatment plan at that time. All med techs will be re-educated on the 5 rights and 3checks of medication administration by HCDS on [redacted] AHCD or designee will continue to pull daily report and review medications that are not available for errors to dates prescribed and Audit for 8 weeks daily beginning [redacted] to ensure compliance.

Proposed Overall Completion Date: 04/19/2024

(Directed)

- Resident [redacted] family and PCP were notified by [redacted]
- All med techs will be re-educated on the 5 rights and 3checks of medication administration by HCDS on [redacted]
- The administrator or designee will perform an unannounced observation on each current med tech to ensure proper medication administration procedures are followed. Each med tech will be observed by [redacted]. Documentation of the observation will include any issues observed and plan of action, if necessary.
- Documentation of staff education and observations will be kept by the home and available for review by the Department.

Directed Completion Date: 03/20/2024

Implemented [redacted] - 07/03/2024)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] Tab Once Per Week (Saturdays) for a diagnosis of [redacted]. This medication was administered to the resident more than once a week and on the incorrect days of the week per the December 2023 MAR's as follows:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Resident [redacted] is prescribed [redacted] MG Tablet - [redacted] Tablet by mouth daily for allergies. The October 2023 MAR Shows [redacted] medication was not administered on [redacted] and [redacted] at [redacted]

Resident [redacted] is prescribed [redacted], Place 1 Drop into the Right Eye at bedtime for a diagnosis of [redacted]

187d - Follow Prescriber's Orders (continued)

██████████. However, this medication was not administered to Resident ██████████ from ██████████ through ██████████ because the medication was not available in the home.

Repeat Violation - 9/25/23, et al, 8/28/23, et al, 6/6/23, et al

Plan of Correction

Directed ██████████ - 02/26/2024)

Resident ██████████ and ██████████ were monitored and had no adverse reaction or change to treatment plan at that time. All med techs will be re-educated on medication availability and following prescribers order by HCDS on ██████████. HCD, AHCD or designee will continue to pull daily report, review medications that are not available for errors to dates prescribed Audit for 8 weeks daily beginning ██████████ to ensure compliance.

Proposed Overall Completion Date: 04/11/2024

(Directed)

- Resident ██████████ and ██████████ were monitored and had no adverse reaction or change to treatment plan at that time.
- All med techs will be re-educated on medication availability and following prescribers order by HCDS on ██████████
- An initial cart audit will be completed for all med carts to ensure medications are available as ordered by the Administrator or designee no later than ██████████
- Beginning ██████████, the HCD, AHCD or designee will pull daily report and review for medication errors for 8 weeks including medications given on wrong dates/times and medications not given.
- Documentation for completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 03/04/2024

Implemented ██████████ 07/03/2024)

227d - Support Plan Medical/Dental

7. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident ██████████ has engaged in various incidents involving verbal and physical aggressions towards others including incidents observed by staff members on ██████████ and ██████████. Resident ██████████ assessment and support plan, dated ██████████, indicates "no problem" in irritability, judgement, agitation, or aggression and does not reflect a plan to meet the service need for the resident.

Repeat Violation - 8/28/23, et al.

227d - Support Plan Medical/Dental (*continued*)**Plan of Correction****Directed** [REDACTED] **02/23/2024)**

Resident [REDACTED] has since been discharged; RASP could not be updated at this time. charts on...Health Care Director or designee will audit resident RASP's for compliance beginning [REDACTED] bi-weekly for 8 weeks or until complete documenting any found to be out of compliance.

Proposed Overall Completion Date: 03/28/2024

(Directed)

- Resident [REDACTED] was discharged from the home on [REDACTED]; RASP cannot be updated at this time.
- The Health Care Director or designee will complete an initial audit on all current resident RASP's no later than [REDACTED] to ensure the support plans properly reflect residents behavioral and/or cognitive degrees, description of service need and the home's plan to meet the service need.
- An in-service will be provided to all staff members to notify the designated person of any changes a resident may display to ensure the assessment and support plan is updated timely. Education will be provided no later than [REDACTED] by the Administrator or designee.
- To maintain on-going compliance, a 25% sample size of resident assessment and support plans will be audited each month by the Administrator or designee to ensure the documents accurately reflect residents needs and supports. Monthly audits will start no later than [REDACTED].
- Documentation of audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 03/20/2024

Implemented [REDACTED] **- 07/03/2024)**