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

April 22, 2025

[redacted]
LITITZ PCH LLC
[redacted]

RE: LEGEND PERSONAL CARE AND
MEMORY CARE OF LITITZ
80 WEST MILLPORT ROAD
LITITZ, PA, 17543
LICENSE/COC#: 33298

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2025, 03/05/2025 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 LITITZ* **License #**: *33298* **License Expiration**: *05/12/2025*

**Address**: *80 WEST MILLPORT ROAD, LITITZ, PA 17543*

**County**: *LANCASTER* **Region**: *CENTRAL*

## Administrator

**Name**: [redacted] **Phone**: [redacted] **Email**: [redacted]

## Legal Entity

**Name**: *LITITZ PCH LLC*

**Address**: [redacted]

**Phone**: [redacted] **Email**: [redacted]

## Certificate(s) of Occupancy

**Type**: *I-1* **Date**: *11/08/2016* **Issued By**: *Warwick Township*

**Type**: *I-2* **Date**: *11/08/2016* **Issued By**: *Warwick Township*

**Type**: *Other* **Date**: *11/08/2016* **Issued By**: *Warwick Township*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *122* **Waking Staff**: *92*

## Inspection Information

**Type**: *Partial* **Notice**: *Unannounced* **BHA Docket #**: *0*

**Reason**: *Complaint, Incident* **Exit Conference Date**: *03/05/2025*

## Inspection Dates and Department Representative

*03/04/2025 - On-Site:* [redacted]

*03/05/2025 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *100* **Residents Served**: *80*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *SDCU* **Capacity**: *40* **Residents Served**: *31*

### Hospice

**Current Residents**: *9*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *80*

**Diagnosed with Mental Illness**: *1* **Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *42* **Have Physical Disability**: *1*

## Inspections / Reviews

**03/04/2025 Partial**

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/23/2025*

**03/20/2025 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *04/21/2025*

**Reviewer:** [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *03/27/2025*

**03/26/2025 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *04/21/2025*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/28/2025*

**04/22/2025 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *04/21/2025*

**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 approximately 9:45 AM, Staff Member D observed Resident [redacted] with a bloody nose. Upon further investigation, it was determined by nursing staff that a physical altercation occurred between Resident [redacted] and [redacted] Resident [redacted] admitted to Staff Member E that [redacted] hit Resident [redacted] in the face because [redacted] was attempting to enter [redacted] room. As a result of the incident, Resident [redacted] sustained a fractured nose.*

*On [redacted] at approximately 3:30 PM, Staff Member C, witnessed a physical altercation between Resident [redacted] and [redacted]. Both residents were punching each other while falling to the floor. As a result of the incident, Resident [redacted] sustained an abrasion on [redacted] back, and Resident [redacted] sustained an abrasion to [redacted] chin as well as an [redacted] on [redacted] lower inner lip.*

*On [redacted], at approximately 7:30 PM, Staff Member B witnessed a physical altercation between Residents [redacted] and [redacted] Resident [redacted] was hitting Resident 3 on [redacted] back. Resident [redacted] intervened and slapped Resident [redacted] across [redacted] face. As a result of the incident, Resident [redacted] sustained redness to the area where [redacted] was struck.*

*On [redacted] at approximately 11:30 AM, Staff Member A witnessed a physical altercation between Resident [redacted] and Resident [redacted] kicked Resident [redacted] while Resident [redacted] was asleep on the couch. Resident [redacted] woke up and began kicking Resident 1 causing [redacted] to fall off the table.*

*Repeated Violation - [redacted] et al*

**Plan of Correction** ***Accept[redacted] - 03/26/2025)***

*- Immediately following incident on 1/8/25; staff intervened and redirected resident [redacted] and [redacted]. Resident [redacted] was evaluated in the ER and returned to the home. Resident [redacted] continued with frequent staff supervision. On 1/8/25, the Healthcare Director and Assistant Healthcare Director updated resident [redacted] and resident [redacted] RASPs to reflect residents' behavior and interventions.*
*- Immediately following incident on 2/1/25; staff intervened and redirected resident [redacted] and resident [redacted] On 2/1/25, the Healthcare Director and Assistant Healthcare Director updated Resident [redacted] and Resident [redacted] RASPs to reflect residents' behavior and interventions.*
*- Immediately following incident on 2/8/25; staff intervened and redirected resident [redacted] and [redacted] Administrator met with husband/POA of resident [redacted] on 2/7/25 and on 2/10/25 to discuss recommendations of psychiatric evaluation. The administrator met with resident [redacted] again on 2/17/25, a 30-day notice was issued. On 2/8/25, Healthcare Director and Assistant Healthcare Director updated Resident [redacted] and Resident [redacted] RASP to reflect behaviors and interventions.*

