

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MANOR CARE LINDEN VILLAGE OF LEBANON PA, LLC

LEGAL ENTITY

To operate LINDEN VILLAGE MANOR CARE HEALTH SERVICES, QUENTIN COTTAG

NAME OF FACILITY OR AGENCY

Located at 100 TUCK STREET, LEBANON, PA 17042

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 16  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 9, 2011 until April 9, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 324270

*Robert E. Robinson*

ISSUING OFFICER

*RC King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

APR 06 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Barry Lazarus, Vice President  
Manor Care Linden Village of Lebanon PA, LLC  
333 North Summit Street  
Toledo, Ohio 43604

RE: Linden Village Manor Care Health Services – Quentin Cottage  
100 Tuck Street  
Lebanon, Pennsylvania 17042

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspections on February 24, 2011 and February 25, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Linden Village Manor Care health Services Quentin Cottage, 100 Tuck Street Lebanon, PA 17042		CURRENT LICENSE NUMBER 324270	
INSPECTION DATES (Include all dates of the inspection) 02/24/2011		REGIONAL REPRESENTATIVE McKinley Rouse, John Bungo, Jamie Erb, Gloria Emick	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Margie Hoffman Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Margie Hoffman</i>	DATE <i>3/23/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE <i>3/29/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Staff person A only received 3.75 hours of the required 12 hours of training in the 2010 training year.  <p align="center">PCH Division Central Region Field Office</p> <p align="center">MAR 25 2011</p> <p align="center"><b>RECEIVED</b></p>	<i>3/22/11</i> <i>ongoing</i> <i>2/25/11</i> <i>3/1/11</i> <i>3/22/11</i>	Individual staff records will be audited quarterly by Executive Director and Administrative Services Assistant to assure all staff receives required training. <i>Training documentation shall be kept. -SE</i> Staff person "A" was contacted several times to schedule make-up time for in-services she never returned calls. She was terminated from her position on 3/21/2011.	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>3/29/11</i> Date <i>SE</i> Initials (DPW)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff persons A and B did not receive the required training in residents' rights in the 2010 training year.	<i>3/22/11</i> ↓ <i>ongoing</i>  <i>2/25/11</i> <i>3/1/11</i> + <i>3/22/11</i>	Individual staff records will be audited quarterly by Executive Director and Administrative Services Assistant to assure all staff receives required training. <i>Training documentation shall be kept. -SE</i> Staff person "B" was in-serviced on Residents Rights on 2/25/2011. Staff person "A" was contacted several times to schedule make-up time for in-services she never returned calls. She was terminated from her position on 3/21/2011.	Steps have been taken to correct violation; full compliance is not verifiable <i>3/29/11 SE</i> Date Initials (DPW)

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Margie Hoffman</i>	<b>DATE</b> 3/28/11	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>GE</i>	<b>DATE</b> 3/29/11

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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

TO 7177833956 P.02/02

MAR 28 2011 08:33 FR

RECEIVED TIME MAR. 28. 9:26AM

\*\* TOTAL PAGE.02 \*\*

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185b At a minimum, the procedures must include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive	The controlled medication utilization record indicated that resident #1 received 58 Vicodin tablets on 2/12/11. When the Vicodin tablets were counted on 2/24/11, there were 54 pills instead of the 52 pills documented on the record.	3-1-11 + Ongoing  2/24/11	Resident Services Supervisors and Resident Services Coordinator were re-educated on the Policies and Procedures to ensure compliance with regulation on 3-1-2011. Also policy implemented that 2 staff members trained in medication administration (one must be a LPN) will count controlled substances when they are delivered to facility for accurate accountability and record on Individual Narcotic Record. Resident Services Coordinator to monitor Controlled Substances Sheets Weekly to ensure accurate accounts of medications.  2/24/2011 Physician was notified of medication issue on this date. Medication sheet was adjusted to reflected correct amount of medications.	Steps have been taken to correct violation; full compliance is not verifiable <del>3/29/11</del> 28 Date Initials (DPW)

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medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.				

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The preadmission screening for resident 2, admitted on July 9, 2010, was completed on 6/1/10, more than 30 days prior to the resident's admission.	3/22/11 → Ongoing	A pre-assessment screen in-service was held on 2/28/2010 by the Executive Director for the Marketing Director and the Resident Services Coordinator. The audit tool (attached) will be utilized for the resident's files and will be ongoing.  The home will ensure that all residents admitted after the date shown have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency.  <i>be</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>3/29/11 BE</i> Date Initials (DPW)