

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

June 4, 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 licensing inspections on 05/30/2024, 05/31/2024 of the above facility, areas of non-compliance with applicable regulations were found. The noncompliant areas and specific regulation references are set forth in the enclosed Licensing Inspection Summary (LIS).

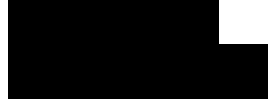
You must submit an acceptable plan to correct noncompliant items pursuant to 55 Pa. Code § 20.52 (relating to plan of correction). You should begin to implement your plan immediately upon submission. The Department will notify you whether your plan is acceptable or not acceptable and needs to be changed.

Return the LIS and completed Plan of Correction by 06/14/2024. Supporting documentation to verify compliance of any non-compliance area that has been corrected must be provided to the Department as corrective actions are completed. Failure to submit an acceptable Plan of Correction may result in further licensing action including but not limited to license revocation or nonrenewal. Continued compliance with 55 PA Code Ch. 2600 (Personal Care Home) regulations must be maintained.

Submit the Plan of Correction electronically in SansWrite by **06/14/2024**.

If you need assistance writing your plan of correction or submitting your plan in SansWrite, please refer to online training available at <http://services.dpw.state.pa.us/DPC-Provider-Training/index.html> or contact me at or email alichandle@pa.gov

Sincerely,

A black rectangular redaction box covering the signature of the sender.

Enclosure
Licensing Inspection Summary (LIS)

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 township
 Type: I-2 Date: 12/19/2006 Issued By: Manor Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 110 Waking Staff: 83

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: 0
 Reason: Complaint, Incident, Interim Exit Conference Date: 05/31/2024

Inspection Dates and Department Representative

05/30/2024 - On-Site: [REDACTED]
 05/31/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 77

Secured Dementia Care Unit
 In Home: Yes Area: memory care Capacity: 40 Residents Served: 27

Hospice
 Current Residents: 7

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 33 Have Physical Disability: 0

Inspections / Reviews

05/30/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/14/2024

16c - Written Incident Report

1. 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

Resident [redacted] is prescribed [redacted] daily. However, this medication was not administered to the resident from [redacted] to [redacted] because the medication was not available in the home. The home did not report this incident to the department until [redacted]

Repeated Violation - 9/27/23, et al, 8/29/23, et al and 6/6/23, et al

Plan of Correction

Five horizontal lines for writing the plan of correction.

Licensee's Proposed Overall Completion Date

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 [redacted] initial medical evaluation is dated [redacted] However, the resident was admitted to the home on [redacted]

Plan of Correction

Five horizontal lines for writing the plan of correction.

Licensee's Proposed Overall Completion Date

185a - Implement Storage Procedures

3. Requirements

185a - Implement Storage Procedures (continued)

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], the following discrepancies were observed between Resident [redacted] and medication administration record (MAR):

On [redacted] at [redacted], the resident's MAR had a blood sugar reading of [redacted]. However, this reading was not found in the [redacted]

On [redacted] at [redacted], the resident's MAR had a blood sugar reading of [redacted]. However, this reading was not found in the [redacted]

On [redacted] at [redacted], the resident's MAR had a blood sugar reading of [redacted]. However, this reading was not found in the [redacted]

Repeated Violation- 8/29/23, et al and 6/6/23, et al

Plan of Correction

Five horizontal lines for writing the plan of correction.

Licensee's Proposed Overall Completion Date

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] daily. However, this medication was not administered to the resident from [redacted] to [redacted] because the medication was not available in the home.

Resident [redacted] is prescribed [redacted] 3x daily. However, this medication was not administered to the resident from [redacted] to [redacted] because the medication was not available in the home.

Resident [redacted] is prescribed [redacted] daily and [redacted] daily. However, the resident's [redacted] was not administered to the resident on [redacted] due to the medication not being available in the home, and the resident's mesalamine was not administered to the resident from [redacted] to [redacted] because this medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

Repeated Violation - 9/27/23, et al, 8/29/23, et al and 6/6/23, et al

Plan of Correction

Five horizontal lines for writing the Plan of Correction.

Licensee's Proposed Overall Completion Date

225a - Assessment 15 Days

5. 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 [redacted] was admitted on [redacted]; however, the resident's assessment was not completed until [redacted]

Plan of Correction

Five horizontal lines for writing the Plan of Correction.

Licensee's Proposed Overall Completion Date

234a - Admission Support Plan

6. 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

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on [redacted]

234a - Admission Support Plan *(continued)*

Plan of Correction

Licensee's Proposed Overall Completion Date