

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

April 30, 2026

[REDACTED], ADMIN  
MDT ALF 1, LLC

RE: LEGEND AT SILVER CREEK  
425 LAMBS GAP ROAD  
MECHANICSBURG, PA, 17050  
LICENSE/COC#: 33925

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/25/2026, 02/26/2026 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 AT SILVER CREEK      **License #:** 33925      **License Expiration:** 10/04/2026  
**Address:** 425 LAMBS GAP ROAD, MECHANICSBURG, PA 17050  
**County:** CUMBERLAND      **Region:** CENTRAL

**Administrator**

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

**Legal Entity**

**Name:** MDT ALF 1, LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 07/14/2023      **Issued By:** Hamden Township

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 131      **Waking Staff:** 98

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:** 0  
**Reason:** Renewal, Complaint      **Exit Conference Date:** 02/26/2026

**Inspection Dates and Department Representative**

02/25/2026 - On-Site: [REDACTED]  
02/26/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 125	<b>Residents Served:</b> 103		
Secured Dementia Care Unit			
<b>In Home:</b> Yes	<b>Area:</b> Reflections	<b>Capacity:</b> 24	<b>Residents Served:</b> 21
Hospice			
<b>Current Residents:</b> 9			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 103		
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 1		
<b>Have Mobility Need:</b> 28	<b>Have Physical Disability:</b> 0		

**Inspections / Reviews**

02/25/2026 Full  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/20/2026

Inspections / Reviews *(continued)*

03/24/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/29/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 04/30/2026

04/30/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 04/29/2026

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 2/26/26 at approximately 1:30 PM, a laptop on a medication cart containing Resident #1 and #2's medical information was unlocked, unattended, and accessible on the first floor.

Plan of Correction

Accept ( [redacted] - 03/24/2026)

By 3/6/26 Medication Technician(s) will be educated on 2600.17, Records Confidentiality, by [redacted] HCD. Documentation shall be kept.

Attachment #1 Tag 17 Education; Complete: 3/6/26

Beginning 3/16/26 HCD/AHCD- will audit medication carts each shift daily for 2 weeks and then weekly for 2 weeks for security, authorized personnel have keys only, medication locked, Medication Computer locked when not in use, medication cart placed in medication room when not in use with medication room locked. Documentation shall be kept.

By 4/30/2026, to validate consistent adherence to Regulation 2600.17, audits shall be reviewed during the QMPI meeting. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ( [redacted] - 04/30/2026)

65f - Training Topics

4. Requirements

2600.

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

- 1. Medication self-administration training.

Description of Violation

Staff Member A, hired on [redacted], and Staff Member B, hired on [redacted] did not receive training in medication self-administration training during training year 2025.

Plan of Correction

Accept ( [redacted] - 03/24/2026)

By 2/27/26 the CSA will be educated on 2600.65f(1), Medication Self-administration training topic annually for direct care staff persons, by the Residential Director. Documentation shall be kept. Attachment #8 65f Education, Completed: 2/27/26.

Beginning 3/17/2026, the CSA will audit Relias training completion outstanding for requirements of 2600.65f (1) weekly for 2 weeks and then monthly for two months. Staff members out of compliance with 2600.65f(1), will receive the required training prior to working their next shift. Documentation shall be kept.

By date 3/20/26, Staff Member A and Staff Member B will complete training on medication self-administration

65f - Training Topics (continued)

training in Relias. Documentation shall be kept.

By 4/30/2026, to validate consistent adherence to Regulation 2600.65f, audits shall be reviewed during the QMPI meeting. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ( [redacted] ) - 04/30/2026

82c - Locking Poisonous Materials

5. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 2/25/26, the following items were unlocked, unattended and accessible in Resident #3's room:

- A 15 oz container of Arm & Hammer ultra moisturizing body wash, with a manufacture's label indicating, "Keep out of reach of children."
- A 50 oz container of Arm & Hammer sensitive skin detergent, with a manufacture's label indicating, "Caution: Eye Irritant. Harmful if swallowed. Keep out of reach of children. If swallowed, drink a glass of water. Call a physician."
- A 6 oz tube of Ultrabrite baking soda and peroxide whitening toothpaste, with a manufacture's label indicating, "Keep out of reach of children. If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away."
- A 7 oz container of Equate shave gel with Vitamin E, with a manufacture's label indicating, "Keep out of reach of children under 6 years of age."

Resident #3 has been assessed incapable of recognizing and using poisons safely.

Plan of Correction

Accept ( [redacted] ) - 03/24/2026

On 2/25/26 the Health Care Director immediately removed the body wash skin detergent, baking soda, toothpaste, and shaving gel from resident #3's room. Completed: 2/25/26

By 2/27/26 HCD, AHCD, & MTs shall be educated on 2600.82c, Locking Poisonous Materials, by Resident Director. Documentation shall be kept. Attachment #11 Tag 82c Education, Completed: 2/27/26.

By 3/31/26, current clinical associates shall be educated on 2600.82c, Locking Poisonous Materials, by [redacted] HCD or designee. Documentation shall be kept.

