



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to LITITZ PCH LLC

LEGAL ENTITY

To operate LEGEND PERSONAL CARE AND MEMORY CARE OF LITITZ

NAME OF FACILITY OR AGENCY

Located at 80 WEST MILLPORT ROAD, LITITZ, PA 17543

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 17, 2025 until June 17, 2026,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **332980**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: JUNE 17, 2025

[REDACTED]
LITITZ PCH LLC
80 West Millport Road
Lititz, Pennsylvania 17543

RE: Legend Personal Care and Memory
Care of Lititz
80 West Millport Road
Lititz, Pennsylvania 17543
License #: 33298

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on June 10, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-Term Living

Enclosures
License
Licensing Inspection Summary

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

June 17, 2025

[REDACTED]
LITITZ PCH LLC
80 WEST MILLPORT ROAD
LITITZ, PA, 17543

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/07/2025, 04/08/2025 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]

Legal Entity

Name: *LITITZ PCH LLC*

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

Phone: [REDACTED]

Certificate(s) of Occupancy

Type: <i>I-1</i>	Date: 11/08/2016	Issued By: <i>Warwick Township</i>
Type: <i>I-2</i>	Date: 11/08/2016	Issued By: <i>Warwick Township</i>
Type: <i>Other</i>	Date: 11/08/2016	Issued By: <i>Warwick Township</i>

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 115 Waking Staff: 86

Inspection Information

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

Reason: *Renewal, Provisional* Exit Conference Date: 04/08/2025

Inspection Dates and Department Representative

04/07/2025 - On-Site: [REDACTED]

04/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 74

Secured Dementia Care Unit

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

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 74
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 41	Have Physical Disability: 1

Inspections / Reviews

04/07/2025 - Full

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

05/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/30/2025

06/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 4/7/25, at 10:12 AM, Resident #1's narcotic count for ██████r Clonazepam 0.5mg was unlocked, unattended, and accessible in a narcotic log binder located on top of the medication cart, labeled "medication cart #2", in the Secure Dementia Care Unit.

Repeated Violation - 9/19/24, et al

Plan of Correction

Accept ██████ - 05/08/2025)

- The confidential resident information was immediately placed in a secure confidential area by the nurse on duty at time of survey on 4/7/25.
- All common areas audited on day of survey 4/7/25 by Healthcare Director for compliance with regulation 2600.17, no further findings noted.
- By 4/23/25, Residence Director shall educate current staff on regulation 2600.17, documentation shall be kept.
- Beginning on 5/15/25, Healthcare Director or Designee will audit Medication carts and common areas for confidential resident information 3 times per week X 4 weeks.
- Beginning at the next QMPI Meeting on 5/22/25 the committee shall review audits for continued compliance with regulation 2600.17

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ██████ - 06/17/2025)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
5. Personal care service needs of the resident.

Description of Violation

Staff Person A, hired on ██████/23, and Staff Person B, hired on ██████/23, did not receive training in the following topics during 2024 training year:

- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (5) Personal care service needs of the resident.

Plan of Correction

Accept ██████ - 05/08/2025)

- By 5/15/25, Residence Director shall train Staff Member A and Staff Member B on: Instruction on Meeting the needs of the residents as described in the preadmission screening forms, assessment tool, medical evaluation and support plan and Personal Care service needs of the resident.
- By 5/15/25, the administrator shall educate department managers on regulation 2600.65f, documentation shall

65f - Training Topics (continued)

be kept.

- By 5/12/25, the Customer Service Associate shall audit associate 2024 trainings for completion of required trainings. Associates in need of training shall be trained by 5/15/25.
- By 5/15/25, the 2025 training plan shall be reviewed by the administrator to ensure the required topics are included; topics not included in the Relias Annual Training Plan shall be included during in person monthly trainings by 12/1/2025.
- Beginning 5/15/25, the administrator shall review Relias trainings monthly for timely completion. Associates in need of training completion shall be scheduled training time to complete.
- Beginning at the QMPI meeting on 5/22/25, the committee shall review compliance with regulation 2600.65f.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [redacted] 06/17/2025)

184a - Resident's Meds Labeled

3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 is prescribed Lantus Solostar 100units/ml with orders to inject 18 units subcutaneously every day. However, the order on the pharmacy label states to inject 15 units under the skin at bedtime.

