

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

July 21, 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 05/08/2025 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 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: I-1	Date: 12/19/2006	Issued By: Manor Township
Type: I-2	Date: 12/19/2006	Issued By: Manor Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 114 **Waking Staff:** 86

Inspection Information

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

Reason: Interim **Exit Conference Date:** 05/08/2025

Inspection Dates and Department Representative

05/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 77

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** **Residents Served:** 31

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 77
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 1
Have Mobility Need: 37	Have Physical Disability: 0

Inspections / Reviews

05/08/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/09/2025

Inspections / Reviews (*continued*)

06/12/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/19/2025

06/23/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/21/2025

07/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2025

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 [redacted] at 5:05 PM, two medication carts were left unlocked, unattended, and accessible. There was a laptop on each medication cart. Both of the laptops were unlocked, unattended and accessible. The following information was accessible:

- Resident [redacted] is prescribed [redacted], and [redacted] capsules.
- Resident [redacted] is prescribed [redacted] and [redacted].
- Resident [redacted] is prescribed [redacted], and [redacted].

Plan of Correction

Accept [redacted] - 06/12/2025)

The primary benefit of this regulation: Protects resident privacy and ensures that homes comply with other applicable laws.

The violation occurred because the medication administration staff failed to log out and secure/close the laptops when leaving the med carts unattended.

Plan of Correction:

- The violation was corrected onsite during inspection. The Medication Administration staff immediately secured/closed the medication administration application and laptops. At the time of inspection The Healthcare Director provided immediate education on this regulatory requirement with the medication administration staff responsible for the laptops.
- The Health Care Director completed education for all med techs/Nurses on appropriate handling of confidential information and this regulatory requirement, and the training was completed on June 5th & June 6th, 2025.
- To prevent further occurrence beginning 06/09/2025 the Health Care Director/Assistant Health Care Director and/or designee will conduct compliance checks three times weekly for a four-week period.
- The findings will be reviewed by the Residence Director as part of the June and July monthly Quality Management Plan meetings and documentation will be maintained.

Licensee's Proposed Overall Completion Date: 07/05/2025

Implemented [redacted] - 07/21/2025)

42b - Abuse

2. 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 9:05 PM, resident [REDACTED] and resident [REDACTED] who both reside in the Secured Dementia Care Unit (SDCU), were observed by staff person [REDACTED] in resident [REDACTED] apartment. Both residents were naked, and resident [REDACTED] was performing oral [REDACTED] on resident [REDACTED]. Then on [REDACTED], at 1:30 PM, staff person [REDACTED] observed resident [REDACTED] and resident [REDACTED] in another resident's apartment. Resident [REDACTED] was naked, and resident [REDACTED] was laying in the bed fully clothed. Resident [REDACTED] was observed reaching for Resident [REDACTED] pants. The home did not place resident [REDACTED] with one-to-one supervision during waking hours (6 AM-9 PM) until [REDACTED]. The home did not have the residents assessed to determine their ability to consent.

On [REDACTED] at 5:30 AM, resident [REDACTED] and resident [REDACTED] who both resided in the SDCU at the time of the incident, were observed by staff person [REDACTED] lying in bed together in resident [REDACTED] room. Resident [REDACTED] was wearing [REDACTED] night clothes and a brief. Resident [REDACTED] was naked as [REDACTED] normally sleeps. Resident [REDACTED] was escorted back to [REDACTED] room by staff. On [REDACTED], at 7:35 PM, resident [REDACTED] and resident [REDACTED] were observed by staff person [REDACTED] lying in bed together, naked and holding each other, in resident [REDACTED] room. The home did not have the residents assessed to determine their ability to consent. However, on [REDACTED] resident [REDACTED] was re-evaluated and determined the resident was appropriate to move from the home's SDCU to the home's personal care unit. Resident [REDACTED] has since moved to the home's personal care unit. During an interview with resident [REDACTED] on [REDACTED] at 2:35 PM, resident [REDACTED] said [REDACTED] was unsure who resident [REDACTED] was.

Repeated Violation - [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 06/23/2025)

The primary benefit of this regulation: Protects residents from abuse and neglect.

The cause of the violation is the former Residence Director/Designee failed to assess memory care residents [REDACTED] & [REDACTED] for their ability to consent to such relationships.

Current Staff received an in-service on April 30th, 2025, with the Area Agency on Aging on-site. The Residence Director will conduct in person training scheduled no later than June 30th, 2025, on the topic "Dementia Care: Sexually Acting Out" and "The Older Adult and Dementia Ethics: Sexuality and the older adult" which is more specifically relevant to the circumstances surrounding the violation.

To prevent future violations: The Residence Director will conduct training no later than June 30th, 2025, with the Healthcare Director and Assistant Healthcare Director, who are primarily responsible for the assessments and support plans, regarding inclusion of the residents ability to consent.

Effective June 19th, 2025, the Healthcare Director and Assistant Healthcare director, when completing the memory care resident assessments, will include the residents' ability to consent. Methods of determination may include provider documentation, a review of medical records and/or cognitive assessment. That documentation will be retained for the resident's record, including updating the residents' RASPs. Because this will impact how staff monitor residents in the SDCU, staff must be aware of any resident that must be monitored more closely through additional visual checks for any display or indication of affectionate displays or other behaviors. Any resident requiring enhanced behavioral monitoring will be indicated on the Wellness Center Resident Service Summary board. Should staff observe any indication of affectionate displays or other behaviors they must report the

42b Abuse (continued)

behavior immediately to their Healthcare Director/Assistant Healthcare Director/Designee/immediate supervisor. The Healthcare Director/Assistant Healthcare Director/Designee/immediate supervisor will assist in deterring the immediate activity and provide interim one on one for the resident(s) if necessary. This will support timely intervention and documentation which will then be filed with the appropriate licensing office, family/designee/PCP. No later than June 23rd, 2025, Residents [REDACTED] & [REDACTED] will be assessed by the Healthcare Director and have a RASP addendum completed which includes the ability to consent determination. Resident 7 no longer resides in SDCU.

