



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 17, 2016

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
Certificate # 324270

Dear Mr. Lazarus:

As a result of the Department of Human Services' licensing inspections on January 20, 2016 and January 27, 2016 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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.

Sincerely,

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32427 - 01/13/2016 - Heemer, Laura
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 01/05/2016 Resident #1 grabbed the arm of Resident #2 and attempted to hit Resident #2 repeatedly. The Individual Service Notes for Resident #2 document that Resident #2 "suffered a skin tear on her forearm" from the incident. The home has not submitted an incident report to the Department.

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.

Resident incidents will be discussed during morning Kick-off meeting to ensure timely reporting compliance. Reporting procedures including discussion at the daily morning Kick-off meeting will be reviewed during an in-service with Coordinators and Nurses by Executive Director on 3/10/16
 Date: 3/10/16 + ongoing
 See ATT: #1

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) Margie Huffman

Printed Name and Title of Legal Entity Representative Margie Huffman Date 3/14/16
 (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 <u>3/17/16</u> (Date)	Plan of correction implementation status as of <u>3/17/16</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32427 - 01/13/2016 - Heemer, Laura
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 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 # 3 included the initials of Staff member A. Staff member A's current initials were not identified on the master key for staff responsible for medication administration.

187(a)

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 Staff member A was identified on the master key re. initials for staff responsible for medication administration on 3/1/2016 (see ATT # 2)
- ② The Resident Services Coordinator or designee will audit the master key on a monthly basis to ensure all staff responsible for medication administration is included on Key. Resident Services Coordinator/designee inserviced on 3/9/16 (see ATT. # 3)
 Date: 3/9/16 + ongoing
 (ATT- see # 2 - master Key)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Margie Huffman*

Printed Name and Title of Legal Entity Representative *Margie Huffman*
 (Required on EVERY Page) *Executive Director* Date *3/14/16*

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 (Date)

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

Plan of correction implementation status as of 3/17/16
 (Date)

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

Violation Report: 32427 - 01/13/2016 - Heemer, Laura
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 12/30/2015 at 10:30am, Resident #3 was sent to the hospital and did not return to the home.
 On 12/30/2015, Staff member A initialed the medication administration record of Resident #3 indicating that Staff member A administered the resident's prescribed Buspirone 15 mg tab at 12 pm and 9 pm, and Divalproex 250 mg tab at 9pm.
 On 12/30/2015, Staff member B initialed the medication administration record of Resident #3 indicating that Staff member B administered the resident's prescribed Provastatin 40 tab at 9pm.
 Resident #3 was not present in the home to receive these medications.

187(b)

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 The Executive Director will in-service staff who administer medication regarding regulation 187(a) + (b) re. a medication record shall be kept to include the date and time of medication administration and the name and initials of the staff administering the medication on 2/3/16 + 2/11/16
 Attachment #4 - In-service sign-in sheet
- ② The Resident Services Coordinator/Designee completes medication chart audits weekly to ensure compliance with Reg 187(a) and 187(b)
 Date 2-1-2016 + ongoing
 ATT: # 5 - med cart audit
- ③ Staff person A+B who completed documentation regarding the administration of medication to resident #3 who was not present in the home received counselling by the Resident Services Coordinator on 1-28-16
 Attachment # 5 (A)(B)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Margie Huffman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARGIE HUFFMAN Executive Director</i>	Date <i>3/14/16</i>
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Violation Report: 32427 - 01/13/2016 - Heemer, Laura
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 11/16/15, 11/26/15, 12/3/15, 12/9/15, 12/29/15, 1/2/16, 1/4/16, 1/6/16 Resident #1 exhibited physically aggressive behaviors toward staff and or other residents. The assessment for Resident #1, dated 4/3/2015, documents the resident as having no problems related to agitation and only verbal aggressive behaviors. The resident's assessment has not been revised to address this change in condition of Resident #1.

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.

Resident Services Coordinator, RSS & other coordinators will be inserviced by Executive Director regarding Regulation 2600.225(c) - The resident shall have additional assessments as follows (1) annually (2) If the condition of the resident significantly changes prior to annual assessment (3) at request of the Department upon cause to believe that an update is required.

① Current resident assessments will be audited by Executive Director or designee to ensure compliance with regulation 250(c)
 Date: 2/5/2016 + ongoing

② Resident assessments will be discussed during morning kick off meeting to ensure compliance with Regulation 225(c). These procedures will be reviewed during an in-service with Coordinators + Nurses by the Executive Director on 3/19/16
 Date 3/19/16 + ongoing

Attachment # 6

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) Margie Huffman

Printed Name and Title of Legal Entity Representative Margie Huffman
 (Required on EVERY Page) Executive Director Date 3-14-16

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Violation Report: 32427 - 01/13/2016 - Heemer, Laura
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- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
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2a. DESCRIPTION OF VIOLATION
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225(c)
 The resident assessment & support plan (RASP) for resident #1 has been revised to reflect current status & needs.
 Attachment - 6(A)(B)

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

Printed Name and Title of Legal Entity Representative Margie Huffman
 (Required on EVERY Page) Executive Director Date 3-14-16

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