

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

October 15, 2024

[REDACTED]
MDT ALF 1, LLC
[REDACTED]
Suite 100
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/21/2024 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 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: *1 2* Date: *07/14/2023* Issued By: *Hampden Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *118* Waking Staff: *89*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *05/21/2024*

Inspection Dates and Department Representative

05/21/2024 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *108* Residents Served: *91*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reflections* Capacity: *24* Residents Served: *19*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *27* Have Physical Disability: *0*

Inspections / Reviews

05/21/2024 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/15/2024*

06/28/2024 - POC Submission
 Submitted By: [Redacted] Date Submitted: *07/16/2024*
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *07/10/2024*

Inspections / Reviews *(continued)*

10/15/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

Resident [REDACTED] complete records were requested at 9:30am, and again at approximately 1:15pm. However, the records were not provided to inspectors until 2:05pm.

Plan of Correction

Accept [REDACTED] - 06/28/2024)

With Respect to the specific deficiency cited:

n response to the Pennsylvania Bureau of Human Service Licensing violation on 05/21/2024, the Administrator immediately took action on 5/21/24 to retrieve the records. The surveyors understood that the Administrator did not have any ancillary support to help them that day, and they retrieved the financial records as quickly as they could.

With Respect to Systemic Measures that have been put into place to address the stated concern:

The Regional Director of Operations retrained the Administrator on 5/29/24 on Regulation 2600.5a1, DHS Access.

With Respect to How the Plan of Corrective Measures will be Monitored:

On an ongoing basis, the home will continue to provide requested records to representatives of the Department when requested.

The Administrator will conduct compliance monitoring on 2600.5a1, DHS Access, once per quarter as part of the Quality Assurance meetings, and relevant information will be appropriately retained.

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented [REDACTED] - 08/23/2024)

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

According to staff interviews on or around February/March 2024, Staff Member B referred to Resident [REDACTED] as a [REDACTED] after Staff A asked what the resident's name was. Staff B told Staff A that this was the resident's nickname due to several sexual encounters that Resident [REDACTED] had been witnessed having while living in the home's Secure Dementia Care Unit. This incident was not reported to the Department.

Staff Member D stated that on [REDACTED] [REDACTED] was informed by an agency RA that Resident [REDACTED] was observed [REDACTED] Resident [REDACTED] and while being redirected resident [REDACTED] ran into a wall, fell, hitting [REDACTED] head causing an injury to the left side of the resident's head and ear. Resident [REDACTED] was transported to the hospital by ambulance. This incident was not reported to the Department.

16c - Written Incident Report (continued)

Plan of Correction

Accept (█) 06/28/2024)

With Respect to the specific deficiency cited:

n response to the Pennsylvania Bureau of Human Service Licensing violation on 05/21/2024, the Administrator failed to submit the reportable conditions to the Department in the expected timely manner.

With Respect to Systemic Measures that have been put into place to address the stated concern:

The Regional Director of Operations retrained the identified reporters on 5/29/24 regarding regulation 2600.16, Reportable Incidents and Conditions. The home's Administrator and Healthcare Director will remain available daily to submit reportable incidents to the department within 24 hours of the incident.

An audit of reportable incidents was conducted on 5/30/24, and no other reporting issues were discovered.

With Respect to How the Plan of Corrective Measures will be Monitored:

The Administrator will conduct compliance monitoring on 2600.16c, Written Incident Report Abuse Reporting Covered by Law, once per quarter as part of the Quality Assurance meetings, and relevant information will be appropriately retained.

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented (█) - 10/15/2024)

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

Resident █ requires 1:1 supervision due to various sexual behaviors and encounters while residing in the home's Secure Dementia Care Unit (SDCU). On █, Staff Member C was responsible for providing 1:1 supervision to Resident █ however the staff member left the resident alone for approximately ten minutes. When Staff Member C returned to provide supervision to the resident, █ observed Resident █ and Resident █ in the home's SDCU common bathroom. Staff Member C witnessed Resident █ hand underneath Resident █ in their genital area.

According to staff interviews on or around February/March 2024, Staff Member B referred to Resident █ as a █ after Staff A asked what the resident's name was. Staff B told Staff A that this was the resident's nickname due to several sexual encounters that Resident █ had been witnessed having while living in the home's Secure Dementia Care Unit.

Plan of Correction

Accept (█) - 06/28/2024)

With Respect to the specific deficiency cited:

42b - Abuse (continued)

n response to the Pennsylvania Bureau of Human Service Licensing violation on 05/21/2024, the home failed to supervise the residents and act professionally in their relationships.

