Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

January 25, 2024

MDT ALF 1, LLC

RE: LEGEND AT SILVER CREEK
425 LAMBS GAP ROAD
MECHANICSBURG, PA, 17050
LICENSE/COC#: 33925

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/03/2024, 01/04/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LEGEND AT SILVER CREEK* **License #**: *33925* **License Expiration**: *10/04/2024*

Address: *425 LAMBS GAP ROAD, MECHANICSBURG, PA 17050*

County: *CUMBERLAND* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *MDT ALF 1, LLC*
Address: [redacted]
Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *07/14/2023* **Issued By**: *Hampden Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *102* **Waking Staff**: *77*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**: *0*

Reason: *Renewal* **Exit Conference Date**: *01/04/2024*

Inspection Dates and Department Representative

01/03/2024 - On-Site: [redacted]
01/04/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *108* **Residents Served**: *81*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDU* **Capacity**: *24* **Residents Served**: *21*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *80*
Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *21* **Have Physical Disability**: *0*

Inspections / Reviews

01/03/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/18/2024*

01/16/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *01/16/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *01/26/2024*

Inspections / Reviews *(continued)*

01/25/2024 - Document Submission

Submitted By: [redacted]
Date Submitted: *01/16/2024*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 1/4/24, food debris was observed on several surfaces in the kitchen and floor including the pushcarts, storage containers, steam tables and fryer area.

Plan of Correction ***Accept [redacted] - 01/16/2024)***

The primary benefit is that safe surfaces help to maintain sanitary conditions in the home and minimize the risk to residents and provide dignified living conditions.

Post breakfast service some surfaces were not clean/free of debris.

The Culinary Services Coordinator, kitchen servers, dishwashers and cooks failed to maintain all surfaces clean, free of debris.

The dining services department cleaned the kitchen immediately upon notification of the violation during the inspection on 01.04.2024.

To prevent this from happening again, beginning January 15th and daily thereafter; the Culinary Services Coordinator and/or Cook, Server, Dishwasher on duty who are responsible to maintain the cleanliness will conduct a daily check of the kitchen and will document this on the Dining Services Quality Checklist form.

The checklist will be submitted daily to the Residence Director. The Residence Director will complete weekly audits to ensure the kitchen is clean according to Legend standards and are meeting regulatory compliance.

Licensee's Proposed Overall Completion Date: *01/15/2024*

Implemented ([redacted] - 01/18/2024)

105g - Lint Removal and Duct Cleaning

2. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

Description of Violation

On 1/3/24, there was an approximate 1-inch accumulation of lint in the lint trap of the dryer 2 located on the second floor. There were no clothes in the dryer at the time.

Plan of Correction ***Accept [redacted] - 01/16/2024)***

The primary benefit is to reduce the risks of fire hazards.

On 01.03.2024, there was an approximate 1-inch accumulation of lint in the dryer filter lint trap of one of the eleven dryers located in the home. Upon learning of the violation on 01.03.2024 and at the time of inspection the issue was addressed, and the filter clear & cleaned.

105g - Lint Removal and Duct Cleaning (continued)

There are signs present at each of the home's dryers and the Direct Care staff are responsible to clean the lint filter/trap after each use.

Although the signs are present on each dryer indicative that filters must be cleaned after each use, the staff failed to clean the lint out of the dryer after completing laundry. There is no system in place for dryer safety checks.

No later than January 15th, 2024, The Residence Director will post additional signs in each laundry room to remind staff and residents to maintain the lint filters clean and clear after each use.

Beginning January 15th, 2024 The Housekeeping staff will conduct daily checks on each dryer and perform any necessary cleaning.

The Maintenance Director will complete weekly checks of the dryer for lint and will document this on the TELS work order system.

Licensee's Proposed Overall Completion Date: *01/15/2024*

Implemented (- 01/18/2024)

141a - Medical Evaluation

3. 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

The initial medical evaluation (DME) for Resident was completed . However, the resident wasn't admitted to the home until .