Repeated Violation - 9/19/24, et al

Plan of Correction

Accepted [redacted] - 05/08/2025)

- On 4/8/25, the Assistant Healthcare Director placed change of direction sticker on Lantus Solostar pen.
- By 5/1/25, the Healthcare Director or designee shall audit medications for proper labeling.
- By 4/23/25 Healthcare Director shall educate associates who administer medications on regulation 2600.184a, documentation shall be kept.
- Beginning 5/7/25, the Healthcare Director or designee will audit medication labels on all new incoming orders Weekly X 4 Weeks.
- Beginning at the QMPI meeting on 5/22/25, the committee shall review compliance with regulation 2600.184a.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [redacted] - 06/17/2025)

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

On 4/1/25, at 4:37 PM, Resident #2 had a blood glucose reading of 133 in the resident's glucometer. However, this reading was documented in the resident's medication administration record as 134.

185a - Implement Storage Procedures (continued)

On 4/1/25, at 4:40 PM, Resident #3 had a blood glucose reading of 134 in the resident's glucometer. However, this reading was not documented on the resident's medication administration record.

Repeated Violation - 9/19/24, et al and 7/2/24, et al

Plan of Correction

Accept [REDACTED] - 05/08/2025)

- On 4/8/25, the documentation error was corrected in the electronic EMAR by Assistant Healthcare Director.
- By 4/15/25, the Healthcare Director or designee shall audit remaining glucometers for accurate documentation.
- By 4/23/25 Healthcare Director shall educate associates who administer medications on proper documentation and regulation 2600.185a, documentation shall be kept.
- Beginning 4/23/25, the Healthcare Director instituted end of shift glucometer audits to be performed by associates who administer medications to ensure accuracy of glucometer documentation.
- Beginning 4/25/25, the Healthcare Director or designee shall review glucometer readings and documentation weekly X 4 weeks.
- Beginning at the QMPI meeting on 5/22/25, the committee shall review compliance with regulation 2600.185a.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] - 06/17/2025)

187a - Medication Record

5. Requirements

2600.

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

- 9. Administration times.

Description of Violation

Resident #4 is prescribed Donepezil HCL 10 mg. The order on the resident's April 2025 medication administration record states the resident is to take one tablet by mouth daily at bedtime. However, the administration time on the resident's April 2025 medication administration record states 8:00 AM.

Plan of Correction

Accept [REDACTED] - 05/08/2025)

- On 4/8/25, the Healthcare Director updated the order in the EMAR system to reflect the current physician order and the medication label.
- By 4/25/25, the Healthcare Director shall audit remaining MARS and Medications for proper labeling, and any further compliance at time of audit.
- By 4/23/25, the Healthcare Director shall educate associates who administer medications on regulation 2600.187a, comparing labels to the MAR prior to administration of medications and to notify Healthcare Director when discrepancies are found. Documentation shall be kept.
- Beginning 5/7/25, the Healthcare Director shall audit medication labels versus the MAR weekly X 4 weeks.
- Beginning at the QMPI meeting on 5/22/25, the committee shall review compliance with regulation 2600.187d.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] 06/17/2025)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed the following medications:

- *Buspirone HCL 5 mg with orders to take one table by mouth twice a day for anxiety.*
- *Eliquis 5 mg with orders to take one tablet by mouth twice daily for atrial fibrillation.*
- *Folic Acid 1 mg with orders to take one table by mouth daily for vitamin supplement.*
- *Gabapentin 100 mg with orders to take one capsule by mouth daily for neuropathic pain.*
- *Lidocaine 4% patch with orders to apply one patch topically to affected area of pain on in the morning for twelve hours.*
- *Magnesium oxide 400 mg with orders to take one table by mouth twice daily for magnesium supplement.*

Resident #5's medication administration record does not include the initials of the staff person who administered these medications on 3/28/25, at 8:00 AM.

