

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

May 1, 2026

[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 03/11/2026, 03/12/2026 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: THE LONG COMMUNITY AT HIGHLAND	License #: 33504	License Expiration: 01/10/2027
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: 46	Waking Staff: 35

Inspection Information		
Type: Full	Notice: Unannounced	BHA Docket #: 0
Reason: Renewal, Incident		Exit Conference Date: 03/12/2026

Inspection Dates and Department Representative	
03/11/2026 - On-Site:	[REDACTED]
03/12/2026 - On-Site:	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 64		Residents Served: 31	
Special Care Unit			
In Residence: Yes	Area: Dogwood	Capacity: 32	Residents Served: 14
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 31	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 15		Have Physical Disability: 1	

Inspections / Reviews		
03/11/2026 Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/10/2026
04/09/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 04/30/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/16/2026

Inspections / Reviews *(continued)*

04/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/01/2026

05/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b Abuse/Neglect

1. Requirements

2800.

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 approximately 1:30 PM, during a physical therapy session with Staff Member D, Resident [REDACTED] walked by Resident [REDACTED] in the hallway of the Special Care Unit. Then Resident [REDACTED] began aggressively punching multiple times on Resident [REDACTED] upper back/shoulder area. Residents were separated by Staff Member C, who witnessed the altercation. As a result of the incident, Resident [REDACTED] sustained soreness in [REDACTED] shoulder areas.

On [REDACTED] at approximately 12:30 PM, a commotion was heard coming from the lounge area in the Special Care Unit by Staff Member A. Upon investigation, Staff Member A observed Resident [REDACTED] hitting Resident [REDACTED] multiple times on [REDACTED] right arm. While staff was separating the residents, Resident [REDACTED] attempted to throw [REDACTED] walker at Resident [REDACTED]. Resident [REDACTED] was assessed and sustained no injuries.

On [REDACTED] at approximately 8:00 AM, Staff Member B heard yelling coming from the dining room of the Special Care Unit. Upon investigation, Staff Member B observed Resident [REDACTED] firmly holding Resident [REDACTED] left arm with both hands. Resident [REDACTED] stated "[REDACTED] is trying to bite me". In the midst of separating the residents, Resident [REDACTED] began hitting Resident [REDACTED]s left shoulder. As a result of the incident, Resident [REDACTED] sustained some redness on [REDACTED] left shoulder, and Resident [REDACTED] was transported to the hospital for increased behaviors.

Plan of Correction

Accept [REDACTED] - 04/13/2026)

Prior to the 11/11/2025 incident resident [REDACTED] was evaluated at the emergency room and diagnosed with a urinary tract infection. Antibiotic therapy started with in-house staff on 11/11/2025 and resident was started on Depakote 250mg daily on 11/13/2025 per PCP order.

After the 12/10/2025 incident a care plan meeting was held on 12/15/2026 with Resident [REDACTED]'s [REDACTED] POA, the Resident Services Manager and the Campus Administrator to discuss any unknown resident history and possible triggers for the behavior. Victims in both incidents were males so any history of trauma with a [REDACTED] figure were discussed. Family stated Resident [REDACTED] suffered no trauma that they are aware of but that [REDACTED] could be mistaking the male victims to be [REDACTED]. Family consented to starting psych services and staff were instructed to seat Resident [REDACTED] away from other male residents at meals and activity programs.

After the 2/1/2026 incident Resident [REDACTED] was assessed at the ER and diagnosed with a urinary tract infection. One to one support put in place during waking hours as a requirement for return to the building until antibiotic therapy close to completion. One to one support provided by family and Visiting Angles until 2/6/2026. Follow up psych visit completed 2/11/2026 with new orders recommended for [REDACTED] once daily in the afternoon and Quetiapine Fumarate 25mg once daily in the morning in addition to current Depakote orders.