With Respect to Systemic Measures that have been put into place to address the stated concern:

Upon immediate notification on 5/2/24, Staff Person B was promptly and decisively suspended, and subsequently, their employment was terminated from this home. This swift action was taken to ensure the safety and well-being of our residents.

Current Staff have undergone a comprehensive education provided by the PA Department of Aging's "Learning Management System." This online education, which will be completed by 6/30/24, covers a wide range of topics, including Resident Rights, Abuse, and Abuse Reporting, equipping our staff with the necessary knowledge and skills to provide the best care. Additionally, the Administrator will retrain all staff with hands-on training on the Older Adult Protective Services Act, Resident Rights, and Mandatory Reporting by 6/30/24.

Additionally, the Administrator will provide retraining on the Older Adult Protective Services Act, Resident's Rights, and Mandatory Reporting at the monthly all-staff meeting for the next three months.

Residents are regularly informed of their rights (upon admission and during resident council). They are and will continue to be encouraged to report if someone is allegedly mistreating or neglecting them promptly.

With Respect to How the Plan of Corrective Measures will be Monitored:

The Administrator will conduct compliance monitoring on 2600.42b, Abuse/Neglect, once per quarter as part of the Quality Assurance meetings, and relevant information will be appropriately retained.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [redacted] - 10/15/2024)

101i - Access to Bedroom

4. Requirements

2600.

101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On 5/21/2024, the home's staff persons were interviewed and stated that they frequently lock resident bedroom doors in the Secured Dementia Care Unit (SDCU) while the residents are in common areas.

Plan of Correction

Accept [redacted] - 06/28/2024)

With Respect to the specific deficiency cited:

n response to the Pennsylvania Bureau of Human Service Licensing violation on 05/21/2024, the home does not prohibit residents from accessing their bedrooms. At the time of the inspection, the bedroom doors were all unlocked, and the bedrooms were accessible.

During the inspection, staff persons (not named by the surveyor) were interviewed, and they stated they would lock

101i - Access to Bedroom (continued)

the bedroom doors to prevent residents from having intimate relationships.

With Respect to Systemic Measures that have been put into place to address the stated concern:

The Administrator took immediate action on 6/12/24 by retraining current Direct Care Staff in strict adherence to Regulation 101j1 guidelines to ensure all residents have unrestricted access to their bedrooms at all times.

Apartment Audits will be conducted weekly for four (4) weeks beginning 6/17/24 to ensure all bedrooms are accessible.

With Respect to How the Plan of Corrective Measures will be Monitored:

The Administrator will conduct compliance monitoring on 2600.101i, Access to Bedroom, once per quarter as part of the Quality Assurance meetings, and relevant information will be appropriately retained.

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented [redacted] - 10/15/2024)

227d Support Plan Medical/Dental

5. 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 [redacted] assessment and support plan dated 10/17/23 indicates that the resident is assessed as "minimal immobile" and requires verbal cues to ensure evacuation, however, the resident's medical evaluation dated 10/5/23 indicates the resident is assessed as independent (mobile) and has no mobility needs and can evacuate independently in an emergency.

Resident [redacted] assessment and support plan dated 10/09/23 indicates that the resident is assessed "minimal immobile" and requires verbal cues to ensure evacuation and direction to a safe zone. The resident's medical evaluation dated 08/25/23 states that the resident is "moderate immobile" and requires physical or oral assistance to evacuate in an emergency.

Plan of Correction

Accepted [redacted] - 06/28/2024)

With Respect to the specific deficiency cited:

n response to the Pennsylvania Bureau of Human Service Licensing violation on 05/21/2024, the home failed to ensure that the appropriate mobility needs were assessed on Resident [redacted] and [redacted] assessments and support plans. These assessments and support plans were corrected at the time of inspection. The primary benefit of this is to ensure that each resident's needs are met as those needs change and that accountability for those needs is firmly established.

With Respect to Systemic Measures that have been put into place to address the stated concern:

Resident [redacted] and [redacted] assessment and support plans were updated on 6/14/24 to include accurate information on

227d - Support Plan Medical/Dental (continued)

their mobility needs consistent with the information on their med cal evaluations. On 6/12/24, a comprehensive audit was conducted on all DME and Support Plans, leaving no room for oversight. Importantly, no other residents were found to be affected, instilling confidence in the thoroughness of our corrective measures.

On 6/12/24, the Administrator retrained the Healthcare Director on the mobility requirements in the resident DME and support plan.

