



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAY 23 2018**

Ms. Margie McCarty,  
Executive Director  
Manor Care Linden Village of Lebanon PA, LLC  
333 North Summit Street, 16<sup>th</sup> Floor  
Toledo, Ohio 43604

RE: Linden Village Manor Care Health  
Services  
100 Tuck Court  
Lebanon, Pennsylvania 17042  
Certificate # 324270

Dear Ms. McCarty:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on April 4, 2018 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

Page 1 of 6

PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES		License Number: 32427
Address: 100 TUCK STREET, LEBANON, PA 17042		County: Lebanon
Administrator: Margie McCarty		Region: CENTRAL
Legal Entity Name: MANOR CARE LINDEN VILLAGE OF LEBANON PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
<b>Certificate(s) of Occupancy</b> C-2 10/01/1998 Labor & Industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 70	Working Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b>		
Renewal		
<b>On-Site Inspection Dates and Department Representatives On-Site</b>		
04/04/2018: McCloskey, Jason; Bomberger, Cybil		
<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>		
Licensed Capacity: 64 Number of Residents Served: 49 Secured Dementia Care Unit in Home: Yes Area: Tabor & Mt. Hope bldgs. Secured Dementia Unit Capacity, if Applicable: 32 Number of Residents Served in Secured Dementia Care Unit, if applicable: 30 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 11	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 0	

Violation Report: 32427 - 04/04/2018 - McCloskey, Jason  
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 85 Pa.Code §2800  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 4/4/18 at approximately 3:30pm, there was an overwhelming odor of urine in the bedroom occupied by Resident #1.

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 overwhelming odor of urine in the bedroom occupied by Resident #1 was addressed immediately after the Exit Interview by the Resident Services Coordinator. There was a urine soaked Depends that resident #1 placed in his bathroom trashcan after the 7-3 caregiver had emptied trash for that shift.
2. The Building Services Coordinator/designee will complete daily rounds in resident #1 room to ensure that sanitary conditions are maintained due to his incontinence, including checking the resident's bathroom trashcan started 4/5/2018 and ongoing.
3. Resident #1 RASP was updated from a 2 hour toileting program to a 1 hour toileting program with reminders to change Depends and clothes when he is noted to be incontinent. (Attachment #1)
4. Executive Director will oversee Plan of Correction to ensure ongoing compliance.
5. Coordinators were in-serviced by the Executive Director regarding Regulation 85 (a) re. Sanitary conditions will be maintained. (Attachment 1(a))

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 4-13-18
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/16/18</u> (Date)  The above plan of correction was approved by <u>PM</u> (Initials)	Plan of correction implementation status as of <u>4/30/18</u> (Date)  <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
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Violation Report: 32427 - 04/04/2018 - McCloskey, Jason  
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

**1. REGULATION 66 Pa. Code §2600**  
 2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 self-administers medications which are stored in his/her room. On 4/4/18, Triamcinolone 0.1% cream, Rite-Aid brand Hypertonicity eye drops, Bauech & Lomb Muro 128 eye drops, and Systane eye drops were observed in Resident #2's room. The medication were not stored in a secured container and the resident stated that he/she does not lock the room's door when leaving the room, unless the resident will be leaving the facility.

**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. Medications were removed from Resident #2 room until orders were obtained for all medications to be stored at bedside and may self-administer the certain medications.
2. Resident #2 was instructed by Resident Services Coordinator to lock medications in bedside nightstand at all times with understanding by Resident #2
3. Random room check was done by Resident Services Coordinator in Resident #2 room on 4/8/2018 and 4/9/2018 and drawer was locked only medications ordered were at bedside.  
 Random checks will be done by Resident Services Coordinator to ensure compliance by Resident #2 which began 4/8/2018 and will be ongoing.
4. Staff will be inserviced on Reg 181 (D) on 4/25/2018 and in-service sheet will be faxed to DHS at time of completion.
5. Executive Director will oversee Plan Of Correction to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		<i>Margie McCarty</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Margie McCarty Executive Director		4/13/18	

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Violation Report: 22427 - 04/04/2018 - McCloakey, Jason  
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

**1. REGULATION 55 Pa.Code §2800**  
 2800.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his/her medication.

**2a. DESCRIPTION OF VIOLATION**  
 On 4/4/18, Resident #2's record did not include a current list of medications. The list in the resident's record did not include the following medications which the resident stored in his/her room:  
 - Triamcinolone 0.1% cream  
 - Rite-Aid brand Hypertonicity eye drops  
 - Bausch & Lomb Muro 128 eye drops  
 - Systane eye drops

