



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 2, 2018

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 inspections on November 2, 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 black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Page 1 of 3

PCH Name: Linden Village Manor Care Health		License Number: 32427
Address: 100 Tuck St, Lebanon, PA 17042		County: Lebanon
Administrator: Margie McCarty		Region: CENTRAL
Legal Entity Name: Manor Care Village of Lancaster Pa. LLC		
Legal Entity Address: 100 Tuck St, Lebanon, PA 17042		
Certificate(s) of Occupancy C-2 LP 10/01/1991 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 71	Working Staff: 53
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 11/02/2017: Springs, Israel; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 64	Number of Residents who:	
Number of Residents Served: 38	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 80 Years of Age or Older: 55	
Area: Mount Hope	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 48	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 17	Have a Mobility Need: 33	
Number of Current Hospice Residents: 3	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 17		

Violation Report: 32427 - 11/02/2017 - Springs, Israel
 PCH Name: Linden Village Manor Care Health

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The current Documentation of Medical Evaluation (DME) form completed on 0/11/17 for Resident #1 did not include documentation of the resident's weight and blood pressure, and the printed name and license number of the medical professional who performed the evaluation.

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 1 moved out on [redacted] 2017. Unable to obtain corrected DME. (see attachment #1) Move Out summary
2. Current resident charts will be audited by 1/15/2018 and ongoing by Executive Director or designee to ensure the documentation of Medical Evaluation (DME) is complete. A new DME will be completed for any form that does not include all information. The audit shall be documented on the resident roster and maintained by the home for review by the Department upon request.
3. Upon move-in and Annually the DME for residents will be audited by Executive Director or designee to ensure all information is completed on DME 1/2/18 and ongoing.
4. LPN's were in-serviced on 12/29/2017 and 1/2/2018 by Executive Director or designee regarding Regulation 141 (a) (2) Information on DME and Physician signature, Printed name and License # of Physician required on DME. (see Attachment #3) Staff Development Program Attendance Record
5. Executive Director will oversee to ensure ongoing compliance by using Audit Tool (see Attachment#2) Resident Chart Audit

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

Printed Name and Title of Legal Entity Representative Executive Director Date 1-2-18
 (Required on EVERY Page) Margie McCarty LPO ED

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

The above plan of correction is approved as of 1/2/18
 (Date)

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

Plan of correction implementation status as of 1/2/18
 (Date)

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

Violation Report: 32427 - 11/02/2017 - Springs, Israel
 PCH Name: Linden Village Manor Care Health

1. REGULATION 85 Pa.Code §2800

2800.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

The home has no documentation that the Resident #1 and the resident's designated person have not objected to the admission of the resident into the Secured Dementia Care Unit at the home.

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 #1 moved out unable to get correct paperwork for admission into the Secured Dementia Unit (see attachment #1) Move Out Summary.
2. Current residents charts will be audited by Executive Director or designee to ensure all residents have documentation that the resident/resident designee has not objected to the residents admission or transfer to the Secured Dementia Unit. The audit was completed on the resident roster sheet and will be maintained by the home and will be available for review by the Department upon request. Completed on 12/29/2017 and on-going.
3. Initial documentation of the medical evaluation attachment will be audited by Executive Director or designee upon admission or transfer to the Secured Dementia Unit to ensure signature of the resident and resident designee 12/29/2017 and ongoing (see attachment #2) Resident Chart Audit.
4. Marketing Director and Resident Services Coordinator were in-service 12/29/2017 by Executive Director on Regulation 2800.231 (e) to ensure compliance prior to or the day of admission. (See attachment # 4) Staff Development Program Attendance Record

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

Printed Name and Title of Legal Entity Representative Executive Director
 (Required on EVERY Page) Margie McCarty dpu ED Date 1-2-18

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