

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

May 21, 2025

[REDACTED]
THE LONG COMMUNITY AT HIGHLAND INC
[REDACTED]
[REDACTED]

RE: THE LONG COMMUNITY AT
HIGHLAND
600 EAST ROSEVILLE ROAD
LANCASTER, PA, 17601
LICENSE/COC#: 33504

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/27/2025 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: *THE LONG COMMUNITY AT HIGHLAND* License #: 33504 License Expiration: 01/10/2026
 Address: 600 EAST ROSEVILLE ROAD, LANCASTER, PA 17601
 County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *THE LONG COMMUNITY AT HIGHLAND INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: 09/17/2019 Issued By: *Township of Manheim*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 52 Waking Staff: 39

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: 03/27/2025

Inspection Dates and Department Representative

03/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 33
 Special Care Unit
 In Home: *Yes* Area: *Dogwood* Capacity: 32 Residents Served: 16
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 33
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 19 Have Physical Disability: 0

Inspections / Reviews

03/27/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 04/25/2025

04/22/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/16/2025
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 04/29/2025

Inspections / Reviews *(continued)*

04/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/19/2025

05/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

186b Medication used by resident

1. Requirements

2800.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On [redacted] at 10:00 PM, Resident [redacted] was administered [redacted] tablet, which was prescribed for and belonging to Resident [redacted].

Plan of Correction

Accept [redacted] - 04/28/2025)

186.B Prescription Medications shall be used only by the resident for whom the prescription is prescribed

1. The resident did not have any ill effects from receiving medication that was not prescribed. Provider was notified and new orders were documented.

2. The Assisted Living Administrator or designee will conduct an audit to ensure proper medication administration policy has been followed by 4/24/2025.

3. Staff will be reeducated on the Rights of Medication Administration Policy, PSL Medication Error Policy, PSL Assisted Living/Personal Care PA Medication Administration Manual Controlled Substances by 4/2/2025.

4. On 5/5/2025 An Audit of two random staff members will be completed weekly for 4 weeks and then monthly for 2 months by the Assisted Living Administrator or designee to ensure current residents are not receiving medications that are not prescribed, and the medication administration policy is being followed. All Audits will be reviewed at the Quality Management Meeting.

POC By 5/15/2025

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented [redacted] - 05/21/2025)

187d Follow prescriber's orders

2. Requirements

2800.

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

Description of Violation

Resident [redacted] is prescribed [redacted] capsule extended release with orders to take 1 capsule by mouth once daily for anxiety. However, this medication was not administered on [redacted], and [redacted] due to the medication not being available in the home.

Resident [redacted] was prescribed [redacted] ointment with order to use small amount topically twice daily for affected area by right temple. However, this ointment was not administered [redacted] and [redacted] due to the ointment not being available in the home.

Resident [redacted] was prescribed [redacted] topical paste with orders to apply a small amount twice daily to groin/buttock area. However, this topical paste was not administered on [redacted] due to the topical paste not being available in the home.

187d Follow prescriber's orders (continued)

Repeated Violation [REDACTED], et al

Plan of Correction

Accept [REDACTED] 04/28/2025)

187.D The Home shall follow the directions of the prescriber.

- 1. The residents involved did not have any ill effects relating to not following the directions of the prescriber. The medications were reordered with pharmacy by Resident Services manager, all medication for Resident #1 was in building by 3/11/2025, and for resident [REDACTED] by 1/19/2025.
- 2. The Assisted Living Administrator or designee will conduct an audit on all medication carts to ensure that the correctly ordered medications are present in the medication carts by 4/24/2025.
- 3. Staff will be reeducated by the Assisted Living Administrator or designee on the Medication Administration Policy and availability of ordered medications by 4/2/2025.
- 4. On 5/5/2025 an audit will be completed weekly for 4 weeks and then monthly for x2 months by the Assisted Living Administrator or designee to ensure correctly ordered medications are in the medication carts as per policy. Audits will be reviewed at the Quality Management Meeting.
POC By 5/15/2025

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented [REDACTED] 05/21/2025)

225a1 Assessment – annually

3. Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/28/2025)

225.A.1 Assessment was not completed annually

- 1. The resident's assessment was completed on 3/28/2025. This resident had no ill effects from this incomplete assessment and is no longer at community effective 04/03/2025.
- 2. The Assisted Living Administrator completed a full house audit by 4/17/2025 on current resident annual assessment support plans to ensure annual completion. Any discrepancies that were noted had a new assessment support plan developed.
- 3. The Executive Director will reeducate Assisted Living Administrator on the timeliness of assessment completion. The Assisted Living Administrator will reeducate Resident Services Manager, and nursing staff on timeliness of completion for annual Assessment Support Plans by 4/24/2025.
- 4. on 5/5/2025 an audit of 3 random residents annual assessment support plans will be completed monthly for 3 months by the Assisted Living Administrator or designee to ensure annual Assessment Support Plans are completed in the correct timeframe. All audits will be reviewed at the Quality Management Meeting.
POC by 5/15/2025

225a1 Assessment – annually (continued)

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented [REDACTED] - 05/21/2025)