**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. Orders were obtained on 4/4/2018 for the above medications and recorded on the resident's MAR, (Attachment #2)
2. The Resident Services Coordinator or designee will audit MAR's weekly to ensure medications records are compliant per Reg 181(f) (Attachment #3) beginning 4/13/2018 and ongoing
3. The Resident Services Coordinator completed a Mandatory Medication Administration Inservice for LPN's and Certified Med Tech's by 4/13/2018 (Attachment #4)
4. Executive Director will oversee Plan of Correction to ensure compliance

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 4/13/18

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Violation Report: 32427 - 04/04/2018 - McCloskey, Jason  
PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION **§§ Pa.Code §2500**  
2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 4/4/18, a bottle of Nystatin 100,000 U/GM powder prescribed for Resident #3 was present in the Quantin medication cart. The medication had an expiration date of 3/17/18.

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 expired medication was removed from the medication cart when found during inspection and disposed of after the Exit interview. There was a new bottle of Nystatin Powder available in the Medication Cart at the time of inspection.
2. Medication Carts will be audited weekly by Resident Services Coordinator or designee for compliance of Reg 183 (d) (attachment #3) beginning 4/13/2018 and ongoing
3. Resident Services Coordinator completed a Mandatory Medication Administration Inservice for LPN's and Cert Med Techs by 4/13/2018 (Attachment #4)
4. Executive Director will oversee Plan of Correction to ensure ongoing compliance.

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 Director      Date 4/13/18

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The above plan of correction is approved as of 4/16/18  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

Plan of correction implementation status as of 4/30/18  
(Date)

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

Violation Report: 32427 - 04/04/2018 - McCloskey, Jason  
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

**1. REGULATION 55 Pa.Code §2600**

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

On 4/4/18, Resident 5's Oxycodone HCL 5 mg tablet was adhered to a piece of tape used to secure the opened blister card.

**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 #5 medication was removed from cart at time of inspection. The medication was destroyed by 2 LPN's on 4/4/2018 (Attachment #5)
2. Resident has not used this medication since 11/17 Resident Services Coordinator had medication discontinued by Physician since it has not been used in 4 1/2 months. Will get medication prescribed again if needed. (Attachment #6)
3. Medication Carts will be audited weekly by Resident Services Coordinator or designee for compliance with Reg 183(e) (Attachment #3) beginning 4/13/2018 and ongoing.
4. Executive Director will oversee Plan of Correction to ensure ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Margie McCarty</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Margie McCarty Executive Director		Date 4/13/18

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Violation Report: 92427 - 04/04/2018 - McCloskey, Jason  
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

**1. REGULATION 55 Pa.Code §2806**

2806.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

The label for Resident #4's Lotemax 0.5% eye drops incorrectly documented the administration of one drop in each eye every 4 hours. The medication administration record (MAR) and current prescriber's order states to give 1 drop in both eyes twice daily.

**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. \*Direction Change REFER TO MAR' sticker was applied to box that eye drops are in on 4/4/2018 to make staff aware of the change in directions
2. The Resident Services Coordinator or designee will audit med carts weekly to ensure compliance of Reg 184 (a) (Attachment #3) beginning 4/13/2018 and ongoing
3. Resident Services Coordinator completed Mandatory Medication Administration Inservice for LPN and Cert Med Tech by 4/13/2018 (attachment #4)
4. Executive Director will oversee Plan of Correction to ensure ongoing compliance.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Mergle McCarty Executive Director

Date 4/13/18

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 (Date)

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 (Initials)

Plan of correction implementation status as of 4/30/18  
 (Date)

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Violation Report: 32427 - 04/04/2018 - McCleakey, Jason  
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

**1. REGULATION 88 Pa. Code §2000**

2000.187(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**

The medication administration record for Resident #8 does not include the dosage form for Lasix 40mg.

**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. Clarification order was obtained 4/4/2018 to include "dosage form" to MAR (Attachment #7)
- 2. Weekly Med Cart audits by Resident Services Coordinator or designee to ensure compliance of Reg 187 (a) (Attachment #3) beginning 4/13/2018 and ongoing
- 3. Resident Services Coordinator completed Mandatory Medication Administration Inservice for LPN's and Cert Med Tech by 4/13/2018 (Attachment #4)
- 4. Executive Director will oversee Plan of Correction to ensure compliance.

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 4/13/18

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