Resident #6 is prescribed the following medications:

- *Amlodipine Besylate 2.5 mg with orders to take one tablet by mouth daily for hypertension.*
- *Ammonium Lactate 12% lotion with orders to apply topically to affected area twice daily for dry skin.*
- *Aspirin EC 81 mg with orders to take one tablet by mouth daily for stroke prevention.*
- *Certavite with orders to take one tablet by mouth daily for vitamin supplement.*
- *Lisinopril 2.5 mg with orders to take one tablet by mouth daily for hypertension.*
- *Mesalamine DR 1.2 gm with orders to take two tablets by mouth daily with breakfast for ulcerative colitis.*
- *Cephalexin 500 mg with orders to take one capsule by mouth three times daily for ten days for an antibiotic.*

Resident #6's medication administration record does not include the initials of the staff person who administered these medications on 4/3/25, at 8:00 AM.

Repeated Violation - 9/19/24, et al

Plan of Correction

Accept [REDACTED] - 05/08/2025)

- **On 4/8/25, Healthcare Director made a note in the chart that medications were given but not checked off on MAR due to Wifi issues.**
- **On 4/25/25 the Residence Director notified IT on Wifi Issues.**
- **By 4/25/25, the Healthcare Director or designee shall audit remaining MARs for documentation errors.**
- **By 4/23/25, Healthcare Director or designee shall educate staff on regulation 2600.187b to include documentation of medications at time of administration and to check for outstanding tasks on EMAR dashboard at the end of their shift prior to them leaving.**
- **Beginning 5/7/25, the Healthcare Director or designee will audit MARS Weekly X 4 weeks for missed medications.**

187b - Date/Time of Medication Admin. (continued)

- **Beginning at the QMPI meeting on 5/22/25, the committee shall review compliance with regulation 2600.187a.**

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] - 06/17/2025)

187c - Refusal of Medication

7. 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 #2 is prescribed Remedy Clinical Protect Cream with orders to apply topically to affected areas ([REDACTED]) three times a day for skin protection. Resident #2 refused [REDACTED] r Remedy Clinical Protect cream on 4/2/25, at 8:00 AM. However, this refusal was not reported to the prescriber.

Resident #3 is prescribed Diclofenac Sod Gel 1% with orders to apply 4gm topically to bilateral knees twice daily for pain, and Nystatin 100,000 un/gm powder with orders to apply to abdominal fold daily for redness and odor. Resident #3 refused [REDACTED] Diclofenac Sod Gel 1% and Nystatin 100,000 un/gm powder on 4/3/25, at 8:00 AM. However, this refusal was not reported to the prescriber until 4/7/25.

Plan of Correction

Accept [REDACTED] - 05/08/2025)

- On 5/5/25, the Healthcare Director notified resident 2's physician of the 4/2/25 refused dose of Remedy Clinical Protect Cream.
- On 4/7/25, the Healthcare Director notified resident 3's physician of the 4/3/25 refused doses of Diclofenac Sod Gel and Nystatin powder.
- By 5/5/25, Healthcare Director reviewed remaining MARS for refused medications, no further findings noted.
- By 4/23/25, the Healthcare Director or designee to educate staff who administer medications on regulation 2600.187c, documentation shall be kept.
- Beginning 5/7/25, 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 5/22/25, documentation shall be kept.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] - 06/17/2025)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed Memantine HCL 10 mg with orders to take one tablet by mouth daily for dementia. However, this medication was not administered on 3/11/25 and 3/12/25, at 8:00 PM, due to the medication not being available in the home.

Resident #7 is prescribed Tamsulosin HCL 0.4 mg with orders to take one capsule by mouth daily for urinary retention. However, on 3/23/25, at 8:00 AM, this medication was not administered due to the medication not being available in the home.

