



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 09 2019

Ms. Margie McCarty
Executive Director
Manor Care Linden Village of Lebanon PA, LLC
333 North Summit Street, 16th 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's Bureau of Human Services Licensing annual inspection on March 27, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

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
Violation Report

Violation Report: 32427 - 03/27/2019 - OPake, Hope
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On February 9, 2019, Staff Member A witnessed an altercation between two residents in a Secured Dementia Care Unit, during which Resident #1 punched Resident #2 in the face twice, resulting in a bloody nose.

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.

SEE ATTACHED

Page 2A of 4 - GE-4/24/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARCIE McCarty Executive Director* Date *4-18-19*

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

The above plan of correction is approved as of <u>4/24/19</u> (Date)	Plan of correction implementation status as of <u>4/24/19</u> (Date)
The above plan of correction was approved by <u>GE</u> (Initials)	<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

42 (b)

Resident #1 had a body assessment completed on date 2/9/2019 to assess for physical symptoms due to the incident witnessed on February 9, 2019. He was, also, assessed for possible emotional distress/triggers, related to the incident.

Note: No physical symptoms noted or emotional distress.

Resident #2 had a body assessment completed on 2/9/2019 to assess for physical symptoms due to the incident witnessed on February 9, 2019 and was noted to have a bloody nose that was cleaned up at the time of incident and evaluated by the LPN on duty with no further bleeding, swelling or bruising. It was monitored during the shift and for the next 3 days with out any further bleeding, swelling, bruising or discomfort.. Resident #2 was, also monitored for possible emotional distress/triggers related to the incident and was at her baseline cognitive status after the incident walking around smiling and interacting with all staff and residents as normal and continue to do so without issues to date.

Resident #1's physician and responsible party was notified 2/9/2019. No follow-up noted

Resident #2's physician and responsible party was notified on 2/9/2019. No follow-up noted.

Resident #1's RASP was updated re, 2/9/19 incident.

Attachment: RASP addendum

Resident #2's RASP was updated re, 2/9/19 incident.

Attachment: RASP addendum

Staff was in-serviced by the Executive Director and Resident Service Coordinator on 4/17/19, 4/18/19 and 4/19/19 re. regulation 42 (b), A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Attachment: In-Service Attendance Record

The Executive Director or designee will review reportable incidents during morning meeting to ensure compliance with regulation 42 (b).

Attachment: Reportables Log

Signature of Legal Entity Representative: Margie McCarty

Printed Name and Title of Legal Entity Representative: Margie McCarty Executive Director

Date: 4/18/19

Violation Report: 32427 - 03/27/2019 - OPAke, Hope
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600

2600.184(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 #3's medication does not accurately match the Medication Administration Record (MAR). The MAR had been updated to reflect a change for "Artificial Tears 1.4% Drops" with the instructions, "Instill 2 drops into both eyes 3 times daily." The label notes, "Instill 1 drop in affected eye three times a day." The label has not been updated.

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.

See attached

Page 3A of 4 - GE-4/24/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/04/2018	
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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) <i>Margie McCarty Executive Director</i>	Date <i>4-18-19</i>
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The above plan of correction was approved by <u>GE</u> (Initials)	<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

184 (a)

Resident #3

A new OTC medication that matched the prescription for the Artificial Tears was obtained by the Resident Services Coordinator and placed in the Medication Cart on 3/28/2019

An audit of all resident medications was conducted by the Resident Services Coordinator or designee on 3/29/2019 to ensure required, accurate information included on the prescription medication label.

Medication Cart Audits will be completed weekly by the Resident Services Coordinator or designee.

3/29/2019 and ongoing

Attachment: Medication Cart Audit

The nurses and medication technicians were in-serviced by the Resident Services Coordinator on 4/29/2019 regarding regulation 184 (a) re. prescription medication contain required information on prescription medications – pharmacy label.

Attachment: In-Service Attendance Record

Signature of Legal Entity Representative: Margie McCarty

Printed Name and Title of Legal Entity Representative: Margie McCarty Executive Director

Date: 4/18/19

Violation Report: 32427 - 03/27/2019 - OPake, Hope
 PCH Name: LINDEN VILLAGE MANOR CARE HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The glucometers for Resident #3 and Resident #4 were not calibrated for date and time:

- On 3/27/19 at 2:34 pm, Resident #3's glucometer indicated that the blood sugar reading was taken on 2/25/19 at 3:06 pm.
- On 3/27/19 at 7:00 am, Resident #4's glucometer indicated that the blood sugar reading was taken on 1/09/19 at 0:45 am.

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.

see ATTACHED

Page 4A of 4 - GE-4/24/19

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 *4-19-19*

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The above plan of correction is approved as of 4/24/19
 (Date)

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

Plan of correction implementation status as of 4/24/19
 (Date)

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

185 (a)

Two (2) new Glucometers were provided to Resident #3 and Resident #4 on 3/28/2019
Attachment:Proof of order

The nurses were in-serviced by the Resident Services Coordinator 4/1/2019 regarding regulation 185 (a) and the Glucose Blood Monitoring Policy and Procedures, including correct calibration of glucometers.
Attachment:In-Service Attendance Record

The medication carts will be audited weekly starting 3/29/2019 and on-going by the Resident Services Coordinator/Resident Services Supervisors to ensure compliance with regulation 185 (a), which includes the safe storage, etc. medications and medical equipment by trained staff persons.
Attachment:Medication Cart Audit

Signature of Legal Entity Representative: Margie McCarty

Printed Name and Title of Legal Entity Representative: Margie McCarty Executive Director
Date: 4/18/19