Effective immediately June 19th, 2025, the Residence Director will collaborate with the Healthcare Director/Assistant Healthcare Director regarding memory care resident behavioral concerns which will be discussed and included in the monthly Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 07/21/2025)

65f - Training Topics**3. Requirements**

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

The following staff persons did not receive training in medication self administration training and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2024 training year:

- staff person [REDACTED] hired on [REDACTED]
- staff person [REDACTED], hired on [REDACTED]
- staff person [REDACTED] hired on [REDACTED]
- staff person [REDACTED] hired on [REDACTED]
- staff person [REDACTED] hired on [REDACTED]

Plan of Correction

Accepted [REDACTED] 06/23/2025)

The primary benefit: Ensures that staff persons receive the necessary training to successfully provide essential resident care services.

The reason for the violation was the former Administrator failed to maintain and monitor the educational regulatory requirements.

No later than July 18th, 2025 The Residence Director/Designee will conduct an "All Staff" medication self administration training and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. This training, at a minimum, will include the staff persons identified in the violation report as well as other associates employed, and documentation shall be kept.

65f Training Topics (continued)

The former Residence Director did not monitor associate training in 2024.

On 06/19/2025 The current Residence Director did complete a 2024 training record audit of all current staff. As a result of the audit for those missing any 2024 training shall receive education by the Residence Director no later than 07/18/2025.

No later than 06.30.2025 The Resident Director will conduct a review of the 2025 in person training calendar and edit the training plan, potentially repeating each required course to be sure all staff meet the standards for the 2025 calendar year. In addition, the online training platform, Relias is also in use at this PCH. The Residence Director will run monthly reports that identify any outstanding individual coursework not completed and schedule specific time for online timely completion.

The Residence Director will educate the Customer Service Associate no later than 06/30/2025 on the regulatory requirements of 65f, documentation shall be kept.

To ensure consistent adherence to Regulation 65f, The Residence Director will conduct a training compliance review and this information will be noted during the monthly Quality Management meeting. This review shall occur at the next QMPI meeting by 6/30/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented [REDACTED] 07/21/2025)

105g - Lint Removal and Duct Cleaning**4. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [REDACTED], at approximately 9:30 AM, there was an approximate .5 inch accumulation of lint underneath the removable lint trap and in the drawer under the lint trap of the personal care resident laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept [REDACTED] - 06/12/2025)

The purpose of this regulation is to reduce the risk of fire hazards. Of the 10 dryers located in the home, one contained a small amount of lint which was corrected at time of inspection.

Although the signs are present on each dryer indicative that filters must be cleaned after each use, the staff failed to clean the lint out of the dryer after completing laundry service. The Residence Director will post additional signage in each laundry room by June 15th, 2025.

105g - Lint Removal and Duct Cleaning (continued)

An educational review of the regulatory requirement was conducted with staff by the Residence Director on 06/09/2025 and 06/10/2025. The record of training is, and will remain, on file.

To avoid future violations beginning 06/09/2025 the lint filters will be maintained daily by the user and housekeeping staff will vacuum under the lint trap weekly, or more frequently as needed.

Beginning June 9th, the Maintenance Director will complete weekly inspection checks for four weeks of the dryers for lint and documentation will be retained. The Residence Director will include the information as part of the Quality Management plan meeting for two consecutive months. (June & July).

Licensee's Proposed Overall Completion Date: 07/05/2025

Implemented [REDACTED] - 07/21/2025)

231b - Medical Evaluation**5. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation, dated [REDACTED], does not include a diagnosis of [REDACTED] or other [REDACTED] and the need for the resident to be served in a SDCU.

Plan of Correction

Accept [REDACTED] - 06/23/2025)

The primary benefit: Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

The violation was that the home failed to perform an adequate DME compliance review upon admission to the home.

The Home is unable to fix the problem for Resident [REDACTED] due to the inability to change the diagnosis for this DME. The Healthcare Director did reach out to the PCP to secure the correction, requesting to add the diagnosis; However, although the PCP did verbally acknowledge a cognitive deficit, the PCP declined to support an update to the DME but prefers to complete a new DME. The physician does have the blank form for completion no later than June 30th, 2025. Once received, the DME will be retained in the resident's chart, and the RASP will be updated accordingly by the Healthcare Director/Assistant Healthcare Director.

The Home conducted an audit of current resident Medical Evaluations on 6/9/25 by the Healthcare Specialist Consultant. The audit results revealed some opportunities for the home to immediately prevent this from happening again. On 5/15/25, the home began utilizing a DME compliance/move in checklist prior to or upon admission to the home. Before resident admission to the home, the Healthcare Director will review the DME to ensure diagnoses comply with regulatory requirements. Should there be an issue with the document, the Healthcare Director will assume responsibility for contacting the physician and prospective resident to arrange for a new exam and the

231b - Medical Evaluation (continued)

completion of an updated DME.

Licensee's Proposed Overall Completion Date: 07/05/2025

Implemented [REDACTED] - 07/21/2025)