

Department of Human Services
Bureau of Human Service Licensing

August 25, 2021

[REDACTED], EXECUTIVE DIRECTOR
MANOR CARE LINDEN VILLAGE OF LEBANON PA LLC
333 NORTH SUMMIT ST, 16TH FLOOR
TOLEDO, OH 43604

RE: LINDEN VILLAGE MANOR CARE
HEALTH SERVICES
100 TUCK STREET
LEBANON, PA, 17042
LICENSE/COC#: 32427

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2021, 06/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *LINDEN VILLAGE MANOR CARE HEALTH SERVICES* License #: *32427* License Expiration Date: *06/20/2021*
Address: *100 TUCK STREET, LEBANON, PA 17042*
County: *LEBANON* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7172747400* Email: [REDACTED]

Legal Entity

Name: *MANOR CARE LINDEN VILLAGE OF LEBANON PA LLC*
Address: *333 NORTH SUMMIT ST, 16TH FLOOR, TOLEDO, OH, 43604*
Phone: *7172747400* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/01/1998* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *65* Waking Staff: *49*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *06/10/2021*

Inspection Dates and Department Representative

06/09/2021 - On-Site: [REDACTED]
06/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *37*

Secured Dementia Care Unit

In Home: *Yes* Area: *Tabor and Mount Hope* Capacity: *32* Residents Served: *27*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *28* Have Physical Disability: *0*

Inspections / Reviews

06/09/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/17/2021*

8/24/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/07/2021*

8/25/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The contract, dated [redacted] for Resident 2 was not signed by the resident.

The contract, dated [redacted] for Resident 3 was not signed by the resident.

Plan of Correction

Accept

1. The contract for Resident #2 was signed by resident on 6/9/2021. Resident # 3 refused to sign [redacted] contract and it was noted as a refusal by Executive Director.

Attachments: Signature sheet of contract

2. All contracts will be audited by Executive Director or designee that they are signed by resident or there is notation as inability or refusal to sign by August 12, 2021.

3. Executive Director or designee will audit all new Move Ins to ensure that Resident has signed contract or that there is notation of inability or refusal to sign beginning July 12 , 2021 through October 31, 2021. Audits will be available in the community for the surveyor review.

Attachment: Audit Sheet

4. The Resident Services Coordinator and the Memory Care Advisor were in serviced by Executive Director on Regulation 25b on July 13, 2021

Attachment: In-service attendance sheet

Completion Date: 07/16/2021

Document Submission

Implemented

Long term steps are in process to ensure compliance

59b - Multiple Buildings Regardless of Distance

1. Requirements

2600.

59.b. For a home with multiple buildings on the same premises regardless of the distance between buildings, the direct care staffing requirements in § 2600.57 apply at all times four or more mobile residents, or one or more residents with mobility needs, are present in the home.

Description of Violation

[redacted] has a census of 8 mobile residents and one resident with mobility needs. According to staff interviewed, assigned direct care staff of [redacted] leave the building for breaks and to assist in other buildings on the property, leaving this building without direct care staff present in the building with the residents.

59b - Multiple Buildings Regardless of Distance (continued)

Plan of Correction

Accept

- 1. As of July 13, 2021 [REDACTED] will have direct staff present at all time in the building. Staff that are trained in Direct Care will relieve caregivers for breaks and meals. Caregivers will no longer be asked to assist in other building on the property
- 2. All staff will be in-serviced by Executive Director on Regulation 59d by July 13, 2021.
Attachment: In-service attendance sheet.

Staffing needs will be included in the home's periodic quality management reviews.

Completion Date: 07/16/2021

Document Submission

Implemented

All step have been completed

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 1. Identify the correct resident.
- 2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- 3. Remove the medication from the original container.
- 4. Crush or split the medication as ordered by the prescriber.
- 5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
- 7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

During staff interviews, two staff members, who administer medications to residents, described pouring medications into medication cups for multiple residents and administering them at a later time. Staff also stated that medication cups are sometimes left with residents to take their medications without staff supervision.

