



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 07 2016

Mr. Martin D. Allen, Director
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 Mr. Allen:

As a result of the Department of Human Services' annual licensing inspections on April 27, 2016 and April 28, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

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 McCarty		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 10/01/1998 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 86 Waking Staff: 65		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/27/2016: Heemer, Laura 04/28/2016: Heemer, Laura		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED JUN 01 2016 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: 57 Secured Dementia Care Unit in Home: Yes Area: Mt Hope and Tabor Secured Dementia Unit Capacity, if Applicable: 32 Number of Residents Served in Secured Dementia Care Unit, if applicable: 29 Number of Current Hospice Residents: 2 Number of Hospice Residents In past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 57 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 29 Have a Physical Disability: 0	

Violation Report: 32427 - 04/27/2016 - Heemer, Laura
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The 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.

2a. DESCRIPTION OF VIOLATION

Resident 1's Medical Evaluation, completed 12/13/15, states Resident 1 has ambulation dysfunction and uses a walker. The support plan for Resident 1, completed 12/24/15, states that Resident 1's ambulation dysfunction will be addressed by "Follow MD Orders" with no further explanation or identification of Resident 1's use of a walker.

Resident 2's Medical Evaluation, dated 1/6/16, states Resident 2 has frequent falls. The Service plan for Resident 2, dated 2/25/16, documents Resident 2 is independent in ambulating. The Service plan does not document a plan to address the frequent falls other than "Follow MD orders".

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 New resident assessment support plan (RASP) has been completed on Resident #2 by Executive Director. Resident #1 no longer has a diagnosis of "ambulation dysfunction" since no event on 5/2/16 no falls since admission

ATTACHMENTS #1 - updated RASP resident #2
 #2 - MD visit 5/2/16 reflecting no ambulation dysfunction.

② Resident assessments will be discussed during morning meetings to ensure compliance with reg. 227(c). These procedures were reviewed with coordinators and nurses during in-services with Executive Director.

Date: May 2+3, 2016 + ongoing
 attachment: attendance sheet #3

③ The Executive Director or designee will audit RASP's monthly to ensure compliance with Reg 227(c) started 4/28/16 + ongoing.

④ The coordinators + nurses were in-serviced by the Executive Director regarding reg 227(c) re. required time frames for RASP on May 2+3, 2016 + ongoing ATTACHMENT #3

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Margie McCarty, Executive Director</u>	Date <u>5/24/16</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/2/16
 (Date)

Plan of correction implementation status as of 6/2/16
 (Date)

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

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

Violation Report: 32427 - 04/27/2016 - Heemer, Laura
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, who provides coverage in the home's secured dementia care unit, had no training hours related to dementia care and services during training year 2015.

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 Direct care staff person A completed 6 hours of training in dementia care on 5/4/16

Attachment - attendance sheet (ATT #4)

② The Executive Director or designee will audit individual staff training plans for completion of required training including 6 hours of dementia training on a quarterly basis
 Date: 4/28/16 + oning

③ Dementia training is scheduled on an annual basis by the Executive Director or designee every other month & online training through the HCR University website is also available during the year. Some of these courses are mandatory through HCR-manor care yearly in services.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Margie McCarty Executive Director Date 5/24/16

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The above plan of correction is approved as of 6/2/16
 (Date)

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

Plan of correction implementation status as of 6/2/16
 (Date)

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