



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 25 2017

Ms. Beth McMaster,
Vice President
United Church of Christ Homes, Inc.
30 North 31st Street
Camp Hill, Pennsylvania 17011

RE: Lebanon Valley Home
550 East Main Street
Annville, Pennsylvania 17003
License #: 347800

Dear Ms. McMaster:

As a result of the Department of Human Services' annual licensing inspection on September 7, 2017, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

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
Licensing Inspection Summary

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

PCH Name: LEBANON VALLEY HOME		License Number: 34780
Address: 550 EAST MAIN STREET, ANNVILLE, PA 17003		County: Lebanon
Administrator: Sandy Epting		Region: CENTRAL
Legal Entity Name: UNITED CHURCH OF CHRIST HOMES INC		
Legal Entity Address: 30 NORTH 31ST STREET, CAMP HILL, PA 17011		
Certificate(s) of Occupancy		
C-1 08/10/1976 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 35	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/07/2017: Gillespie, Denise; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>SEP 12 2017</p> <p>CENTRAL PENNSYLVANIA FIELD OFFICE HUMAN SERVICES DIVISION</p>		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 40 Number of Residents Served: 35 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 34790 - 09/07/2017 - Gillespie, Denise
 PCH Name: LEBANON VALLEY HOME

1. REGULATION 68 Pa.C.S. § 2906
 2400.127(a) Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

On 9/7/17 a portable electric fireplace was found plugged in a wall socket in the 'D' wing lounge.

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. All steps must be completed immediately, include dates by which the steps will be completed.

The electric fireplace located in the D Wing Lounge which was identified as a portable heater was immediately taken out of service at the time the concern was identified. In order to continue use of the electric fireplace, the Maintenance Department staff hardwired the electric fireplace into the electrical box and permanently anchored the fireplace to the wall using L brackets on 9/12/2017.

All Personal Care staff were educated on the prohibited use of portable heaters and the definitions of a portable heater according to the regulations by the Personal Care Home Administrator as of 9/23/2017.

Routine Safety Rounds, completed by the members of the facility's Safety Committee, will continue throughout the Personal Care Unit to identify safety hazards including the use of portable heaters. Any concerns from those Safety Rounds will be reported immediately to the Maintenance Director. The results of the Safety Rounds will be reported to the Quality Assurance Performance Improvement Committee on a quarterly basis.

Report Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Beth A. McMaster</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beth A. McMaster</i>		Date <i>9/26/17</i>

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

The above plan of correction is approved as of 9-26-17
 (Date)

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

Plan of correction implementation status as of 9-26-17
 (Date)

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