The initial medical evaluation (DME) for Resident was completed on . However, the resident wasn't admitted to the home until

The initial medical evaluation (DME) for Resident was completed on However, the resident wasn't admitted to the home until

Plan of Correction ***Accept (- 01/16/2024)***

The violation was the DME's for Residents & were not completed within the specified timeframe of admission to the home.

This happened because the home anticipated licensure to be in place and to admit residents to the home earlier than the actual dates of admission and therefore the prospective residents had coordinated appointments with their PCP's to align with the original projected move in date. The home was negatively impacted by failure to contact the prospective resident specifically to have their PCP provide an updated appointment for evaluation and completion of the DME document in accordance with the specified regulatory timeline.

141a - Medical Evaluation (continued)

Resident was examined with PCP on and the form was completed by the PCP on and the resident admitted to the home on . Compliance is in place appropriately between the time the form was completed and the date of admission to the home. The form is out of compliance between the date of exam and date of admission to the home.

Resident was examined with PCP on and the form was completed by the PCP on and the resident admitted to the home on . Compliance is in place appropriately between the time the form was completed and the date of admission to the home. The form is out of compliance between the date of exam and date of admission to the home.

Resident was examined with PCP on 8/2/23 and the form was completed by the PCP on and the resident admitted to the home on The form is out of compliance between the date of exam/form completion and date of admission to the home.

The home failed to perform adequate DME compliance reviews upon admission to the home to support the requirements of the regulation. The Home was able to correct the document on the day of inspection. The Healthcare Director contacted each of the resident's physicians and was approved to make the correction and also captured a chart note accordingly for Resident &

The Home can immediately prevent this from happening again by completing a DME compliance check upon receipt of the document and/or just prior to or upon admission to the home.

Prior to resident admission to the home, the Healthcare Director will review the DME to ensure dates comply with regulatory requirements. Should there be an issue with the document the Healthcare Director will assume responsibility of contacting the physician and prospective resident to arrange for a new exam and the completion of an updated DME and any necessary documentation will be noted and retained by the Healthcare Director.

Licensee's Proposed Overall Completion Date: *01/11/2024*

Implemented - 01/18/2024)

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

Resident is prescribed) as needed. On , this medication was not available in the home.

Resident is prescribed a emergency kit as needed. On , this medication was not available in the home.

185a - Implement Storage Procedures (continued)

Resident is prescribed as needed. On , this medication was not available in the home.

Plan of Correction ***Accept - 01/16/2024)***

The Violation is the home did not support the requirement of the regulation and failed to provide the supply of medications to access for resident use and subsequently failed to provide safe storage of the supply.

The violation was incurred because Residents and had provided a supply to the Wellness Center. During a medication audit conducted on by the Healthcare Director it was discovered that each of the residents noted had provided a supply that was expired to include the following: Resident , Resident emergency kit, and Resident

To correct the problem the Healthcare Director discarded the expired medications and had requested refills from the pharmacy for Residents & accordingly.

On the day of inspection, the refill supplies had not yet been received from the pharmacy and therefore were not in storage at the home. The refill supply was received during delivery the evening of to include Resident , Resident emergency kit, and Resident

To prevent any further occurrence the Healthcare Director and Assistant Healthcare Director will complete weekly medication audits to verify all medications are in stock according to physician's orders and all medications are unexpired, stored safely, and available for administration/resident use. The audit information will be reviewed weekly by the Healthcare Director/Assistant Healthcare Director with the Residence Director.

Proposed Overall Completion Date: 01/15/2024

Licensee's Proposed Overall Completion Date: *01/15/2024*

Implemented (- 01/18/2024)

5. 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 , observed several discrepancies between found in and medication administration record (MAR) entries for Resident as follows:
On at number of was found in resident's glucometer but was not entered in MAR.
On at number was found in resident's glucometer but was not entered in MAR.
On at , number of was incorrectly transcribed in MAR as .

185a - Implement Storage Procedures *(continued)*

Plan of Correction ***Accept - 01/16/2024)***

The violation and why it happened is the pharmacy failed to provide a field in the order to distribute the medication and enter the and the Healthcare Director/Assistant Healthcare Director failed to verify the pharmacy order included this field to capture the information accordingly.

