

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

February 10, 2025

[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 12/11/2024 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 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:** Nakina McFarlane      **Phone:** [REDACTED]      **Email:** [REDACTED]

**Legal Entity**

**Name:** LANCASTER PCH LLC

**Address:** [REDACTED]

**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

<b>Type:</b> I-1	<b>Date:</b> 12/19/2006	<b>Issued By:</b> Manor Township
<b>Type:</b> I-2	<b>Date:</b> 12/19/2006	<b>Issued By:</b> Manor Township

**Staffing Hours**

**Resident Support Staff:**      **Total Daily Staff:** 124      **Waking Staff:** 93

**Inspection Information**

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

**Reason:** Complaint, Incident      **Exit Conference Date:** 12/11/2024

**Inspection Dates and Department Representative**

12/11/2024 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 100      **Residents Served:** 86

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Memory Support      **Capacity:** 40      **Residents Served:** 34

**Hospice**

**Current Residents:** 7

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 86
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 1
<b>Have Mobility Need:</b> 38	<b>Have Physical Disability:</b> 0

**Inspections / Reviews**

12/11/2024 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 01/05/2025

Inspections / Reviews (*continued*)

## 01/06/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/08/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/10/2025

## 02/10/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/08/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

## 187d - Follow Prescriber's Orders

## 1. Requirements

2600.

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

## Description of Violation

Resident [REDACTED] was prescribed [REDACTED] with orders to take 2 puffs by mouth every 6 hours for 3 days, then as needed. The original prescription date was identified as [REDACTED]. However, the medication was only administered on [REDACTED] at 2:00PM, [REDACTED] at 8:00PM, [REDACTED] at 2:00AM, [REDACTED] 8:00AM, [REDACTED] at 2:00PM and [REDACTED] at 8:00PM. The resident was not administered the medication for the full 3 initial days as prescribed.

Resident [REDACTED] was prescribed [REDACTED] with orders to take 1 capsule by mouth every 8 hours for 3 days, then as needed. The original prescription date was identified as [REDACTED]. However, the medication was only administered on [REDACTED] at 2:00PM, [REDACTED] at 10:00PM, [REDACTED] at 6:00AM, [REDACTED] at 2:00PM and [REDACTED] at 10:00PM. The resident was not administered the medication for the full 3 initial days as prescribed.

Repeated Violation - [REDACTED] et al and [REDACTED], et al

## Plan of Correction

Accept ([REDACTED] - 01/06/2025)

The home failed to follow prescriber's orders by not administering medications at prescribed time for the resident listed above.

At the time of inspection resident was no longer residing in the facility. An audit was completed for remaining residents on [REDACTED] and found no other deficiencies.

The Health Care Director will provide retraining to current Med Techs on regulation 2600.187.d by 1/10/2025, with regard to following Physician orders and their responsibility to assure medication are given with the frequency and at the times prescribed by the prescriber. Documentation will be retained.

Beginning 1/2/2025 The Health Care Director and/or designee will audit new orders daily for 7 days and then weekly for 3 weeks to ensure they are placed on the MAR correctly and are being administered as prescribed by the medication passer. Documentation shall be retained. Any corrective action will follow if necessary.

To ensure consistent adherence to Regulation 2600.186.d, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur on 1/6/2025. All documents will be retained in the records, further ensuring our commitment to transparency and accountability.

The Health Care Director will provide retraining to current Med Techs on regulation 2600.187.d by 1/10/2025, with regard to following Physician orders and their responsibility to assure medication are given with the frequency and at the times prescribed by the prescriber.

Beginning 1/2/2025 The Health Care Director and/or designee will audit new orders daily for 7 days and then weekly for 3 weeks to ensure they are placed on the MAR correctly and are being administered as prescribed by the medication passer. Documentation shall be retained. Any corrective action will follow if necessary.

Proposed Overall Completion Date: 01/24/2025

Licensee's Proposed Overall Completion Date: 01/24/2025

Implemented [REDACTED] 02/10/2025)

224a - Preadmission Screen Form

2. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] had a preadmission screening form completed on [redacted]. However, the preadmission screening form does not include a determination that the needs of the resident can be met by the services provided by the home.

