



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 07 2017

Ms. Michelle Smith,  
LPN/PC Administrator  
Lebanon Valley Brethren Home  
1200 Grubb Street  
Palmyra, Pennsylvania 17078

RE: Lebanon Valley Brethren Home  
License #: 342960

Dear Ms. Smith:

As a result of the Department of Human Services' annual licensing inspection on April 18, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: LEBANON VALLEY BRETHERN HOME		License Number: 342860
Address: 1200 GRUBB STREET, PALMYRA, PA 17078		County: Lebanon
Administrator: Michelle Smith		Region: CENTRAL
Legal Entity Name: LEBANON VALLEY BRETHERN HOME		
Legal Entity Address: 1200 GRUBB STREET, PALMYRA, PA 17078		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 05/08/1990 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/18/2017: Springs, Israel; Heamer, Laura		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
<p>Licensed Capacity: 58</p> <p>Number of Residents Served: 31</p> <p>Secured Dementia Care Unit in Home: No</p> <p>Area:</p> <p>Secured Dementia Unit Capacity, if Applicable:</p> <p>Number of Residents Served in Secured Dementia Care Unit, if applicable:</p> <p>Number of Current Hospice Residents: 1</p> <p>Number of Hospice Residents in past year: 1</p>	<p><b>Number of Residents who:</b></p> <p>Receive Supplemental Security Income: 0</p> <p>Are 60 Years of Age or Older: 31</p> <p>Have Mental Illness: 0</p> <p>Have an Intellectual Disability: 0</p> <p>Have a Mobility Need: 1</p> <p>Have a Physical Disability: 0</p>	

Violation Report: 34296 - 04/17/2017 - Springs, Israel  
 PCH Name: LEBANON VALLEY BROTHERS HOME

**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 4/17/17 at 11:28am, Staff Person A tested the blood sugar of Resident #1. This testing was entered into the Medication Administration Record and initialed by Staff Person C and not Staff Person A.  
 On 4/18/17 at 12:07pm, Staff Person B tested the blood sugar of Resident #1. This testing was entered into the Medication Administration Record and initialed by Staff Person C and not Staff Person B.  
 Personal care aides are taking blood sugar readings of residents and the Licensed Practical Nurses are entering the readings into the Medication Administration Record at a later date without witnessing the readings being taken.

**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.

Effective immediately - The LPN will do all the blood sugar checks & documentation of the testing at the time the testing occurred  
 all staff will be educated on Plan of correction for this violation  
 PC administrator will be responsible to monitor compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Ginder RN/MLHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Ginder RN/MLHA</i>	Date <i>5/5/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5/9/17</u> (Date)	Plan of correction implementation status as of <u>5/9/17</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: 34296 - 04/17/2017 - Springs, Israel  
 PCH Name: LEBANON VALLEY BRETHERN HOME

**1. REGULATION 55 Pa.Code §2600**

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**2a. DESCRIPTION OF VIOLATION**

On 4/17/17 at 11:28am, Staff Person A tested the blood sugar of Resident #1. On 4/18/17 at 12:07pm, Staff Person B tested the blood sugar of Resident 1. Staff Person A and Staff Person B have not had the required Medication Administration training and testing in compliance with regulation 2600.190(a) and successfully completed a Department-approved diabetes education program.

Personal care aides are taking Residents' blood sugar readings without having proper medication and diabetes training.

**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.*

Effective Immediately. The LPAU will perform all blood sugar checks  
 All staff will be educated on POC as<sup>ap</sup> for this violation  
 PC administrator will be responsible to monitor compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Gunder RN/WHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Gunder RN/WHA* Date *5/5/17*

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

The above plan of correction is approved as of 5/9/17 (Date) Plan of correction implementation status as of 5/9/17 (Date)

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

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