Behavior monitoring by nursing staff has been ongoing since 11/11/2025 through progress notes. The Campus

42b Abuse/Neglect (continued)

Administrator facilitates monthly psych visits with Curana Health. Resident is monitored for any increased behaviors indicating a possible urinary tract infection and orders requested for UA if increased behaviors are observed. A UTI preventative will be prescribed by [redacted] primary care provider after antibiotic therapy is completed. Resident is currently being assessed for skilled need. Until a transfer can be arranged, one to one support will be provided from 9am 4pm with frequent checks after 4 pm. Family is agreeable to this plan.

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

Implemented ([redacted] - 05/01/2026)

65j Annual training content

2. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

5. Falls and accident prevention.

Description of Violation

Staff Member E, hired on [redacted] did not receive training in falls and accident prevention during the 2025 training year.

Repeated Violation [redacted], et al

Plan of Correction

Accept ([redacted] - 04/13/2026)

1. Staff member E received training on falls and accident prevention on 2/5/2026
2. A current audit will be completed on direct care staff, ancillary staff, substitute staff and regularly scheduled volunteers by the Campus Administrator by 4/30/2026 to ensure staff members receive education on falls and accident prevention. Any variances will be addressed.
3. The Campus Administrator will reeducate the Human Resources manager on annual education requirements and Relias hierarchy of staff members receiving training by 4/30/2026.
4. Starting 5/1/2026 the Human Resource Manager, or designee will conduct a monthly audit of 3 team members to ensure direct care staff, ancillary staff, substitute staff and regularly scheduled volunteers have completed training on falls and accident prevention. Audits will be brought to Quality Management meetings for review and recommendations as appropriate.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented ([redacted] - 05/01/2026)

85d Trash cans – kitchen/bath

3. Requirements

2800.

85d Trash cans – kitchen/bath (continued)

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [redacted] at approximately 10:15 AM, there was an uncovered trash can in the second floor and third floor kitchenettes. Staff report they do not use the covers on the trash cans because the covers get dirty.

Plan of Correction

Accept [redacted] - 04/13/2026

1. Trash cans on second floor and third floor kitchenettes were covered immediately by the Dining Services Director.
2. An audit was conducted to ensure trash cans in all kitchen areas are covered by the Campus Administrator on 3/12/2026. Any variances were addressed.
3. The Campus Administrator or designee will re-educate nursing and dining staff that trash cans in kitchen areas shall be kept in covered trash receptacles that prevent the penetration of insects and rodents by 4/30/2026.
4. Starting 4/13/2026 the Campus Administrator or designee will conduct a weekly audit for X4 weeks and then a monthly audit X2 to ensure trashcans in kitchen areas and kitchenettes are covered. Audits will be brought to Quality Management meetings for review and recommendations as appropriate.

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

Implemented [redacted] - 05/01/2026

86b Bathroom ventilation

4. Requirements

2800.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On [redacted] the bathroom in resident bedrooms [redacted] and [redacted] did not have an operable window or ventilation fan. The ventilation fans were inoperable.

Plan of Correction

Accept [redacted] 04/13/2026

1. Service call with Trago Mechanical was placed on 3/11/2026. Ventilation fans in the bathrooms of 2216a, 2221a, 2228a, 2316a and 2323a were repaired on 3/18/2026.
2. An audit will be completed by the Maintenance Director or designee on current residents bathrooms to ensure ventilation fans are operable by 4/10/2026.
3. The Campus Administrator or designee will re-educate the maintenance staff that a resident's bathroom that does not have a window is required to be equipped with an operable exhaust fan for ventilation by 4/30/2026.
4. Starting 4/13/2026 the Maintenance Director or designee will conduct a weekly audit for X4 weeks and then a monthly audit X2 of 5 resident rooms to ensure residents' bathrooms without a window have an operable exhaust fan for ventilation. Audits will be brought to Quality Management meetings for review and recommendations as appropriate.

