

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

September 17, 2024

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

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/11/2024 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: *I-2* Date: *07/14/2023* Issued By: *Hampden Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *117* Waking Staff: *88*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Monitoring* Exit Conference Date: *07/11/2024*

Inspection Dates and Department Representative

07/11/2024 - 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: *21*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *91*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *26* Have Physical Disability: *0*

Inspections / Reviews

07/11/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/01/2024*

08/02/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/16/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/12/2024*

Inspections / Reviews *(continued)*

09/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

183e - Storing Medications

1. 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 7/11/24 at approximately 1:30 PM, there was a large, round, pink pill observed on the floor in the first-floor medication room.

At approximately 3:30 PM, there were two loose pills observed in the second-floor medication cart.

Plan of Correction

Accept (█ - 08/02/2024)

The identified medications were discarded appropriately at the time of inspection by the Assistant Healthcare Director on 7/11/24.

The Healthcare Director performed a complete med cart audit on 7/12/24. This audit ensured that all medications were organized under proper sanitation, temperature, moisture, and light and followed the manufacturer's instructions.

On 07/23/2024, the Healthcare Director re-educated all med techs on medication administration practices, expressly, but not limited to, properly administering medications following the Office of Developmental Programs Medication Administration training guidelines and 2600.183, Medication Administration.

Beginning 7/30/24, the Healthcare Director/designee shall perform weekly med cart audits for 30 days to ensure that indications pulled from their container but not administered are appropriately disposed of to avoid potential medication errors.

Adherence to 2600.183e, Storing Medications, will be rigorously monitored during our regularly scheduled Quality Assurance meetings. This is a critical step in ensuring compliance with regulations and the safety of our residents. Comprehensive documentation of these meetings will be maintained for reference.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented (█ - 08/23/2024)

185a - Implement Storage Procedures

2. 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 1 is prescribed Modafinil 200 mg tablet, 1 tablet by mouth every morning. This medication was not available in the home from 7/1/24 through 7/11/24.

Resident 2 is prescribed Basaglar 100 unit/ml Kwikpen, inject 20 units under the skin twice a day. This medication was not administered on 7/8/24 at 5:00 PM because it was not available in the home.

Resident 2 is prescribed FIASP 100 unit/ml FlexTouch, inject 5 units under the skin three times a day with meals. This medication was not administered on 7/8/24 at 5:00 PM because it was not available in the home.

185a - Implement Storage Procedures (continued)

Repeated Violation - 1/6/24

Plan of Correction

Accept () - 08/02/2024)

Resident #1—Modafinil 200mg was reordered by the Med Tech on 7/11/24 and was available for administration in the home on 7/12/24. The Healthcare Director informed the physician of this missed medication on 7/11/24; no new orders were given.

Resident #2 – Basaglar 100 unit/ml Kwikpen was reordered by the Med Tech on 7/11/24 and was available for administration in the home on 7/12/24. The Healthcare Director informed the physician of this missed medication on 7/11/24; no new orders were given. FIASP 100 unit/ml Flextouch was reordered by the Med Tech on 7/8/24 and was available for administration in the home on 7/8/24. The Healthcare Director informed the physician of this missed medication on 7/8/24; no new orders were given.

On 07/23/2024, the Healthcare Director took the initiative to re-educate all Med Techs on the proper use of medical equipment, such as prescription order monitoring and timely medication re-ordering. This proactive step demonstrates our commitment to staff development and resident care. Documentation of training shall be kept.

The Healthcare Director and Assistant Healthcare Director completed the initial med cart audit on 07/12/24, and all medications were present in the home per the physician's order. The Healthcare Director/designee will conduct monthly medication cart audits during the medication cart cycle fill process. These audits are crucial in ensuring residents' medications are present in the home per physician order per Regulation 2600.185a.

Adherence to 2600.185a, Implement Storage Procedures, will be rigorously monitored during our regularly scheduled Quality Assurance meetings. This is a critical step in ensuring compliance with regulations and the safety of our residents. Comprehensive documentation of these meetings will be maintained for reference.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented () - 08/23/2024)

187a - Medication Record

3. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident 2 is prescribed FIASP 100 unit/ml Flextouch, inject 5 units under the skin three times a day with meals. There is no diagnosis or purpose listed on the Medication Administration Record (MAR) for this medication.

- Resident 3 is prescribed Mupirocin 2% Ointment, apply 1 application topically twice a day. There is no diagnosis or purpose listed on the MAR for this medication.

- Resident 3 is prescribed Senna-Doc 8.6-50 mg plus, take 1 tablet by mouth daily. There is no diagnosis or purpose listed on the MAR for this medication.

187a - Medication Record (continued)

- Resident 4 is prescribed Olmesartan Medoxomil 5 mg tab, take one by mouth daily. There is no diagnosis or purpose listed for this medication.
- Resident 4 is prescribed Omeprazole 20 mg capsule DR, take one capsule by mouth daily. There is no diagnosis or purpose listed for this medication.

