

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

January 8, 2024

[REDACTED] CAMPUS ADMINISTRATOR
THE LONG COMMUNITY AT HIGHLAND INC
600 EAST ROSEVILLE ROAD
LANCASTER, PA, 17601

RE: THE LONG COMMUNITY AT
HIGHLAND
600 EAST ROSEVILLE ROAD
LANCASTER, PA, 17601
LICENSE/COC#: 33504

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/31/2023, 11/01/2023 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: 01/10/2024
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: 600 EAST ROSEVILLE ROAD, LANCASTER, PA, 17601
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: 42 Waking Staff: 32

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: 11/01/2023

Inspection Dates and Department Representative

10/31/2023 - On-Site: [Redacted]
11/01/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 64 Residents Served: 29
Special Care Unit
In Home: Yes Area: *Dogwood* Capacity: 32 Residents Served: 13
Hospice
Current Residents: 4
Number of Residents Who:
Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 29
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 13 Have Physical Disability: 0

Inspections / Reviews

10/31/2023 - Full
Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: 11/19/2023

11/29/2023 - POC Submission
Submitted By: [Redacted] Date Submitted: 01/05/2024
Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: 12/06/2023

Inspections / Reviews (*continued*)

12/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/27/2023

01/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b Contract signatures and renewal

1. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The Resident Home Contract for Resident #1 dated July 6, 2022 was signed by the home, but not by the resident.

Repeated Violation - 8/2/22

Plan of Correction

Accept (█ - 12/01/2023)

This contract had been signed by the Assisted Living Manager and the responsible party. The Assisted Living Manager had the resident sign it on 11/2/2023. The Assisted Living Manager educated the Sales Director on 11/2/2023 that all contracts must be signed by the resident, the responsible party and the Administrator/Designee. An audit of new admissions will be completed by the Assisted Living Manager for the next 2 months starting 11/17/2023 to verify resident signatures were obtained. These audits will be forwarded to the Quarterly Quality Assurance meeting for review.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented (█ - 01/08/2024)

28e Refund - death

2. Requirements

2800.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident’s estate within 30 days from the date the room is cleared of the resident’s personal property. In the event of a death of a resident 60 years of age and older, the residence shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The residence shall keep documentation of the refund in the resident’s record.

Description of Violation

Resident #2 passed away █. The resident was 60 years of age or older and the residence did not provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107).

Plan of Correction

Accept (█ - 12/01/2023)

The Business Office Coordinator was educated on the requirement 2800.28e on 11/1/23 by the DHS inspector. Moving forward the Business Office Coordinator will contact the corporate office to initiate the refund process. █ will then follow up with the refund and obtain documentation of the refund per regulations and add it to the resident's record. An audit will be conducted by the Assisted Living Manager starting 11/5/2023 for the next 2 months and randomly thereafter to verify that any refunds due were processed according to regulation. These audits will be forwarded to the Quarterly Quality Assurance meeting for review.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented (█ - 01/08/2024)

69 Dementia training

3. Requirements

2800.

69 Dementia training (continued)

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person A, hired on [redacted]/22, received only two (2) hours of dementia-specific training within the first 30 days of hire.

Plan of Correction

Accept [redacted] - 11/28/2023)

HR educated by Assited Living Manager on the regulation for 4 hours of Dementia specific training within 30 days of hire and at least 2 hours annually for all non clinical staff due to the special care unit in our building. Onboarding course assignments have been updated to meet requirements. Attached is a new non clinical dining employee's course assignment list which includes 5.25 dementia training hours to be completed within 30 days. Assisted Living Manager or designee will confirm the training has been assigned during onboarding to all non clinical staff. The department managers will ensure that the 4 hours of dementia training is completed within 30 days of working.

Licensee's Proposed Overall Completion Date: 11/17/2023

Implemented ([redacted] - 01/08/2024)

82c Locked poisons

4. Requirements

2800.

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

Description of Violation

On 10/31/23 at approximately 10:30 AM, a bottle of Ultra Concentrated Fabric Softener, with a label stating to "call Poison Control Center", was found in the Third Floor Secure Care Unit laundry room. This Fabric Softener was unlocked, unattended, and accessible to residents. Not all the residents of the Secure Care Unit have been assessed capable of recognizing and using poisons safely.