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

Implemented [redacted] - 05/01/2026

101j7 Lighting/operable lamp

5. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On [REDACTED], Resident [REDACTED] did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 04/13/2026

- 1. Resident [REDACTED] was immediately provided with an operable bedside light that can be turned on and off on 3/11/2026 by the Campus Administrator.
- 2. An audit will be completed of all current residents' bedrooms to ensure each resident has an operable bedside lamp that can be turned on and off by the Campus Administrator by 4/10/2026. Any variances will be addressed.
- 3. The Campus Administrator, or designee will reeducate maintenance staff and direct care workers that each resident is to have an operable bedside lamp that can be turned on or off as a source of light by 4/30/2026.
- 4. Starting 4/13/2026 the Campus Administrator, or designee, will conduct a weekly audit for X4 weeks and then a monthly audit X2 of all new admissions to ensure each resident has an operable bedside lamp that can be turned on or off as a source of light at bedside. Audits will be brought to Quality Management meetings for review and recommendations as appropriate.

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

Implemented [REDACTED] - 05/01/2026

103g Storing food

6. Requirements

2800.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On [REDACTED] at 10:14 AM, a box of frozen meets and a bag of chicken patties were opened and unsealed in the kitchen freezer.

Plan of Correction

Accept [REDACTED] - 04/13/2026

- 1. The box of frozen meat and chicken patties that were opened and unsealed in the kitchen freezer were immediately discarded on 3/11/2026 by the Dining Services Director.
- 2. An audit was completed on all kitchen freezers to ensure food contained in the freezer is stored in closed or sealed containers by the Dining Services Director on 3/12/2026. Any variances were addressed.
- 3. The Campus Administrator, or designee will reeducate the Dining Services Director and dining staff to ensure that food that is kept in freezers is to be stored in closed or sealed containers by 4/30/2026.
- 4. Starting 4/13/2026 the Campus Administrator, or designee, will conduct a weekly audit for X4 weeks and then a monthly audit X2 to ensure food in freezers is contained in a closed or sealed container. Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.

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

Implemented [REDACTED] 05/01/2026

183d Current medications

7. Requirements

2800.

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

Description of Violation

On [redacted], [redacted] prescribed for Resident [redacted] was in the residence's medication cart; however, this medication was discontinued on [redacted].

Repeated Violation - [redacted], et al

Plan of Correction

Accept [redacted] - 04/13/2026)

1. The discontinued [redacted] for Resident # [redacted] was removed from the medication drawer and destroyed on 3/11/2026 by the Campus Administrator.
2. An audit will be conducted on all medication drawers to ensure only currently provider ordered prescription, OTC, sample and CAM are present by the Campus Administrator or designee by 4/10/2026. Any variances will be addressed.
3. The Campus Administrator will reeducate LPNs and med techs that discontinued medications are to be removed from medication drawers and destroyed upon discontinue by 4/30/2026.
4. Starting 4/13/2026 the Campus Administrator or designee will complete a weekly audit X4 weeks and then monthly for X2 months of 5 residents to ensure discontinued medications are removed from the medication carts per policy and regulation. Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.

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

Implemented [redacted] - 05/01/2026)

185a Storage procedures

8. Requirements

2800.

185.a. The residence 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 [redacted] at bedtime, Resident [redacted] blood sugar reading on [redacted] glucometer was [redacted]. However, the documented blood sugar reading on the resident's March 2026 medication administration record was [redacted].

Repeated Violation - [redacted], et al

Plan of Correction

Accept [redacted] - 04/13/2026)

1. Resident [redacted] had no ill effects from inaccurate glucometer documentation. The insulin was administered within parameters of doctor's orders.
2. An audit of all current residents receiving blood glucose orders was completed on 3/31/2026 by the Campus Administrator to identify discrepancies between glucometer documentation and glucometer readings.
3. The Campus Administrator will reeducate LPNs and med techs on the requirements of the Glucometer Testing policy by 4/30/2026. Re-education will focus on the glucometer reading accuracy and documentation accuracy.

185a Storage procedures (continued)

5. Starting 4/13/2026 the Campus Administrator, or designee will conduct an audit weekly X4 weeks and then monthly X2 months to ensure MAR blood sugar readings match and are present in each resident's blood glucose monitoring machine. Audits will be brought to the Quality Management meetings for re-view and recommendations as appropriate.