The problem was resolved immediately upon receiving the information from the licensing inspectors on . The Healthcare Director contacted the pharmacy to request the information be added to the order to support recording the as captured with the .
On at number of was found in resident's and has been updated on the MAR on
On at number was found in resident's and has been updated on the MAR on
On at number of was incorrectly transcribed in MAR as and has been updated on the MAR on
The pharmacy did update the order and the MAR now includes the ability to enter the data accordingly.

To prevent this from happening again the MAR does not allow the administration record to be completed without entering the correct data as captured through the into the field on the MAR.

The Healthcare Director/Assistant Healthcare Director will complete weekly audits to ensure the data is recorded and with accuracy.

Licensee's Proposed Overall Completion Date: *01/15/2024*

Implemented - 01/18/2024)

187a - Medication Record

6. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.

Description of Violation

Resident is prescribed , to be administered on a sliding scale based on Resident's . However, resident's December 2023 medication administration record (MAR) does not indicate dosage of administered to Resident.

Plan of Correction ***Accept - 01/16/2024)***

The violation and why it happened is the pharmacy failed to provide a field in the order to distribute the medication and enter the reading and the Healthcare Director/Assistant Healthcare Director failed to verify the pharmacy order included this field to capture the reading information accordingly.

187a - Medication Record (continued)

The problem was resolved immediately upon receiving the information from the licensing inspectors on The Healthcare Director contacted the pharmacy to request the information be added to the order to support recording the reading as captured with the .

On at number of was found in resident's and has been updated on the MAR on

On at number was found in resident's and has been updated on the MAR on .

On at , number of was incorrectly transcribed in MAR as and has been updated on the MAR on

The pharmacy did update the order and the MAR now includes the ability to enter the data accordingly.

To prevent this from happening again the MAR does not allow the administration record to be completed without entering the correct data as captured through the into the field on the MAR.

The Healthcare Director/Assistant Healthcare Director will complete weekly glucometer audits to ensure the data is recorded and with accuracy.

Licensee's Proposed Overall Completion Date: *01/15/2024*

Implemented - 01/22/2024)

187b - Date/Time of Medication Admin.

7. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident is prescribed and daily. Resident s medication administration record (MAR) does not include the initials of the staff person who administered these medications on , and at

Plan of Correction ***Accept - 01/16/2024)***

The violation was the Medication Technician on duty failed to initial the EMAR and therefore did not complete the medication administration record at for Resident

The omission occurred as a result of an issue with connectivity with Quikmar at time of completion of the administration of the medications and the Medication Technician was unable to enter her initials accordingly.

The Assistant Healthcare Director did confirm with the Med Tech that the resident did, in fact, receive medications accordingly and the Assistant Healthcare Director was able to make a late entry note of the on-time administration on the EMAR.

To prevent this from happening again, we have advised the Med Tech to notify administration in the event is

187b - Date/Time of Medication Admin. (continued)

experiencing technical difficulty with a MAR so the final step of administration in accordance with Legend policy 10-03-0020P and regulatory compliance are met.

The Healthcare Director/Assistant Healthcare Director will complete weekly audits of the MARS to ensure documentation of medication administration aligns with policy and procedures.

Licensee's Proposed Overall Completion Date: *01/15/2024*

Implemented (- 01/22/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident is prescribed to be administered daily and to be administered twice a day. However, these medications were not administered to the resident on at

Resident is prescribed testing times a day. However, Resident 's test was not completed on at and at

Resident is prescribed and daily. However, these medications were not administered to the resident on at

Resident is prescribed Preservation and ant daily. However, these medications were not administered to the resident on at

Plan of Correction ***Accept - 01/16/2024)***

The violation was the Medication Technician on duty failed to initial the EMAR for Resident and therefore did not complete the medication administration record at on for Resident in accordance with Legend policy and BHSL regulatory requirements.
The Assistant Healthcare Director did confirm with the Med Tech that the resident did, in fact, receive medications accordingly However, the staff person inadvertently neglected to sign the administration accordingly. The Assistant Healthcare Director was able to make a late entry note of the on-time administration on the EMAR.