On 10/31/23 at approximately 11:00 AM, a bottle of Odoban Disenfectant Spray and a bottle of Febreze disinfectant spray, both with a safety data sheet which states to get medical attention were found in the 3rd floor Secure Care Unit public bathroom. These sprays were unlocked, unattended, and accessible to residents. Not all the residents of the Secure Care Unit have been assessed capable of recognizing and using poisons safely.

Repeated Violation - 8/2/22

Plan of Correction

Accept ([redacted] - 12/01/2023)

Items were removed from the area immediately by the Assisted Living Manager on 10/31/2023. The Assisted Living Manager educated all clinical staff on the regulations for poisons always being locked up on a secured dementia unit on 11/17/2023. In addition the door to the restroom will be changed to an auto lock door handle to prevent resident entry. Lock has been ordered and will be installed by maintenance by December 1st.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented ([redacted] - 01/08/2024)

91 Telephone Numbers

5. Requirements

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire Department on or near the telephone in the Third Floor Solarium / Sunroom.

Plan of Correction

Accept [redacted] - 12/18/2023)

Assisted Living Manager posted the emergency numbers at the telephone in the third floor sunroom on 10/31/23. Clinical staff educated on 11/17/2023 that the phone numbers shall be posted with each phone that has an outside line. An audit will be conducted by the Assisted Living Manager beginning 11/18/2023 for the next 2 months and randomly thereafter to ensure that numbers are posted. These audits will be forwarded to the Quarterly Quality Assurance meeting for review.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [redacted] 01/08/2024)

103g Storing food

6. Requirements

2800.

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

Description of Violation

The freezer in the Third Floor Secure Care Unit contained a bag of frozen waffles which was unsealed, and open to the air.

Plan of Correction

Accept [redacted] - 12/18/2023)

Unsealed frozen waffles were removed by Assisted Living Manager immediately. Dining Services and Assisted Living staff were educated that all food items must be kept in a closed/sealed container. Freezers in use were audited on 11/2/23 for other food items that may have been unsealed.

An audit will be conducted weekly for 1 month beginning 11/15/2023 and randomly thereafter by Assisted Living Manager of the kitchen areas for unsealed items. These audits will be sent to the Quarterly Quality Assurance meeting for review.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [redacted] - 01/08/2024)

105g Dryer lint removal

7. Requirements

2800.

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 10/31/23, there was an approximate 1/4 inch accumulation of lint in the lint trap of the dryer on the Third Floor

105g Dryer lint removal (continued)

Secure Care Unit. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█ - 12/18/2023)

Clinical staff educated on the dangers of lint in the dryers from 11/15/2023 to 11/17/2023. Staff reminded to check lint screens prior to doing laundry and after using dryer. Reminder placed in Matrix touch charting under laundry to remove lint in dryers. An audit will be conducted weekly beginning 11/20/2023 for 1 month and randomly thereafter by Assisted Living Manager of the dryers for lint. These audits will be sent to the Quarterly Quality Assurance meeting for review.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented (█ - 01/08/2024)

126b Furnace cleaning**8. Requirements**

2800.

126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Description of Violation

Instructions indicate the furnace shall be cleaned annually; however, the Director of Environmental services states that the boiler has not been cleaned / inspected since 9/14/22.

Plan of Correction

Accept (█ - 11/28/2023)

Cleaning was done on 11/7/2023. DES has set up a reminder in the work order system and █ Outlook calendar for the furnace to be cleaned annually.

Licensee's Proposed Overall Completion Date: 11/15/2023

Implemented (█ - 01/08/2024)

141a Medical evaluation**9. Requirements**

2800.

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. The evaluation must include the following:

11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The medical evaluation for Resident #3, dated █/23, does not include an indication that a tuberculin skin test has been administered with negative results within 2 years. This area of the form is blank. Records show that a TB test was completed on █ However, this was not within the first 15 days after admission.

The medical evaluations for Resident #4, dated █/23, █/23, █/22, and █/21 do not include an indication that a tuberculin skin test has been administered with negative results within 2 years. This area of the form is blank. Records show that a TB test was completed on █ However, this was not within the first 15 days after admission.

Plan of Correction

Accept (█ - 12/18/2023)

The community identified this concern and TB tests were done on all current residents that were in need of testing

141a Medical evaluation (continued)

on 3/13/2023.