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

Implemented [redacted] - 05/01/2026)

187d Follow prescriber's orders

9. Requirements

2800.
187.d. The residence shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] with the orders to Inject 14 units subcutaneously at bedtime for diabetes and to hold if the resident's blood sugar is less than [redacted]. However, the resident's blood sugar reading was not taken on [redacted] at bedtime prior to the resident being administered the insulin in order to confirm if the insulin should be held or administered.

Repeated Violation - [redacted]

Plan of Correction

Accept [redacted] - 04/13/2026)

1. Resident [redacted] did not experience any ill effects from blood sugar not being documented. The LPN working the evening of 3/3/2026 was interviewed by the Campus Administrator and [redacted] stated that [redacted] had taken the blood sugar reading for Resident [redacted] but was having trouble with the glucometer timing out. [redacted] stated [redacted] did get a reading and administered the insulin appropriately per Dr.'s order.
2. An audit of current resident MARs for the March 2026 were reviewed by the Campus Administrator to identify any blood sugar errors on 3/31/2026. No errors were detected.
3. LPNs and med techs will be re-educated by the Campus Administrator on the requirements of the Medication Administration policy and Glucometer Testing Policy by 4/30/2026.
4. Starting 4/13/2026 the Campus Administrator or designee will conduct weekly audits X4 and then monthly audits X2 on residents receiving insulin with parameters to ensure all medication is being administered per physician orders. Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.

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

Implemented [redacted] - 05/01/2026)

231e Additional assessments

10. Requirements

2800.
231.e.1. In addition to the requirements in § 2800.225 (relating to additional assessments), residents of a special care unit for Alzheimer's disease or dementia shall also be assessed quarterly for the continuing need for the special care unit for Alzheimer's disease or dementia.

231e Additional assessments (continued)

Description of Violation

Resident [redacted] was assessed for the need for special care unit on [redacted] and was not assessed again until [redacted].

Resident [redacted] was assessed for the need for special care unit on [redacted] and was not assessed again until [redacted].

Plan of Correction

Accept [redacted] - 04/13/2026)

1. Residents [redacted] and [redacted] were assessed 2/25/2026 for ongoing need for a special care unit and need was still identified. Starting 4/10/2026 assessments will be completed quarterly by the Campus Administrator or designee.
2. A current audit was completed by the Campus Administrator on 3/31/2026 to ensure residents who reside in the special care unit have been reassessed within the last 3 months and continue to need the special care unit for Alzheimer's and /or dementia. Variances will be addressed.
3. The Extended Care Services RN will reeducate The Campus Administrator that residents of the special care unit shall be assessed quarterly for the continuing need for the special care unit for Alzheimer's disease or dementia by 4/30/2026.
4. Starting 4/30/2026 the Campus Administrator or designee will conduct an audit quarterly X2 to ensure residents who are on the special care unit have been reassessed to ensure the continued need for the special care unit for Alzheimer's disease or dementia. Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.

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

Implemented [redacted] - 05/01/2026)

234b Support plan - elements

11. Requirements

2800.

234.b.1. The support plan and if applicable, the rehabilitation plan, must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident [redacted]'s support plan, dated [redacted], does not address the need for the special care unit.

Resident [redacted]'s support plan, dated [redacted], does not address the need for the special care unit.

Plan of Correction

Accept [redacted] - 04/13/2026)

1. Residents [redacted] and [redacted] ASPs were updated with addendums to address the need for the special care unit.
2. An audit will be completed by the Campus Administrator or designee to ensure that current residents who reside in the special care unit have a support plan that addresses the need for the special care unit by 4/30/2026. Any variances will be addressed.
3. The Campus Administrator or designee will reeducate all LPNs and med techs on the requirements of the contents of support plans with a focus on including special care units for Alzheimer's disease and/ or Dementia by 4/30/2026.
4. Starting 5/1/2026 the Campus Administrator or designee will conduct a monthly audit X 3 to ensure residents who are in the secure memory neighborhood have support plans that reflect the need for the special care unit for Alzheimer's disease or dementia. Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.

234b Support plan elements (continued)

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [REDACTED] 05/01/2026)