



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 24 2018

Ms. Beth McMaster  
Chief Operating Officer  
United Church of Christ Homes, Inc.  
30 North 31<sup>st</sup> Street  
Camp Hill, Pennsylvania 17011

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

Dear Ms. McMaster:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 5, 2018 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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', written over the printed name and title.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 34780 - 09/05/2018 - OPeke, Hope

PCH Name: LEBANON VALLEY HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

The 2017 annual training provided to Direct Care Staff Person A did not include the topics of Medication self-administration and instruction on meeting the residents' needs as described in the pre-admission screening, assessment, medical evaluation and support plan.

**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.

Direct Care Staff Person A was educated on September 10, 2018 by the Personal Care Home Administrator on 2600,65(f) (1) Medication self-administration training, and (2) Instruction on meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

All direct care staff will continue to be educated on all required training topics at the annual in-services for the 2018 calendar year.

The Personal Care Home Administrator will audit all employee training files to ensure that they received appropriate education required by 2600 of the Personal Care Regulations. Audit results will be reported quarterly to the Quality Assurance Committee to maintain compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

B. M. Amintore

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Beth A. M. Master, VP of Operations

Date

10/19/18

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**The above plan of correction is approved as of 10/19/18  
(Date)Plan of correction implementation status as of 10/19/18  
(Date) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not ImplementedThe above plan of correction was approved by GCE  
(Initials)