



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 17 2014

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
License #: 324270

Dear Ms. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on March 28, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 20, 2014 to June 20, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

| | | |
|---|--|-----------------------|
| PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES | | License Number: 32427 |
| Address: 100 TUCK STREET, LEBANON, PA 17042 | | County: Lebanon |
| Administrator: Margie Hoffman | | 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 C-2 LP 10/01/1998 Labor and Industry | | |
| Staffing Hours Resident Support: 0 Total Daily Staff: 86 Working Staff: 72 | | |
| Type of Inspection: Full BHA Docket Number: Notice: Unannounced | | |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspection Dates and Department Representatives On-Site 03/28/2014: O'Pake, Hope; Rouse, McKinley | | |
| Off-Site Inspection Dates and Inspectors, if Applicable <p align="center">RECEIVED MAY 23 2014 CENTRAL REGION FIELD OFFICE Human Services Licensing</p> | | |
| Other Details Partial or Full Triggers: Random Indicators: | | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 64 Number of Residents Served: 64 Secured Dementia Care Unit In Home: Yes Area: Cottages 400 and 500 Secured Dementia Unit Capacity, if Applicable: 32 Number of Residents Served in Secured Dementia Care Unit, if applicable: 32 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 6 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 32 Have a Physical Disability: 3 | |

Violation Report: 32427 - 03/28/2014 - OPAke, Hope
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted on November 12, 2013. The resident's medical evaluation was completed on August 8, 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.

① Starting 5/13/14 and ongoing marketing Director, Executive Director or Resident Services Coordinator will check DME to ensure all information is correct. Incorrect forms will be returned to physician for corrections.

② marketing Director / Resident Services Coordinator or designee will be inservice by Executive Director Re: Reg 141(a)(1) Timeliness of DME.
 Inservice to be completed by 5/23/14

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARGIE HOFFMAN Executive Director* Date *5/21/14*

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

The above plan of correction is approved as of 6-19-14
 (Date)

The above plan of correction was approved by *SE*
 (Initials)

Plan of correction implementation status as of 6-19-14
 (Date)

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

Violation Report: 32427 - 03/26/2014 - O'Pake, Hope
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On March 26, 2014, Pain Care Arthritis Creme, 3 oz. tube and Miralax, 14 oz. were unlocked and accessible to residents in Room #314.

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.

- ① Medications were removed from the room 3/26/14.
- ② Letter being sent to All Responsible Party's on 5/15/14 regarding The Policy & Procedure of medications that they signed upon admission
- ③ Staff will be inserviced by Executive Director regarding the Policy & Procedure of medications. Staff will additionally be inserviced to alert Executive Director, RSC or designee of any medication found unlocked and accessible in Residents room.
 Inservice to be completed by Executive Director 5/26/14

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Margie Hoffman Executive Director Date 5/21/14

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

The above plan of correction is approved as of 6-19-14
 (Date)

The above plan of correction was approved by BE
 (Initials)

Plan of correction implementation status as of 6-19-14
 (Date)

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

Violation Report: 32427 - 03/26/2014 - O'Pake, Hope
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 65 Pa. Code §2600

2600 187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #2 does not include diagnoses or purposes for Levetracetam and Keppra.

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.

On 5/13/14 diagnosis was added for Levetracetam/Keppra (same med)

Beginning 5/16/14 + ongoing a chart audit using the guidelines set in Regulation 187(a) will be used to audit medical charts to ensure all information is included.

Resident Services Supervisor's or designee will be in service regarding Regulation 187(a), requirements of medical records
 In service to be completed by Executive Director by 5/19/14

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Margie Hoffman Executive Director* Date *5/21/14*

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

The above plan of correction is approved as of 6-19-14
 (Date)

The above plan of correction was approved by *BE*
 (Initials)

Plan of correction implementation status as of 6-19-14
 (Date)

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

Violation Report: 32427 - 03/28/2014 - O'Pake, Hope
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 56 Pa.Code §2600
 2600.224(a) - 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.

2a. DESCRIPTION OF VIOLATION
 The home did not complete a preadmission screening for Resident #3, who was admitted on July 9, 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.

An audit check beginning May 14, 2014 + ongoing will be done prior to admission by marketing director or executive director to ensure all preadmission paperwork is complete.

Marketing Director will be inservice'd by Executive Director on Regulation 224(a) the need to complete a preadmission screening.
 Inservice to be completed by executive director on 5/14/14

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

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

| | |
|--|------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Margie Hoffman Executive Director</u> | Date <u>5/21/14</u> |
|--|------------------------|

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

The above plan of correction is approved as of 6-19-14
 (Date)

The above plan of correction was approved by HE
 (Initials)

Plan of correction implementation status as of 6-19-14
 (Date)

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