Repeated Violation - 04/09/2024, et al

Plan of Correction

Accept ([redacted] 01/06/2025)

The Home failed to mark the determination box for Resident [redacted] on 6/12/2024 determining that the needs of the resident can be met by the services provided by the home.

At the time of inspection, the pre-screen for Resident [redacted] was corrected by the Health Care Director. An audit of resident pre-screens forms conducted on 12/16/24 by the Health Care Director, found no other deficiencies.

The Health Care Director and Assistant Health Care Director were provided training surrounding 2600. 224.a by the Residence Director on 12/16/2024. Documentation will be retained.

Beginning 1/10/2025 The Health Care Director and/or designee will audit new move in's or transferred residents to ensure compliance weekly for 4 weeks. Documentation shall be retained. Any corrective action will follow if necessary.

To ensure consistent adherence to Regulation 2600.224.a, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur on 1/6/2025. All documents will be retained in the records, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 02/07/2025

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([redacted] - 02/10/2025)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] was prescribed [redacted] upon discharge from the hospital on [redacted]. However, the resident's most recent assessment and support plan, dated [redacted], does not include the resident's need for the [redacted] or how the need would be met.

Resident [redacted] experienced a cognitive decline at some point prior to [redacted]. On [redacted], the home had a meeting with the resident's family regarding the resident's needs can no longer be met in personal care and the resident required placement in a Secure Dementia Care Unit (SDCU). However, the Resident's most recent assessment and support plan, dated [redacted], does not include resident's cognitive decline and how the resident's needs are being met until the resident is moved to a different level of care.

## 225c - Additional Assessment (continued)

Repeated Violation - ██████████ et al

**Plan of Correction**

Accept ██████████ - 01/06/2025)

The home failed to add a significant change when updating Resident ██████████ assessment on ██████████. The home failed to complete an additional assessment after it was determined by the home that the resident was in need of memory care placement.

At the time of inspection resident was no longer residing in the facility. On 12/11/2024, reviewed current personal care residents and no additional residents have had a significant change.

The Residence Director provided re-education to Health Care Director and Assistant Health Care Director on regulation 225.c on 12/16/2024. Documentation will be retained.

Beginning 1/2/2024 The Health Care Director and/or designee will review reported changes, weekly for 4 weeks, documentation shall be kept, in accordance with 2600.225c to determine if a significant change has occurred and requires additional assessment. Any corrective action will follow if necessary.

To ensure consistent adherence to Regulation 2600.225.c, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur on 1/6/2025. All documents will be retained in the records, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 01/30/2025

Licensee's Proposed Overall Completion Date: 01/30/2025

Implemented ██████████ - 02/10/2025)

## 231e - No Objection Statement

**4. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**Description of Violation**

Resident ██████████ was admitted to the Secure Dementia Care Unit (SDCU) on ██████████. However, there is no documentation that the resident and the resident's designated person have not objected to the admission.

**Plan of Correction**

Accept ██████████ - 01/06/2025)

The home failed to process a new lease which is the homes policy when a resident transfers from a PC apartment to our SDCU neighborhood.

Unable to obtain for Resident ██████████. On ██████████ contacted the residents POA who at the time refused to come in and sign a new lease, this resident was in the hospital at time of inspection and notice has been given to the facility that she will not be returning.

The Residence Director was provided education by Regional Operations Director on 2600.231.e on 12/12/2024. Documentation will be retained.

Residence Director completed an audit of current resident charts on 12/16/2024 and found that all were compliant with 231.e

Beginning 12/16/2024 Residence Director and/or designee will audit files of new residents and residents who have transferred apartments weekly for 6 weeks to ensure continued compliance with 231.e. Any corrective action will follow if necessary. Documentation will be retained.

**231e - No Objection Statement (continued)**

*To ensure consistent adherence to Regulation 2600.231.e, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur on 1/6/2025. All documents will be retained in the records, further ensuring our commitment to transparency and accountability.*

*Proposed Overall Completion Date: 01/22/2025*

**Licensee's Proposed Overall Completion Date: 01/22/2025**

**Implemented [REDACTED] - 02/10/2025)**