Beginning 3/16/26, Health Care Director, or designee, to audit 5 rooms of residents who are marked unable to avoid poisonous material on DME to validate no poisonous materials are accessible Daily for 2 weeks and then monthly for 2 months. Items found out of compliance to be removed immediately and assigned staff to receive re-education. Documentation shall be kept.

82c - Locking Poisonous Materials (continued)

By 4/30/2026, to validate consistent adherence to Regulation 2600.82c, audits shall be reviewed during the QMPI meeting. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█) - 04/30/2026

89b - Hot Water Temperature

6. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 2/25/26, the following temperatures were measured in resident bathrooms:

- 129.4 degrees Fahrenheit in resident room #316.
- 133.3 degrees Fahrenheit in resident room #306.
- 137.1 degrees Fahrenheit in resident room #221.
- 137.2 degrees Fahrenheit in in resident room #218.
- 137.9 degrees Fahrenheit in resident room #109.

Plan of Correction

Accept (█) - 03/24/2026

On 2/27/26, Maintenance Director educated on 2600.89b, Hot Water Temperatures, by the Residential Director. Documentation shall be kept. Attachment #123 Tag89b Education, Completed: 2/27/26.

On 2/25/2026, Maintenance Director gradually adjusted the PC hot water tanks and validated that the water temperatures were within the compliance range. Water temperatures verified by surveyor on 2/26/26.

By 2/27/2026, Maintenance Director to Monitor & Log hot water temperatures -Preventative Maintenance. Preventative Maintenance Log attached. Completed: 2/26/26 & 2/27/26; Monthly & Ongoing. Attachment #14, 89b adjusted water temperature audits, Completed 2/27/26

Starting 3/23/26 Maintenance Director or Designee will check water temperatures in 5 resident rooms weekly x 4 weeks, then monthly x 2 months to validate sustained compliance.

By 4/30/2026, to validate consistent adherence to Regulation 2600.89b, hot water temperature logs shall be reviewed during the QMPI meeting. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█) - 04/30/2026

107d - Procedure Emergency Management Agency Submission

7. Requirements

107d Procedure Emergency Management Agency Submission (continued)

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed and sent to the local emergency agency since 3/26/24.

Plan of Correction

Accept ( ) - 03/24/2026

By 3/19/26, Resident Director was educated on 2600.107d, Procedure Emergency Management Agency Submission, by the Regional Director of Operations. Documentation shall be kept. Attachment #15, Tag 107d Education, Completed 3/19/26.

On 3/9/2026, Residential Director sent 2026 Emergency Operations Plan to the Department of Public Safety. Read Receipt Acknowledged Receipt attached on 3/9/26. Documentation shall be kept. Attachment #16 Tag107d, 2026 EOP sent/read receipt attached. Completed: 3/9/26

On 3/9/26, Residential Director created a reoccurring calendar reminder annually to submit Emergency Operations Plan to the Department of Public Safety per 2600.107d. Attachment #17 Tag107d, Reoccurring Calendar Reminder. Completed: 3/9/26

By 4/30/2026, to validate consistent adherence to Regulation 2600.107dc, audits shall be reviewed during the QMPI meeting. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ( ) - 04/30/2026

121a Unobstructed Egress

8. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 2/25/26 at approximately 9:20 AM, the gate in the courtyard of the Secured Dementia Care Unit would not open after multiple attempts of entering the keypad instructions, causing a blocked egress from the courtyard to the parking lot.

Plan of Correction

Accept ( ) - 03/24/2026

On 2/25/2026, upon notification the Maintenance Director Immediately repaired the locking mechanism on gate in the courtyard of the Secured Dementia Care Unit. This was verified by surveyor same day 2/25/26.

On 2/27/26 the Maintenance Director was immediately Educated on randomly checking the gates locking mechanism to ensure proper operation during routine fire drills by Residential Director. Documentation shall be kept. Attachment #18 Tag 121a Education. Completed 2/27/26.

**121a - Unobstructed Egress (continued)**

*Beginning 3/16/26, the Maintenance Director, or designee, shall check that egresses are unobstructed weekly for 4 weeks and then during routine fire drills. Documentation shall be kept.*

*By 4/30/2026, to validate consistent adherence to Regulation 2600.121a, audits shall be reviewed during the QMPI meeting. Additional recommendations shall be implemented. Documentation shall be kept.*

**Licensee's Proposed Overall Completion Date:** 04/30/2026

**Implemented (█ - 04/30/2026)**

**141a - Medical Evaluation****9. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**Description of Violation**

*Resident #3 was admitted to the home on █ However, the resident's initial medical evaluation was completed on █*

**Plan of Correction**

**Accept (█ - 03/24/2026)**

*On 2/27/26 the Health Care Director and the Assistant Health Care Director were educated on 2600.141a by Residential Director. Documentation shall be kept. Attachment #20 Tag 141a Education. Completion: 2/27/26*