Repeated Violation - 9/19/24, et al

Plan of Correction

Accept [REDACTED] - 05/08/2025)

- On 4/7/25 at time of survey, nurse ordered refill of Resident 4's Memantine HCL and Resident 7's Tamsulosin. Medications received from pharmacy on 4/7/27.
- By 5/7/25, the Healthcare Director or designee shall review remaining MARs and medication carts for available medications. Any further findings to be addressed at time of audit.
- By 4/23/25, the Healthcare Director or designee shall educate associates who administer medications on regulation 2600.187d, documentation shall be kept.
- Beginning 5/5/25, the associates who administer medications shall audit 5 residents' MAR/medications; refills shall be initiated as needed. Audits to be reviewed by Healthcare Director.
- Beginning 5/14/25, the Healthcare Director or designee shall audit medication carts/MARs weekly X 4 weeks.
- To ensure consistent adherence to regulation 2600.187d, compliance monitoring will be conducted during the QMPI meeting. This review shall occur by 5/22/25, documentation shall be kept.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] - 06/17/2025)

225a - Assessment 15 Days

9. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 4 has been utilizing a rollator for mobility since [REDACTED] admission to the home on 2/10/25. However, the resident's initial assessment, dated [REDACTED] 25, does not include the resident utilizes a rollator.

Repeated Violation - 7/2/24, et al

Plan of Correction

Accept [REDACTED] - 05/08/2025)

- On 4/7/25, the Healthcare Director amended resident 4's support plan to reflect use of a walker.
- By 4/25/25, the Healthcare Director shall review remaining RASPs for accuracy. Any further findings shall be corrected at time of audit.

225a - Assessment 15 Days (continued)

- By 5/7/25, the Regional Healthcare Director shall educate the Healthcare Director and Assistant Healthcare Director on regulation 2600.225a. Documentation shall be kept.
- Beginning 5/7/25, newly completed RASPs to be reviewed weekly by the administrator prior to filing. Weekly RASPs reviews shall continue X 4 weeks.
- To ensure consistent adherence to regulation 2600.187d, compliance monitoring will be conducted during the QMPI meeting. This review shall occur by 5/22/25, documentation shall be kept.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] - 06/17/2025)

225c - Additional Assessment**10. Requirements**

2600.

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

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

Description of Violation

Resident #3's current assessment, dated [REDACTED]/25, states the resident requires a two person assist with all transfers. However, documentation from the resident's physical therapy's discharge report, dated 2/26/25, states the resident is able to use a transfer board for transferring to and from the resident's electric wheelchair with supervision from staff. However, this information was not updated on the resident's current assessment.

Resident #8's most recent assessment was completed on [REDACTED]/24. However, the resident's prior assessment was completed on [REDACTED]/23.

Repeated Violation - 7/2/24, et al

Plan of Correction

Accept [REDACTED] - 05/08/2025)

- On 4/7/25, the Healthcare Director amended the support plan of resident 3 to reflect resident 3's use of the transfer board.
- Unable to correct resident 8's support plan, noted as completed late as per survey audit on 4/7/25
- By 5/5/25, current support plans to be audited by Healthcare Director or designee for compliance with regulation 2600.225c; support plans to be audited for accuracy of mobility status and timely completion.
- By 4/17/25, the Regional Health Care Director or designee shall educate the Healthcare Director and Assistant Healthcare Director on regulation 2600.225c, documentation shall be kept.
- Beginning 5/5/25, the Healthcare Director shall create a RASP tickler to track upcoming due dates. The tickler to be reviewed weekly X 4 weeks by the administrator.
- Beginning 5/7/25, the administrator or designee shall review newly created RASPs for accuracy prior to finalization of support plan. This review shall occur weekly X 4 weeks.
- Beginning at the QMPI meeting on 5/22/25, the committee shall review compliance with regulation 2600.226c.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] - 06/17/2025)