Plan of Correction

Accept

- 1. Licensed Practical Nurse and Certified Medication Technician were in- serviced by Executive Director on Medication Policy 183: Medication Administration Services by July 15, 2021.
Attachment: In-service attendance sheet
Attachment: Policy 183
- 2. Resident Services Coordinator and Executive Director will do random audits from July 15, 2021 through October 31, 2021 during medication passes to ensure policy is adhered to. Audits will be available in the community for surveyor to review. The results of the audits will be included in the home's periodic quality management plan reviews.

Completion Date: 07/16/2021

Document Submission

Implemented

Long term steps in process to ensure compliance

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 has a physician's order to have blood glucose testing one time per day. However, on 5/20/2021 and 5/31/2021, this testing was not completed. Resident 1's glucometer contains no recorded readings for those days.

Resident 2 is ordered to have blood glucose testing one time per day. However, on 5/20/21 and 5/31/21, this testing was not completed. Resident 2's glucometer contains no recorded readings for those days.

Plan of Correction**Accept**

1. Licensed Practical Nurse and Certified Medication Technicians have will be re-educated by the Executive Director by July 15, 2021

Attachment: In-service attendance Sheet

2. Resident Services Coordinator will audit weekly that Prescriber's orders have been followed Beginning July 15, 2021 through October 31, 2021. Audits will be available in the community for surveyor review.

Attachment : Audit Sheet

Completion Date: 07/16/2021

Document Submission**Implemented**

Long term steps in process to ensure compliance

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan of Resident 3, dated 3/30/2021, was not signed by the resident and there was no notation as to inability or refusal to sign.

227g -Support Plan Signatures (continued)

Plan of Correction

Accept

1. Resident # 3 refused to sign [redacted] Support Plan as noted as the refusal by the Executive Director.
Attachment: Signature sheet of Support Plan

2. All Support Plans will be audited by the Executive Director or designee to ensure that the Resident has signed the Support Plan or there is notation of inability or refusal to sign. This will be completed by August 12, 2021. Audits will be available in the community for the surveyors to review.

2. Executive Director or designee will audit the all new Support Plans to ensure the Resident has signed the Support Plan or that there is notation or inability or refusal to sign. Beginning July 12, 2020 through October 31, 2021.
Attachment: Move-In Chart Audit Tool

Completion Date: 07/16/2021

Document Submission

Implemented

Long term steps in place to ensure compliance

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident’s initial support plan wasn’t completed until 3/1/2021.

Plan of Correction

Accept

1.Memory Care Advisor, Resident Services Coordinator and Resident Services Supervisors were in-serviced by July 14, 2021

Attachment: Attendance sign in sheet

2. New Move-Ins/transfers from standard cottage charts will be audited 72 hours after move-in by Executive Director or designee to ensure that Support Plan is complete. Beginning July 12 through October 31, 2021. Results of the audit will be reviewed at the next quality management review.

Attachment: Resident Chart Audit

Completion Date: 07/16/2021

Document Submission

Implemented

Long term steps in place to ensure compliance

234b - Support Plan Needs Elements

1. Requirements

2600.

234b - Support Plan Needs Elements (continued)

234.b. The support plan must identify the resident’s physical, medical, social, cognitive and safety needs.

Description of Violation

Resident 1 was admitted to the SDCU on [REDACTED] with a medical evaluation that identified the resident as having the need for a secure dementia unit due to disorientation and confusion. These needs were not addressed in Resident 1's RASP, dated 3/1/2021.

Plan of Correction

Accept

1. Needs due to disorientation and confusion where addressed on Support Plan 6/11/2021 by Resident Service Coordinator.

Attachment: Assessment Updates

2. Resident Services Supervisors and Resident Services Coordinator were in serviced by Executive Director on Regulation 234b-Support Plan Needs Elements by 7/14/2021

Attachment : Attendance sign in sheet

Resident Services Coordinator or designee will audit all new Support Plans to ensure compliance with 234b support plan needs element beginning July 12, 2021 through October 31, 2021. Audits will be available in the community for surveyor review

Completion Date: 07/16/2021

Document Submission

Implemented

Long term steps in place to ensure compliance