



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 21 2017

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 18, 2017 and April 19, 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.

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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32427 - 04/19/2017 - Hoover, Douglas
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1's contract, dated [redacted] 17, was not signed by the payer.

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. Payer signed contract on 6/23/17.(exhibit 1)
 2. A chart audit will be done Executive Director, Marketing Director or Resident Services Coordinator to ensure all forms are signed by all parties after contract is completed (Exhibit 2)
 3. A audit of charts was done by Executive Director and completed on 5/24/2017
 4. Marketing Director and Resident Services Coordinator were inserviced on 4/25/2017 on Regulation #25b
- The contract shall be signed by the administer or a disignee, the resident and PAYER, if different from tje resident, and cosigned bvy the residents disgnated person if any, if the resident agrees. Exhibit #3

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Margie McCarty, Executive Director

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

MARGIE MCCARTY, Executive

Date

7/25/17

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

The above plan of correction is approved as of

7-31-17
(Date)

Plan of correction implementation status as of

7-31-17
(Date)

The above plan of correction was approved by

BE
(Initials)

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

Violation Report: 32427 - 04/18/2017 - Hoover, Douglas
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member A signed the medication administration record (MAR) for Resident #2 prior to giving *Carbidopa-Levodopa, 25-100 tab* on 4/19/17 at 1:00 pm.

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. Certified Medication Techs. and LPN's were inserviced on proper medication administrations per the Regulation (Exhibit 4) 182 (c) RE. Complete documentation after medication is administer
2. Resident Service Coordinator will continue to do Quarterly observation checks as per Medication Administration Course (exhibit 5)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARGIE McCarty, Executive Director</i>	Date <i>7/25/17</i>
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 (Date)

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 (Date)

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Violation Report: 32427 - 04/18/2017 - Hoover, Douglas
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 85 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

There were no diagnoses or purposes for the following medications in the April, 2017 MAR for Resident #3:

- Fluorometholone 0.1 %
- Haloperidol, 0.5 mg.
- Metoprolol Succate, 25 mg.
- Lorazepam, 0.5 mg.

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. Diagnosis for the above medications were obtained on 4/20/17 by the attending physician (exhibit 6)
2. An audit of charts for diagnosis was completed by the Resident Services Coordinator and Resident Services Supervisors on 5/17/2017.
3. Inservice on medication records for RSC and RSS's on 4/25 & 4/26 2017 (Exhibit 7)

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: *7/25/17*

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Violation Report: 32427 - 04/18/2017 - Hoover, Douglas
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 did not receive *Risoxifen*, 60 mg. from 3/27/17 through 3/31/17 because the home did not have the medication available.

Resident #5 did not receive *Levothyroxine*, 75 Mcg. from 1/20/17 through 1/31/17 and on 2/14/17 because the home did not have the medication on hand.

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 Resident Service Coordinator and Resident Services Supervisors will audit the Medication Records weekly to ensure that all medications are available. Exhibit # 8
2. Family will be notified if they are responsible to bring in medication so that they have adequate time to get medication to facility.
3. If family does not bring in medication facility will get a weeks supply of medication from our provider at the families cost.
4. If we do not notify the family in a timely manner then the facility will obtain the medication from our provider at our expense.
5. Certified Med Tech shall check Medication Records daily for medication needed and hand in refill needed sheet to nurse daily of meds are needed. Exhibit # 9
5. If we are unable to obtain a medication we will inform physician and place the medication on hold and also inform the family. Once we receive the medication we will notify the Physician for further orders.

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) <i>Margie McCarty Executive Director</i>	Date <i>7/25/17</i>
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