As part of our commitment to ongoing improvement, the Administrator will diligently review support plans as they are completed to ensure compliance with regulations for residents whose support plan states there is a mobility need. This regular review process provides a secure framework for our ongoing monitoring efforts.

With Respect to How the Plan of Corrective Measures will be Monitored:

The Healthcare Director/Designee will audit DME and support plans accordingly. DME and Support Plans will be reviewed by the Healthcare Director/Designee monthly.

The Administrator will conduct compliance monitoring on 2600.227d, Support Plan Medical/Dental, once per quarter as part of the Quality Assurance meetings, and relevant information will be appropriately retained.

Proposed Overall Completion Date: 06/14/2024

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented [redacted] - 10/15/2024)

231c - Preadmission Screening

6. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, resident # [redacted] written cognitive preadmission screening was also completed on [redacted] and not within 72 hours prior to admission.

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident [redacted] written cognitive preadmission screening was also completed on [redacted] and not within 72 hours prior to admission.

Plan of Correction

Accept [redacted] - 06/28/2024)

With Respect to the specific deficiency cited:

In response to the Pennsylvania Bureau of Human Service Licensing violation on [redacted], Resident [redacted] was admitted to the Secured Dementia Care Unit (SDCU) on [redacted]. However, Resident [redacted] written cognitive preadmission screening was also completed on [redacted]. It's important to note that the former Healthcare Director, who was responsible for this task, failed to complete an updated pre-screen in a timely manner to align with the resident's transition from personal care to memory care.

231c - Preadmission Screening (continued)

Resident #4 was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED]. However, Resident [REDACTED] written cognitive preadmission screening was also completed on [REDACTED] and not within 72 hours before admission. The former Healthcare Director failed to complete a pre-screen in a timely manner that aligned with the resident's admission.

With Respect to Systemic Measures that have been put into place to address the stated concern:

The Administrator has diligently completed updated prescreen documents, a vital part of our corrective measures, on 6/4/24. These documents are now securely on file in the residents' charts. On the same day, the Healthcare Director was provided a Resident Record Order form, which includes a comprehensive list of necessary forms for all residents admitted to the home, demonstrating our commitment to ensuring such violations do not recur.

With Respect to How the Plan of Corrective Measures will be Monitored:

The Administrator will conduct compliance monitoring on 2600.231c, Preadmission Screening, once per quarter as part of the Quality Assurance meetings, and relevant information will be appropriately retained.

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented [REDACTED] - 10/15/2024)

251b - Record Entries Legible

7. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Residents [REDACTED] Addendum Support Plan dated [REDACTED] and Resident [REDACTED] Addendum Support Plan dated [REDACTED], does not include the signature of the staff person who made the entries.

Resident [REDACTED] Addendum Support Plan Form was not completed, did not include the list of changes and updates, new need, how the need will be met, the date or staff member signature.

Plan of Correction

Accept [REDACTED] - 06/28/2024)

With Respect to the specific deficiency cited:

n response to the Pennsylvania Bureau of Human Service Licensing violation on 05/21/2024, Resident [REDACTED] Addendum Support Plan, dated 04/30/24, and Resident [REDACTED] Addendum Support Plan, dated 05/1/24, did not include the signature of the staff person who made the entries.

Resident [REDACTED] Addendum Support Plan Form was not completed and did not include the list of changes and updates, new needs, how the need will be met, the date, or staff member signatures.

With Respect to Systemic Measures that have been put into place to address the stated concern:

Addendum Support Plans created on 4/30/24 and 5/1/24 for Resident [REDACTED] and Resident [REDACTED], were diligent corrective measures that the home took to ensure that the residents' needs continued to be met. The staff person's signature

251b - Record Entries Legible (continued)

was missing on these two, which was a mere clerical oversight as the Department's "Addendum to Support Plan" does not offer a signature area. These two addendum support plans were immediately signed during inspection to become compliant.

Resident [REDACTED] was not involved in the reportable incident, and since it is listed in this LIS without any other reference, it did not require an Addendum Support Plan.

A chart audit was completed by the Regional Healthcare Director on 6/12/24, ensuring each chart had a completed Resident Assessment and Support Plan. Support Plans will be updated with an Addendum as needed.

With Respect to Systemic Measures that have been put into place to address the stated concern:

The Administrator will conduct compliance monitoring on 2600.251b, Record Entries Legible, once per quarter as part of the Quality Assurance meetings, and relevant information will be appropriately retained.

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented [REDACTED] - 10/15/2024)