LPNs were educated by Assited Living Manager on 11/10/23 on the regulation that a TB test must be completed within 15 days of admission. A process for TB test tracking was initiated and educated, as well as education to ensure that the TB testing area of the ADME form is completed. An audit will be completed of new admission medical evaluations monthly beginning 11/11/2023 for 2 months and randomly thereafter to ensure TB testing, as well as the form are completed. The results of these audits will be forwarded to the Quarterly Quality Assurance meeting for review.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented () - 01/08/2024)

141b1 Annual medical evaluation

10. Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident # 5's most recent medical evaluation was completed on /23. The resident's previous medical evaluation was completed on /22.

Repeated Violation - 8/2/22

Plan of Correction

Accept () - 12/18/2023)

An audit of current resident last ADME dates was completed by LPN on 11/17/23 to confirm dates of last ADME, to schedule annually. Education provided by Assisted Living Manager on 11/10/23 to licensed staff on process to track due ADME dates. An audit will be completed by Assisted Living Manager or Designee beginning 11/18/2023 monthly for two months and randomly thereafter of 3 residents annual ADME to ensure compliance of completion dates. The results of these audits will be forwarded to the Quarterly Quality Assurance meeting for review.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented () - 01/08/2024)

185a Storage procedures

11. 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

Resident #5 is prescribed a twice daily blood glucose check. On 11/1/23 at 2:40 PM, the glucometer showed a date/time of 10/31 at 2:37pm. The glucometer is not correctly calibrated to the correct date and time.

A review of the medication administration record (MAR) shows that the 10/15/23, 8:01 PM blood glucose check is recorded as 141, but the reading on the glucometer shows 118, and that the 10/16/23, 8:01 PM blood glucose check is recorded as 113, but the reading on the glucometer shows 115.

185a Storage procedures (continued)

Plan of Correction

Accept [redacted] - 12/18/2023)

Resident #5's glucometer has been calibrated to the correct date and time by LPN on 11/19/2023. An Audit of the current glucometers in use was completed on 11/19/2023 by LPN to ensure that the date and time is programmed correctly for accuracy recording and reviewing results. Education was provided to the staff by the Assisted Living Manager on 11/17/2023 to verify the date and time, and to correct if needed prior to utilizing the equipment. An audit will be completed beginning 11/29/2023 by reviewing 4 random blood glucose readings weekly for 4 weeks, then monthly for 2 months and randomly thereafter by the Assisted Living Manager or Designee. The results of these audits will be forwarded to the Quarterly Quality Assurance meeting for review.

Proposed Overall Completion Date: 12/15/2023

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [redacted] - 01/08/2024)

12. 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

Resident #1 is prescribed Cetaphil moisturizing Cream as needed. On 11/1/23, this medication was not available in the residence.

Resident #5 is prescribed Biofreeze 4% gel, Calamine Plus lotion, and Nyamyc powder as needed. On 11/1/23, these medications were not available in the residence.

Plan of Correction

Accept [redacted] - 12/18/2023)

Current resident medications were reviewed for availability. Assisted Living Manager provided education 11/17/23 to household staff on the process for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons, and that all ordered medications and treatments should be available in the residence. An audit of 3 random ordered items and their availability will be completed by the Assisted Living Manager or Designee on 11/18/2023 weekly for 4 weeks, and monthly for 2 months and randomly thereafter. The results of these audits will be forwarded to the Quarterly Quality Assurance meeting for review.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [redacted] - 01/08/2024)

225a2 Assessment – significant change

14. Requirements

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On [redacted]/23, resident #4 has a medical evaluation indicating that [redacted] is on Hospice. Resident #4's most recent assessment, dated [redacted]/22, does not include hospice care or any reference to hospice needs/services. An additional

225a2 Assessment – significant change (continued)

written assessment was not completed.

Plan of Correction

Accept (█) - 12/18/2023)

Assessment completed by Assisted Living Manager on 11/2/23 for resident #4. Campus Administrator, Assisted Living Manager, Resident Services Manager and LPN educated by Regional VP of Operations on 11/14/2023 on the regulations for a significant change in condition. An audit will be completed by the Assisted Living Manager or Designee of any significant changes noted for completion of written assessment beginning 11/22/2023 monthly for 2 months. The results of the audits will be forwarded to the Quarterly Quality Assurance meeting for review.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented (█) - 01/08/2024)

227c Final support plan - revision**15. Requirements**

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Resident #1, 3, 4 and 5 support plans have not been being reviewed on a quarterly basis.

