

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

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 64  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 32

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 June 20, 2013 until June 20, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 324270

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 20 2013

Mr. Barry A. 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  
100 Tuck Street  
Lebanon, Pennsylvania 17042

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 2, 2013, 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 Human Services 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 read "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES		License Number: 324270
Address: 100 TUCK STREET, LEBANON, PA 17042		County: Lebanon
Administrator: Margie Hoffman, LPN		Region: CENTRAL
Legal Entity Name: MANOR CARE LINDEN VILLAGE OF LEBANON PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
Certificate(s) of Occupancy		
A3 09/11/1998 L&I	C2 10/01/1998 L&I (for all 4 cottages)	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 88	Waking Staff: 66
Type of Inspection: Ind - Partial/Center head	BHA Docket Number: NA	Notice: Unannounced
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 04/02/2013: Riel, Becky; Minnich, Ron		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: 132h		Random Indicators: 42y; 104b-2; 104c; 121a; 188d
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 64 Number of Residents Served: 58 Secured Dementia Care Unit in Home: Yes Area: Tabor Cottage & Mt. Hope Cottage Secured Dementia Unit Capacity, if Applicable: 32 Number of Residents Served in Secured Dementia Care Unit, if applicable: 29 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 58 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 1	

Violation Report: 32427 - 04/02/2013 - Riel, Becky  
PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600  
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

There are 4 cottages on the property where residents reside. A fire drill is held in 3 of the 4 cottages every month. Each month, one of the 4 cottages does not hold a fire drill where the residents evacuate to a fire safe area or are accounted for.

- the residents of the Tabor Cottage did not participate in a fire drill during the months of March, August, and December 2012
- the residents of the Stoy Cottage did not participate in a fire drill during the months of June and October 2012 & March 2013
- the residents of the Quentin Cottage did not participate in a fire drill during the months of April, July, and November 2012 & February 2013
- the residents of the Mt. Hope Cottage did not participate in a fire drill during the months of May and September 2012 & January 2013

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Each cottage will hold A fire drill monthly and all residents present will participate and be evacuated to the fire safe area. At the recommendation of DPW we will hold 2 fire drills A year in the community building during an activity/program where residents are present and evacuate them to a fire safe area. This correction was implemented as of 4/3/2013 and will be ongoing.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) Margie A. Hoffman

Printed Name and Title of Legal Entity Representative MARGIE A. HOFFMAN      Date 4-12-13  
(Required on EVERY Page) Executive Director

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/8/13  
(Date)

Plan of correction implementation status as of 5/8/13  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented