

Department of Human Services  
Bureau of Human Service Licensing

October 21, 2022

[REDACTED]  
LEBANON VALLEY BRETHREN HOME  
1200 GRUBB STREET  
PALMYRA, PA, 17078

RE: LEBANON VALLEY BRETHREN  
HOME  
1200 GRUBB STREET  
PALMYRA, PA, 17078  
LICENSE/COC#: 34296

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/12/2022, 10/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

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: *LEBANON VALLEY BRETHERN HOME* License #: *34296* License Expiration: *06/14/2023*  
Address: *1200 GRUBB STREET, PALMYRA, PA 17078*  
County: *LEBANON* Region: *CENTRAL*

**Administrator**

██████████ Phone: ██████████ Email: ██████████

**Legal Entity**

Name: *LEBANON VALLEY BRETHERN HOME*  
Address: *1200 GRUBB STREET, PALMYRA, PA, 17078*  
Phone: ██████████ Email: ██████████

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/08/1990* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *10/13/2022*

**Inspection Dates and Department Representative**

10/12/2022 - On-Site: ██████████  
10/13/2022 - On-Site: ██████████

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *58* Residents Served: *35*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*  
Diagnosed with Mental Illness: *29* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

**10/12/2022 - Full**

Lead Inspector: ██████████ Follow-Up Type: *POC Submission* Follow-Up Date: *10/24/2022*

Inspections / Reviews *(continued)*

10/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *10/24/2022*

10/21/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 101j7 - Lighting/Operable Lamp

### 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

### Description of Violation

*Resident #2 has a battery-operated touch light at bedside. However, on 10/13/22 at approximately 9:20 am, the touch light was not functioning.*

#### Plan of Correction

**Accept**

#### 101j7 Lighting

- Batteries were replaced in the touch light of Resident 2 immediately after it was found by the PC administrator on 10.13.22
- An audit done on 10.13.22 by the PC administrator indicated Resident 2 was the only one utilizing a battery operated touch light
- The PC administrator will educate Staff on Regulation 2600 101.j 7 by 10.28.22
- A procedure will be developed by the PC administrator to check battery operated lights for proper functioning monthly and initiated for November 2022.

**Completion Date:** 10/28/2022

#### Document Submission

**Implemented**

#### 101j7 Lighting

- Batteries were replaced in the touch light of Resident 2 immediately after it was found by the PC administrator on 10.13.22
  - An audit done on 10.13.22 by the PC administrator indicated Resident 2 was the only one utilizing a battery operated touch light
  - The PC administrator will educate Staff on Regulation 2600 101.j 7 by 10.28.22
  - A procedure will be developed by the PC administrator to check battery operated lights for proper functioning monthly and initiated for November 2022.
- POC has been implemented*

## 132c - Fire Drill Records

### 1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

### Description of Violation

*The fire drill record for the drill conducted on 9/29/22 does not include the number of residents in the home or the number of residents evacuated.*

*The fire drill record for the drill conducted on 9/15/22 does not include doesn't include the number of residents in the home, the number of residents evacuated or the exit route used.*

**132c - Fire Drill Records (continued)**

*The fire drill record for the drill conducted on 8/31/22 does not include doesn't include number of residents in the home or the number of residents evacuated.*

*The fire drill record for the drill conducted on 7/12/22 does not include doesn't include the number of residents in the home or the number of residents evacuated.*

*The fire drill record for the drill conducted on 6/30/22 does not include doesn't include the number of residents in the home or the number of residents evacuated.*

**Plan of Correction****Accept**

2600 132.c

- Vice President immediately reviewed requirements of the regulation with the PC administrator on 10.12.22
- Vice President will institute the use of the DHS form for fire drills effective with the next fire drill.
- Vice President will educate security officers that perform the fire drill along with PC Administrator on the DHS form by 10.28.22
- PC Administrator will audit the fire drills forms monthly for compliance.

**Completion Date:** 10/28/2022**Document Submission****Implemented**

2600 132.c

- Vice President immediately reviewed requirements of the regulation with the PC administrator on 10.12.22
  - Vice President will institute the use of the DHS form for fire drills effective with the next fire drill.
  - Vice President will educate security officers that perform the fire drill along with PC Administrator on the DHS form by 10.28.22
  - PC Administrator will audit the fire drills forms monthly for compliance.
- POC has been implemented

**162c - Menus Posted****1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*On 10/13/22 at the time of the on-site inspection, the home only had one week of menus posted from 10/9-10/15/22.*

**Plan of Correction****Accept**

2600.162.c

- Dietary immediately hung a 2nd week of menus 10.12.22
- The PC administrator will educate the dietary manager on the requirement by 10.28.22
- The PC administrator will audit for compliance every week x 8 and then review the findings of the audit with the

**162c - Menus Posted (continued)**

Vice President for further recommendations.

**Completion Date:** 10/28/2022

**Document Submission****Implemented**

2600.162.c

- Dietary immediately hung a 2nd week of menus 10.12.22
  - The PC administrator will educate the dietary manager on the requirement by 10.28.22
  - The PC administrator will audit for compliance every week x 8 and then review the findings of the audit with the Vice President for further recommendations.
- POC has been completed

**187d - Follow Prescriber's Orders****1. Requirements**

2600.

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

**Description of Violation**

Resident #1 is prescribed [REDACTED]. On 10/12/22, this medication was not available on site.

**Plan of Correction****Accept**

2600.187.d

- The pharmacy was notified immediately on 10.12.22, and the PRN [REDACTED] was delivered
- An audit of all residents PRN medication will be performed by the PC administrator to ensure availability by 10.28.22
- The PC administrator will educate the staff that pass meds on the regulation requirements by 10.28.22
- The PC administrator will audit all new PRN orders for the next 4 weeks to ensure compliance and review with the Vice President for further recommendations.

**Completion Date:** 10/28/2022

**Document Submission****Implemented**

2600.187.d

- The pharmacy was notified immediately on 10.12.22, and the PRN [REDACTED] was delivered
  - An audit of all residents PRN medication will be performed by the PC administrator to ensure availability by 10.28.22
  - The PC administrator will educate the staff that pass meds on the regulation requirements by 10.28.22
  - The PC administrator will audit all new PRN orders for the next 4 weeks to ensure compliance and review with the Vice President for further recommendations.
- POC has been implemented