*Beginning 3/16/2026, the HCD, or designee shall audit move ins weekly for 4 weeks to validate compliance with 2600.141a. DME completion shall be coordinated with resident's preferred providers to meet 2600.141a. Documentation shall be kept.*

*By 4/30/2026, HCD, or designee shall audit Medical Evaluations for current residents, DMEs found to be outside of the requirements of 2600.141a shall be marked with "Resident Record audit completed on XX/XX/XXXX by Health Care Director &/or Assistant Health Care Director to identify and correct non-compliance and establish ongoing compliance". Documentation shall be kept.*

*By 4/30/2026, to validate consistent adherence to Regulation 2600.141a, audits shall be reviewed during the QMPI meeting. Additional recommendations shall be implemented. Documentation shall be kept.*

**Licensee's Proposed Overall Completion Date:** 04/30/2026

**Implemented (█ - 04/30/2026)**

**181c - Self-administration Assessment****10. Requirements**

2600.

**181c - Self-administration Assessment (continued)**

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**Description of Violation**

*Resident #4 self-administers Nystatin ointment; However, Resident #4 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.*

**Plan of Correction**

Accept ( [redacted] ) - 03/24/2026)

*By 2/27/26 the Health Care Director and the Assistant Health Care Director will be educated on the requirements of 2600181.c, Self-Administration Assessment, by Residential Director. Documentation shall be kept. Attachment #23 Tag 181c Education. Completed: 2/27/26*

*On 2/27/2026, HCD audited current resident rooms for medications that do not meet the requirements of 2600.181c. HCD coordinated with resident's preferred provider to coordinate items needed under 2600.181c. Documentation shall be kept.*

*Beginning 3/16/26, HCD or designee, to audit 5 resident rooms daily for medication in resident rooms x 4 weeks. Residents who are marked on DME as non-self-administer will have no medication in room. Residents who are marked as able to self-administer will have medication kept in secure location under lock system. Medications found out of compliance shall be communicated to resident/family and removed immediately. Documentation shall be kept.*

*By 4/30/2026, to validate consistent adherence to Regulation 2600.181c, audits shall be reviewed during the QMPI meeting. Additional recommendations shall be implemented. Documentation shall be kept.*

**Licensee's Proposed Overall Completion Date: 04/30/2026**

Implemented ( [redacted] ) - 04/30/2026)

**183d - Prescription Current**

**11. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*On 2/25/26, Tamsulosin 0.4mg prescribed for Resident #5, was in the home's medication cart; however, the order for this medication could not be located and this medication was not listed on the resident's February 2026 medication administration record.*

**Plan of Correction**

Accept ( [redacted] ) - 03/24/2026)

*On 2/25/2026, [redacted] HCD reviewed orders and found that Tamulosin was no longer an active order for Resident #5. Tamulosin destroyed per policy by [redacted] HCD.*

*By 3/6/26, Medication Technicians will be educated on 2600.183.d, Prescription Current, by [redacted] HCD. Documentation shall be kept. Attachment #26 Tag 183d Education. Completed: 3/6/26*

**183d Prescription Current (continued)**

On 2/25/2026, [REDACTED] HCD audited medication carts and medication storage areas. No additional medications found to be out of compliance with 2600.183d. Documentation shall be kept.

Beginning 3/16/26 HCD or designee, will audit 5 resident medications and eMAR to validate medications are compliant with 2600.183d daily x 4 weeks. Medications out of compliance shall be removed. Documentation shall be kept.

By 4/30/2026, to validate consistent adherence to Regulation 2600.183d, audits shall be reviewed during the QMPI meeting. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ([REDACTED] - 04/30/2026)

**184a - Resident's Meds Labeled****12. 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**

The pharmacy label for Resident #4's Calcium Antacid 500mg does not include the change of instructions on 10/23/25 from 1 tablet daily to as needed.

The pharmacy label for Resident #4's Silver Sulfadiazine 1% cream does not include the change of instructions on 12/20/25 from twice daily to as needed.

Repeated Violation 11/19/24, et al

**Plan of Correction**

Accept ([REDACTED] - 03/24/2026)

On 2/25/2026, [REDACTED] HCD contacted pharmacy and obtained change of instructions label for the identified medications for Resident #4.

On 2/25/2026, [REDACTED] HCD audited medication carts and medication storage areas. No additional medications found to be out of compliance with 2600.184a. Documentation shall be kept.

By 3/6/26, Medication Technicians will be educated on the requirements of 2600.184.a, Resident's Meds Labeled, by [REDACTED] HCD. Documentation shall be kept. Attachment #29 Tag 184a MT Education. Completed: 3/6/26

Beginning 3/16/26 HCD or designee, will audit 5 resident medications and eMAR to validate medications are compliant with 2600.184a daily x 4 weeks. Medications out of compliance shall be removed from cart until properly labeled. Documentation shall be kept.

By 4/30/2026, to validate consistent adherence to Regulation 2600.184a, audits shall be reviewed during the QMPI

184a Resident's Meds Labeled (continued)

meeting. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ( [REDACTED] - 04/30/2026)