## *42b Abuse (continued)*

*Immediately following incident on 2/17/25; staff intervened and redirected resident [redacted] and resident [redacted], 1:1 supervision was implemented for resident [redacted] from 8am 8pm. On 2/18/25, Healthcare Director and Assistant Healthcare Director updated Resident [redacted] and Resident [redacted] RASPs to reflect behaviors and interventions.*

*Beginning 2/5/25, the Healthcare Director or designee shall interview 5 SDU residents weekly X 4 weeks, documentation shall be kept.*

*Beginning 2/5/25, the Healthcare Director or designee shall round twice daily on the SDU unit to ensure resident safety. Twice daily rounding shall occur X4 weeks. Documentation shall be kept.*

*By 2/7/25, Administrator or designee shall educate current staff on abuse, cognitive impairment and de escalation techniques, documentation shall be kept.*

*To ensure adherence to regulation 2600.42b, compliance monitoring will be conducted during the QMPI meeting. This review shall occur by 3/31/25, documentation shall be kept.*

**Licensee's Proposed Overall Completion Date:** *04/25/2025*

***Implemented [redacted] - 04/22/2025)***

## 102f - Towel/Washcloth/Soap

**2. Requirements**

2600.
102.f. An individual towel, washcloth and soap shall be provided for each resident.

**Description of Violation**

*The home does not provide each resident with a towel or washcloth. Residents are responsible to supply these items as stated in section G of the home's contract.*

**Plan of Correction** ***Accept ([redacted] - 03/26/2025)***

*On 3/8/25, the Administrator placed an order via Medline for towels, washcloths and soap; supplies received on 3/9/25 and placed in supply room by Maintenance Director.*

*On 3/9/25, resident apartments audited for towels, washcloths and soap by the Administrator, documentation shall be kept.*

*By 3/17/25, the Administrator shall educate the Healthcare Director and Assistant Healthcare Director on regulation 2600.103f and par level of towels, washcloths and soap.*

*Beginning 3/9/25, the Healthcare Director will review monthly par levels of towels, washcloths and soap and order as needed.*

*To ensure consistent adherence to regulation 2600.102f, compliance monitoring will be conducted during the QMPI meeting. This review shall occur by 3/31/25, documentation shall be kept.*

**Licensee's Proposed Overall Completion Date:** *04/25/2025*

## 102f - Towel/Washcloth/Soap *(continued)*

***Implemented [redacted] - 04/22/2025)***

## 187c - Refusal of Medication

**3. Requirements**

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

*Resident[redacted] refused several medications to include[redacted] and[redacted] on[redacted] at 9:00 AM, on[redacted] at 5:00 PM and on[redacted] at 9:00 AM and 5:00 PM. However, the home did not document the refusal in the resident's record or report the refusal to the resident's doctor.*

**Plan of Correction** ***Accept[redacted] - 03/26/2025)***

*- On 3/8/25, Assistant Healthcare Director notified resident[redacted] physician of refusal of medications on 1/18/25, 1/23/25, and 2/8/25.*

*- By 3/21/25, Healthcare Director shall review MARS for refused medications and required documentation, any missed notifications shall be addressed. Documentation shall be kept.*

*-By 3/24/25, the Healthcare Director or designee shall educate staff who administer medications on regulation 2600.187c, documentation shall be kept.*

*-Beginning 3/24/25, the Healthcare Director or designee to review MARs for refusals and proper provider notification. MAR audits to be performed weekly X 4 weeks, documentation shall be kept.*

*-To ensure consistent adherence to regulation 2600.187c, compliance monitoring will be conducted during the QMPI meeting. This review shall occur by 3/31/25, documentation shall be kept.*

**Licensee's Proposed Overall Completion Date:** *04/25/2025*

***Implemented[redacted] - 04/22/2025)***