Regarding Resident The violation was the Medication Technician on duty failed to obtain the reading or initial the EMAR noting any refusal or obstacle as to why the order was non-compliant. Therefore the med tech did not complete the medication administration record at and at . in accordance with Legend policy and BHSL regulatory requirements. (The order for is vs what is noted to be upon review of the MAR the missing signature is The Healthcare Director has advised the PCP accordingly and there are no new orders at this time.

187d - Follow Prescriber's Orders (continued)

The violation was the Medication Technician on duty failed to initial the EMAR for Resident [redacted] and therefore did not complete the medication administration record at [redacted] at [redacted] in accordance with Legend policy and BHSL regulatory requirements.
The Assistant Healthcare Director did confirm with the Med Tech that the resident did, in fact, receive [redacted] medications accordingly However, the staff person neglected to sign the administration record. The Assistant Healthcare Director was able to make a late entry note of the on-time administration on the EMAR.

The violation was the Medication Technician on duty failed to initial the EMAR for Resident [redacted] and therefore did not complete the medication administration record at [redacted] at [redacted] in accordance with Legend policy and BHSL regulatory requirements
The Assistant Healthcare Director did confirm with the Med Tech that the resident did, in fact, receive [redacted] medications accordingly However, the staff person neglected to sign the administration accordingly. The Assistant Healthcare Director was able to make a late entry note of the on-time administration on the EMAR.

To prevent this from happening again, we have advised the Med Tech staff to notify administration in the event of experiencing technical difficulty with a MAR so the final step of administration in accordance with Legend policy 10-03-0020P and regulatory compliance are met. Furthermore, A training is scheduled as mandatory for all med tech staff on [redacted] at [redacted] with the Healthcare Director/Assistant Healthcare Director and Residence Director. The purpose of the training is to review policies, procedures, interventions and resources and assistance readily available when providing medication administration, The facility has also reached out to obtain an in-service date and time from a certified diabetes educator to re-educate and re-certify/certify all med tech staff. That training will consist of general [redacted] education, [redacted] testing processes, and administration of insulin.
The training will also include documentation of medications, med refusals, adverse med reactions, and refusal of medications.

The Healthcare Director/Assistant Healthcare Director will complete weekly audits of the MARS to ensure documentation of medication administration aligns with policy and procedures and that the home is following the directions of the prescriber.

Licensee's Proposed Overall Completion Date: *01/15/2024*

Implemented [redacted] - 01/22/2024)

231b - Medical Evaluation

9. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident’s medical evaluation was completed on [redacted].

231b - Medical Evaluation *(continued)*

Plan of Correction ***Accept - 01/16/2024)***

The violation was the DME for Resident was not completed within the specified timeframe of admission to the home.

The home anticipated licensure to be in place and to admit residents to the home earlier than the actual dates of admission.
The home was negatively impacted by failure to contact the prospective resident specifically to have thier PCP provide an updated document.

Resident was examined with PCP on and the form was completed by the PCP on and the resident admitted to the home on . Compliance is in place appropriately between the time the form was completed and the date of admission to the home. The form is out of compliance between the date of exam and date of admission to the home.

The home failed to perform adequate DME compliance reviews upon admission to the home to support the requirements of the regulation. The Home is unable to fix the problem for Resident due to the inability to change the history of the exam dates for this DME.

The Home can immediately prevent this from happening again by completing a DME compliance check just prior to or upon admission to the home. Prior to resident admission to the home, the Healthcare Director will review the DME to ensure dates comply with regulatory requirements. Should there be an issue with the document the Healthcare Director will assume responsibility of contacting the physician and prospective resident to arrange for a new exam and the completion of an updated DME.

Licensee's Proposed Overall Completion Date: *01/11/2024*

Implemented - 01/22/2024)