

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

July 31, 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 06/10/2025 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: 80 WEST MILLPORT ROAD, LITITZ, PA, 17543

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: 108 Waking Staff: 81

**Inspection Information**

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

Reason: *Complaint, Interim* Exit Conference Date: 06/10/2025

**Inspection Dates and Department Representative**

06/10/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: 100	Residents Served: 75
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Secured Dementia Care Unit

In Home: Yes	Area: Reflections	Capacity: 40	Residents Served: 28
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Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 75
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 33	Have Physical Disability: 0

**Inspections / Reviews**

06/10/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/05/2025

Inspections / Reviews (*continued*)

## 06/27/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/25/2025

## 07/31/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 184a - Resident's Meds Labeled

## 1. 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 #1 is prescribed Moxifloxacin 0.5% eye Drops. The pharmacy label states to instill 1 drop in left eye 3 times a day; however, the Medication Administration Record (MAR) states to instill 1 drop into the left eye twice daily.*

## Plan of Correction

Accept (█ - 06/27/2025)

- On 6/10/25, the Assistant Healthcare Director placed change of direction sticker on Moxifloxacin for resident 1.
- By 7/4/25, the Healthcare Director or designee shall audit medications for proper labeling.
- By 7/4/25 Assistant Healthcare Director or designee shall educate associates who administer medications on regulation 2600.184a, documentation shall be kept.
- Beginning 7/4/25, the Healthcare Director or designee will audit medication labels on all new incoming orders Weekly X 4 Weeks.
- Beginning at the QMPI meeting on 7/24/25, the committee shall review compliance with regulation 2600.184a.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented (█ - 07/31/2025)

## 184b - Labeling OTC/CAM

## 2. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

## Description of Violation

*On 6/10/25, an 8 fluid ounce container of Ensure Chocolate therapeutic nutrition drink belonging resident #2 was in the medication cart and was not labeled with the resident's name.*

## Plan of Correction

Accept (█ - 06/27/2025)

- On 6/10/25, Assistant Healthcare Director placed resident 2's name on chocolate ensure and placed in Cart. This was removed from the cart the following day per prescriber's order to discontinue.
- By 7/4/25, the Healthcare Director or designee shall audit supplements for proper labeling.
- By 7/4/25 Assistant Healthcare Director or designee shall educate associates who administer medications on regulation 2600.184b, documentation shall be kept.
- Beginning 7/4/25, the Healthcare Director or designee will audit medication and supplement labels on all new incoming orders Weekly X 4 Weeks.
- Beginning at the QMPI meeting on 7/24/25, the committee shall review compliance with regulation 2600.184b.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented (█ - 07/31/2025)

## 187d - Follow Prescriber's Orders

## 3. Requirements

**187d - Follow Prescriber's Orders (continued)**

2600.

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

**Description of Violation**

*Resident #1's blood sugar is prescribed to be checked 3 times a day, before breakfast, lunch and dinner. On 6/9/25, the resident's blood sugar was not checked before breakfast.*

*Resident #2 is prescribed Ensure Chocolate, drink contents of can twice daily. However, on 5/26/25 and 6/10/25 at 12:00pm the medication was not administered to the resident.*

*Resident #3 is prescribed Repaglinide 1mg tablet, take 1 tablet by mouth 3 times daily before meals. However, resident #1 was not administered the medication on 6/10/25 at 12:00pm.*

*Resident #3 is prescribed TED Knee MED Reg 1125, to be on daily in the AM to bilateral extremities for edema. On 5/25/25 at 8:00am, the med was not applied.*

**Plan of Correction**

Accept ( ) - 06/27/2025

- *Per MAR resident 1 blood sugar for 6/9/25 at breakfast was 244. Per note in MAR reading was obtained via resident's phone app as resident wears a free style libre sensor.*
- *On 6/25/25, Healthcare Director spoke with staff member who administered medications on 5/26/25, staff member reports that resident 2 refused Ensure on 5/26/25 at 12pm. Resident 2's provider informed of refusal. Staff member documented late refusal.*
- *Per MAR documentation resident 2 received 12:00PM Ensure Chocolate at 12:25PM on 6/10/25.*
- *Per MAR documentation, resident 3's Repaglinide 1 mg tablet was prepped at 11:44AM and administered at 11:44AM by medication technician on 6/10/25.*
- *On 6/25/25, Healthcare Director spoke with staff member who administered medications on 5/25/25, staff member reports that resident 3 refused TEDs on 5/25/25 at 8AM. Resident 3's provider informed of refusal. Staff member documented late refusal.*
- *By 7/4/25, the Healthcare Director or designee shall audit glucometers and MARs for proper documentation.*
- *By 7/4/25, the Healthcare Director or designee shall audit current MARs for missed medications/ missed documentation. Any further findings shall be addressed at time of audit.*
- *By 7/4/25 Assistant Healthcare Director or designee shall educate associates who administer medications on regulation 2600.187d, documentation shall be kept.*
- *Beginning 7/7/25, the Healthcare Director or designee shall audit MARs daily for proper documentation of medication administration. This daily audit shall continue X 4 weeks, then be completed weekly.*
- *Beginning at the QMPI meeting on 7/24/25, the committee shall review compliance with regulation 2600.187d.*

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented ( ) - 07/31/2025