

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

November 6, 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 10/03/2024, 10/04/2024 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,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LEGEND PERSONAL CARE AND MEMORY CARE OF LANCASTER **License #:** 33306 **License Expiration:** 07/09/2025

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: / 1 | Date: 12/19/2006 | Issued By: Manor Township |
| Type: / 2 | Date: 12/19/2006 | Issued By: Manor Township |

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 134 **Waking Staff:** 101

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Complaint, Incident **Exit Conference Date:** 10/04/2024

Inspection Dates and Department Representative

10/03/2024 On Site [REDACTED]

10/04/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

| | | | |
|--|--------------------------|--|-----------------------------|
| General Information | | | |
| License Capacity: 100 | | Residents Served: 92 | |
| Secured Dementia Care Unit | | | |
| In Home: Yes | Area: Reflections | Capacity: 40 | Residents Served: 35 |
| Hospice | | | |
| Current Residents: 5 | | | |
| Number of Residents Who: | | | |
| Receive Supplemental Security Income: 0 | | Are 60 Years of Age or Older: 92 | |
| Diagnosed with Mental Illness: 0 | | Diagnosed with Intellectual Disability: 1 | |
| Have Mobility Need: 42 | | Have Physical Disability: 0 | |

Inspections / Reviews

10/03/2024 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/19/2024

Inspections / Reviews (*continued*)

10/25/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/04/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/04/2024

11/06/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 11/04/2024

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

42b - Abuse

1. 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 [redacted] at 3:50 PM, Resident [redacted] was found sitting on the floor in the hallway with a bloody nose. Resident [redacted] complained that Resident [redacted] struck [redacted] in the nose. Resident [redacted] was taken to the hospital and diagnosed with a nasal fracture.

Plan of Correction

Accept [redacted] - 10/25/2024)

On [redacted] Resident [redacted] was immediately redirected away from resident [redacted] at time of incident by resident assistant. Resident [redacted] was treated at the hospital post incident, resident returned to community on same day [redacted] with diagnosis of nasal fracture.

On [redacted] at the request of the community, family members updated shadow boxes outside each resident apartment to personalize and to assist residents with identifying their apartment.

On [redacted], Residence Director interviewed all memory care residents to ensure no other residents have been mistreated by staff or other residents.

Staff shall be educated on 2600.42b and behaviors and de escalation techniques by Residence Director by 11/1/24. Beginning 10/14/24, Residence Director to interview 5 residents weekly X 4 weeks to ensure compliance with 2600.42b.

Beginning at the next QM meeting on 10/21/24, the committee shall review audits for continued compliance with 2600/42b.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [redacted] - 11/06/2024)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

The following staff did not receive training in the topics covered by this regulation:

- Staff A, hired [redacted]
- Staff B, hired [redacted]
- Staff C, hired [redacted]

65a - FS Orientation 1st Day (continued)

Plan of Correction

Accept [REDACTED] - 10/25/2024)

Staff member A, B and C are employed through a staffing agency; staff members B and C have been trained on 10/16/24 on the topics required in 2600.65a by Residence Director. Staff member A is no longer employed by the agency, therefore unable to be trained.
 Agency staff training files audited for compliance on 10/16/24 by Customer Service Associate, spreadsheet created by Customer Service Associate to track agency staff requirements. Agency staff who are in need of training, will receive training prior to next working shift.
 Department managers, concierge and night shift lead educated on regulation 2600.65a by Residence Director on 10/14/24.
 On 10/17/24, Residence Director notified the agency staffing companies via email to inform of regulation 2600.65a and the need for all agency staff to report to the concierge and/or the night shift lead prior to beginning of shift. Beginning 10/17/24, concierge and night shift lead will train agency prior to beginning of the shift.
 Beginning 10/16/24, all current agency employee training files shall be audited by Customer Service Associate or Residence Director weekly X 4 weeks for compliance with 2600.65a.
 Beginning at the next QM meeting on 10/21/24, the committee shall review audits for continued compliance with 2600.65a.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented [REDACTED] - 11/06/2024)

141a 1-10 Medical Evaluation Information

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. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

- Resident [REDACTED] medical evaluation, completed 10/26/23. does not contain height, weight, blood pressure, pulse, or temperature
- Resident [REDACTED] medical evaluation, completed 7/11/24, does not contain height and body positioning / movement
- Resident [REDACTED] medical evaluation, completed 7/11/24, does not contain body positioning / movement, or the medical professional's typed or handwritten name
- Resident [REDACTED] medical evaluation, completed 1/12/24, does not contain height or weight

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction**Accept** (████ - 10/25/2024)

Resident █████ and █████ DME clarified with physician and appropriate corrections made by Health Care Director on 10/4/24.

All current resident's DMEs audited for completion on 10/16/24 by Health Care Director.

Health Care Director educated on regulation 2600.141a by Residence Director on 10/16/24.

Beginning 10/16/24, all DMEs received will be audited weekly X 4 weeks then ongoing by Health Care Director or designee for completion prior to filing in resident record.

Beginning at the next QM meeting on 10/21/24, the committee shall review audits for continued compliance with 2600.141a.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented (████ - 11/06/2024)

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 █████, █████, apply topically to open areas on bottom daily and as needed. This medication was not available to be given on 10/3/24.

Plan of Correction**Accept** (████ - 10/25/2024)

At time of survey on 10/4/24, resident █████ reordered from pharmacy by Health Care Director. Medication arrived 10/16/24 as it was on back order, placed in med cart by Med tech. Physician contacted in regard to backorder, order received to continue with Desitin as already prescribed, hold █████ until available.

Staff who administer medications educated on regulation 2600.185a by 11/1/24 by Health Care Director.

Beginning 10/16/24, Health Care Director or designee to audit 5 resident's medications/ physician orders weekly X 4 weeks to ensure compliance with regulation 2600.185a.

Beginning at the next QM meeting on 10/21/24, the committee shall review audits for continued compliance with 2600.185a.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented (████ - 11/06/2024)

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.

227d - Support Plan Medical/Dental (continued)

Description of Violation

The current support plan for Resident [REDACTED], dated [REDACTED] does not include information about the resident's use of a Foley leg bag including the maintenance, emptying, changing of the bag nor how the resident obtains supplies if needed.

The current support for Resident [REDACTED], dated [REDACTED], states that the resident is independent with toileting and transfers. The resident stated that [REDACTED] requires assistance with toileting hygiene and transfers. In addition, the resident's lower legs get cleaned and wrapped daily, however, this service, including the frequency and who provides the service, is not documented on the support plan.

Repeated Violation - 4/9/24

Plan of Correction

Accept [REDACTED] - 10/25/2024)

Resident [REDACTED] and [REDACTED] support plans updated by Health Care Director on 10/4/24 to reflect care needs.

All current resident support plans audited by Health Care Director on 10/16/24.

Health Care Director educated on regulation 2600.227d by Residence Director on 10/16/24.

Beginning 10/16/24, all new and updated support plans will be audited by Health Care Director or designee for completion prior to filing in resident records. Support plans will be audited weekly X4 weeks then ongoing to ensure compliance with regulation 227d.

Beginning at the next QM meeting on 10/21/24, the committee shall review audits for continued compliance with 2600.227d.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented [REDACTED] - 11/06/2024)