



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 1, 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  
Certificate #: 324270

Dear Mr. Allen:

As a result of the Department of Human Services' licensing inspection on September 27, 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.

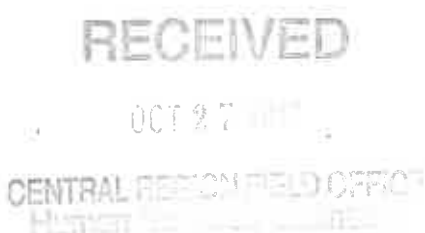
Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

<b>POH Name:</b> LINDEN VILLAGE MANOR CARE HEALTH SERVICES		<b>License Number:</b> 32427
<b>Address:</b> 100 TUCK STREET, LEBANON, PA 17042		<b>County:</b> Lebanon
<b>Administrator:</b> Margie McCarty		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> MANOR CARE LINDEN VILLAGE OF LEBANON PA LLC		
<b>Legal Entity Address:</b> 339 NORTH SUMMIT STREET, TOLEDO, OH 43604		
<b>Certificate(s) of Occupancy</b> C-2 LP 10/01/1998 L&I		
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 87	<b>Waking Staff:</b> 65
<b>Type of Inspection:</b> Partial	<b>BNA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/27/2017: Gillespie, Denise; Bomberger, Cybil		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b> N/A		<b>Random Indicators:</b> N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 64 <b>Number of Residents Served:</b> 50 <b>Secured Dementia Care Unit In Home:</b> Yes <b>Area:</b> Tabor and Mount Hope <b>Secured Dementia Unit Capacity, if Applicable:</b> 32 <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 30 <b>Number of Current Hospice Residents:</b> 3 <b>Number of Hospice Residents in past year:</b> 10	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 56 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 31 <b>Have a Physical Disability:</b> 0	

Violation Report: 32427 - 08/27/2017 - Gillespie, Donlee  
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2800  
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION  
 On 9/9/17, 9/13/17 and 9/17/17, from 11:00 P.M. to 7:00 A.M., 54 residents were present in the home. During this time, only 1 staff person was present in the home who was certified in CPR and First Aid.

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 CPR class held 10/6/17 - (ATTACH #1)
- ② RSC & RSS will check schedule daily to ensure 1 CPR/<sup>FA</sup>cert person for every 50 residents
- ③ RSC will audit CPR/<sup>FA</sup> training book monthly to check for re-certification.
- ④ New hires will be placed into next available class.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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 Dir Date 10/25/17

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

The above plan of correction is approved as of 11-1-17  
 (Date)

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

Plan of correction implementation status as of 11-1-17  
 (Date)

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

Violation Report: 32427 - 09/27/2017 - Gillespie, Denise  
PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION  
Resident #3 was admitted on [redacted] /2017. The Resident's medical evaluation was completed on [redacted] /17, more than 60 days prior.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Includes 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 All New admissions will have paperwork checked by Executive Director or RSC to ensure medical evaluation is within 60 days of admission or 30 days after admission.

② Marketing Director & RSC inserviced on 9/29/17 Regulation 141(a) regarding medical evaluations and timeframes (attach #2)

Repeat Violation: No      Date(s) of Previous Violation(s):

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 Dir*      Date *10/25/17*

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

The above plan of correction is approved as of 11-1-17  
(Date)

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

Plan of correction implementation status as of 11-1-17  
(Date)

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

Violation Report: 32427 - 09/27/2017 - Gillespie, Denise  
 PGH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 receives hospice services. Resident # 3's support plan, dated 8/24/17, does not identify the care provided by hospice services.

**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 All services will be noted on support plan provided by hospice or outside vendor's.
- ② SP WAS updated 9/29/17 to document services provided by hospice (attach #3)
- ③ RSS's & RSC IN serviced on identifying hospice services on support plans. (attach #4)

Repeat Violation: No

Date(s) of Previous Violation(s):

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 ETO

Date

10/25/17

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

The above plan of correction is approved as of

11-1-17  
(Date)

Plan of correction implementation status as of

11-1-17  
(Date)

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

The above plan of correction was approved by

be  
(Initials)

Violation Report: 32427 - 09/27/2017 - Gillespie, Denise  
PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 58 Pa.Code §2800  
2800.227(i) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION  
On 9/27/17, from 8:00 A.M. to 4:45 P.M., direct care staff persons did not have access to the resident support plans for Resident #4, Resident #5, Resident #6 and Resident #7.

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 Resident Information Books audited to ensure all residents have a support plan accessible at all times.
- ② Support plans for Residents #4, #5, #6 & #7 placed in Resident Information Books on 9/29/2017.
- ③ Staff Inservice on 10/25/2017 where to find Support plans + (Attach #5) + Reg 2600.279(i)

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) Marye McCarty

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Marye McCarty, Esq.      Date 10/25/17

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

The above plan of correction is approved as of 11-1-17  
(Date)

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

Plan of correction implementation status as of 11-1-17  
(Date)

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