Plan of Correction

Accept (█) - 12/18/2023)

The community identified this compliance issue in September 2023 and all current support plans were reviewed the LPN. Assisted Living Manager provided re-education to the LPNs on 11/18/2023 regarding support plan review regulations. A quarterly tracking form has been added to the ASP binder for each resident. Assisted Living Manager will audit forms quarterly for completion beginning 12/1/2023 and randomly thereafter.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented (█) - 01/08/2024)

231d No objection statement**16. Requirements**

2800.

231.d. Resident admission to special care unit. Each resident record must have documentation that the resident or potential resident and, when appropriate, the resident's designated person or the resident's family have agreed to the resident's admission or transfer to the special care unit.

Description of Violation

Resident #4 has been residing in the special care unit. The most recent medical evaluation for Resident #4 dated █/23 shows a need for the Special Care Unit. However, the resident's record does not include documentation that the resident and the resident's designated person or the resident's family have agreed to the resident's admission to the special care unit.

Plan of Correction

Accept (█) - 12/18/2023)

Documentation stating agreement of admission to a special care unit has been completed and added to █ medical record on 11/2/2023. The Assisted Living Manager conducted an audit of all residents residing on the special care unit for the agreement of admission to the special care unit on 11/16/2023. An admissions paperwork checklist has been created by the Assisted Living Manager to assure that new admission files are complete. Completed checklists will be given to the Assisted Living Manager upon admission of new residents for review.

231d No objection statement (continued)

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented () - 01/08/2024)

233c Key-locking devices

17. Requirements

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the residence's locking mechanism are not conspicuously posted near the egress door from the special care unit to independent living, which leads to the exterior of the property, and also the exit door using the stairs from the unit to the exterior of the home.

Plan of Correction

Accept () - 12/18/2023)

The directions for egress doors were posted by the Assisted Living Manager as required on 10/31/23. All staff educated on 11/19/23 by the Assisted Living Manager that the directions for operating the egress doors must be posted at all times. An audit will be conducted by the Assisted Living Manager or Designee beginning 11/30/2023 monthly for the next 2 months and randomly thereafter to ensure that directions are posted. These audits will be forwarded to the Quarterly Quality Assurance meeting for review.

Proposed Overall Completion Date: 12/15/2023

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented () - 01/08/2024)

236a Staff training

18. Requirements

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct care staff person B, hired on ()/22, works in the special care unit, but only completed 3.25 hours of initial training related to dementia care within the first 30 days of the date of hire.

Plan of Correction

Accept () - 11/28/2023)

Assisted Living Manger educated HR on the dementia training requirements for staff who work in a special care unit. Onboarding and annual training plans have been updated to meet the regulations for 8 hours of dementia training within 30 days for staff persons working in the special care unit. Attached is the training plan for a new household caregiver starting 11/21/23 showing 9.5 hours assigned to be completed within the first 30 days. Assisted Living Manager will assure that the required dementia trainings are assigned during the onboarding process. Assisted Living Manager will assure that the 8 hours of training are completed within 30 days of working.

Licensee's Proposed Overall Completion Date: 11/17/2023

Implemented () - 01/08/2024)

252 Records – content

19. Requirements

2800.

252. Content of Resident Records - Each resident's record must include the following information:

23. If the resident dies in the residence, a copy of the official death certificate.

Description of Violation

Resident # 2 passed away [REDACTED] At the time of the inspection on 10/31/23, Resident #2's record did not include a death certificate.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

A copy of Resident #2 death certificate was obtained and added to medical record on 11/1/23. Education was provided to licensed staff by the Assisted Manager on 11/17/2023 to obtain a copy of the death certificate if the resident dies in the residence and enter it into the medical record. An audit will be completed by the Assisted Living Manager or Designee beginning 11/5/2023 of any resident deaths in the residence for a copy of the death certificate in the medical record monthly for 2 months and randomly thereafter. The results of these audits will be forwarded to the Quarterly Quality Assurance meeting for review.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented ([REDACTED]) - 01/08/2024)