Plan of Correction

Accept (█) - 08/02/2024

During the inspection, the Healthcare Director corrected the MAR for residents #2, #3, and #4 to include the information identified in the violation on 7/11/24.

On 07/23/2024, the Healthcare Director proactively re-educated our current med techs on the required information. This initiative ensures that our staff is well-informed and competent in their roles as they review the MARs for missing information for new orders and routine med passes.

By 8/5/24, The Healthcare Director/designee will have reviewed the MARS for all residents to ensure they contain the information required by regulation 2600.187a, Medication Record.

Beginning 8/2/24, the Healthcare Director or designee shall audit the MARs weekly for 30 days and then monthly to ensure that the required information is present and accurate.

Adherence to 2600.187a, Medication Record, will be rigorously monitored during our regularly scheduled Quality Assurance meetings. This is a critical step in ensuring compliance with regulations and the safety of our residents. Comprehensive documentation of these meetings will be maintained for reference.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented (█) - 08/23/2024

187d - Follow Prescriber's Orders**4. Requirements**

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

Description of Violation

- Resident 2 is prescribed Basaglar 100 unit/ml Kwikpen, inject 20 units under the skin twice a day. This medication was not administered on 7/8/24 at 5:00 PM because it was not available in the home.
- Resident 2 is prescribed FIASP 100 unit/ml Flextouch, inject 5 units under the skin three times a day with meals. This medication was not administered on 7/8/24 at 5:00 PM because it was not available in the home.
- Resident 2 is prescribed Caltrate 600+D Min Chew Tab, 1 tablet by mouth twice daily. This medication was not administered on 7/8/24 at 7:00 PM.
- Resident 2 is prescribed Mucus relief ER 600 MG tablet, one tablet by mouth twice daily. This medication was not administered on 7/8/24 at 7:00 PM.

187d - Follow Prescriber's Orders (continued)

- Resident 3 is prescribed Mupirocin 2% Ointment, apply 1 application twice topically twice a day. This medication was not administered on 7/6/24 at 5:00 PM or 7/9/24 at 5:00 PM.
- Resident 3 is prescribed Pramipexole 1 mg tablet. 1 tablet by mouth three times daily. This medication was not administered on 7/8/24 at 12:00 PM or 7/9/24 at 5:00 PM.
- Resident 3 is prescribed Olpatadine HCL 0.1% eye drops, instill 1 drop both eyes twice daily for itchy eyes. This medication was not administered on 7/9/24 at 5:00 PM.
- Resident 3 is prescribed Acetaminophen 500 mg caplet, 2 caplets by mouth every 8 hours. This medication was not administered on 7/8/24 at 2:00 PM.
- Resident 3 is prescribed Dexlansoprazole DR 30 mg cap, 1 capsule by mouth twice daily. This medication was not administered on 7/9/24 at 5:00 PM.
- Resident 3 is prescribed Duloxetine HCL DR 60 mg cap, 1 capsule by mouth twice daily. This medication was not administered on 7/9/24 at 5:00 PM.
- Resident 3 is prescribed Gabapentin 300 mg capsule, 1 capsule by mouth three times daily. This medication was not administered on 7/8/24 at 12:00 PM or 7/9/24 at 5:00 PM.

- Resident 5 is prescribed Atorvastatin 10 mg tablet, 1 tablet by mouth at bedtime. This medication was not administered on 7/8/24 at 7:00 PM.

Repeated Violation - 1/6/24**Plan of Correction****Accept ([REDACTED] - 08/02/2024)**

The violation occurred due to the crucial role of the Med Techs in medication administration. Their failure to abide by the policies and procedures taught during their initial training and the Healthcare Director/Assistant Healthcare Director's oversight in conducting a MAR/Medication Cart review led to this incident.

The Healthcare Director took the opportunity to re-educate all med techs on 7/23/24, emphasizing Regulation 2600.187d, Follow Prescriber's Orders. This re-education is a learning opportunity and a chance for improvement. Documentation of this training shall be kept for reference.

The Healthcare Director and Assistant Healthcare Director completed the initial med cart audit on 07/12/24, and all medications were present in the home per the physician's order. The Healthcare Director/designee will conduct monthly medication cart audits during the medication cart cycle fill process to ensure residents' medications are present in the home per physician order per Regulation 2600.187d.

Beginning 8/1/24, the Healthcare Director/designee will review the electronic medication dashboard daily to identify unavailable medications. If a medication is unavailable, staff will contact a local pharmacy to fill and deliver the ordered medication or contact the attending physician to get an order for a substitution.

Adherence to 2600.187d, Follow Prescriber's Orders, will be rigorously monitored during our regularly scheduled Quality Assurance meetings. This is a critical step in ensuring compliance with regulations and the safety of our residents. Comprehensive documentation of these meetings will be maintained for reference.

Licensee's Proposed Overall Completion Date: 09/01/2024**Implemented ([REDACTED] - 08/23/2024)**