

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

March 7, 2023

[REDACTED], ADMINISTRATOR
MANOR CARE LINDEN VILLAGE OF LEBANON PA LLC
[REDACTED]

RE: LINDEN VILLAGE
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 01/31/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LINDEN VILLAGE* License #: *32427* License Expiration: *06/20/2023*
 Address: *100 TUCK STREET, LEBANON, PA 17042*
 County: *LEBANON* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *MANOR CARE LINDEN VILLAGE OF LEBANON PA LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/01/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/31/2023*

Inspection Dates and Department Representative

01/31/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *64* Residents Served: *34*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care* Capacity: *48* Residents Served: *26*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

01/31/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/20/2023*

03/06/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/06/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/13/2023*

Inspections / Reviews *(continued)*

03/07/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

There are 4 buildings located on the property that have resident rooms and bathrooms for those residents. None of the bathrooms in all four buildings have a window for ventilation. All bathrooms have a vent located in the ceiling. Maintenance reports that there are no switches to operate the vents. All vents are intended to run continuously. In both bathrooms, located in the buildings, labeled as Quentin and Stoy, there is no circulation of air through the vents.

Plan of Correction

Accept ([redacted] - 03/06/2023)

The Building Services Coordinator (BSC) was in-serviced by the Executive Director regarding regulation 86.b. 2/14/2023. See attachments-In-Service documentation and collateral

The circulation systems for the bathroom vents in Quentin and Stoy have been repaired. Inspection completed 2/1/2023 and adjustments made to Quentin and Stoy exhaust system vents to ensure that there is proper circulation of air through the vents.

The BSC will daily inspect the exhaust and ventilation systems and document results on the Monthly Daily Rounds. The Executive Director will co-inspect the systems with the BSC weekly and document on the Rounds form. See attachment-Monthly Daily Rounds Time frame-February 14, 2023 through June, 2023

Monthly Daily Rounds will be reviewed during the quarterly Quality Management Meetings. Documentation of review will be noted in the Quality Management Meeting minutes. See attachment-Quarterly Management Meeting format Time frame-February, 2023 through June, 2023

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented ([redacted] - 03/07/2023)

132b - Safety Inspection/Fire Drill

2. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill conducted/observed by a fire safety expert was conducted on 01/21/2022; however, the prior fire safety inspection and fire drill conducted/observed by a fire safety expert was on 08/19/2019.

Plan of Correction

Accept ([redacted] - 03/06/2023)

132.b.

The Building Services Coordinator (who is in charge of the safety inspection/fire drills) was in-serviced by the Executive Director regarding regulation 132.b. on 2/14/2023. See attachments-In-Service documentation and collateral

A fire safety inspection and fire drill was conducted by a fire safety expert on 2/3/2023. See attachment-Fire safety inspection and fire drill

132b - Safety Inspection/Fire Drill (continued)

The annual fire safety inspection and fire drill conducted by a fire safety expert will be reviewed by the Executive Director for compliance regarding regulation 132.b. during the quarterly Quality Management Meeting. Documentation of review will be noted in the Quality Management Meeting minutes. See attachment-Quarterly Management Meeting format Time Frame-March, 2023

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented () - 03/07/2023)

141b1 - Annual Medical Evaluation

3. Requirements

2600. 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's last Documentation of Medical Evaluation (DME) was completed on (); however, there were no DMEs conducted for 2022.

Resident 2's last DME was completed on () however, there were no DMEs conducted in 2022.

Plan of Correction

Accept () - 03/06/2023)

The Resident Services Coordinator was in-serviced by the Executive Director regarding regulation 141.b.1. 2/14/2023. See attachments-In-service documentation and collateral

New medical evaluations (DME's) will be completed for Residents #1 and #2 timeframe 3/14/2023: DME's will be forwarded to department when completed .

The Executive Director or Resident Services Coordinator will audit all current resident's DME's to ensure compliance with regulation 141.b.1. by March 14, 2023.

The Executive Director or Resident Services Coordinator will complete a monthly audit of resident's DME's to ensure compliance with regulation 141.b.1. through second quarter, 2023. Documentation of audits will be noted in the Quality Management Meeting minutes. See attachment-Quarterly Management Meeting format Time frame- February, 2023 through June, 2023

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented () 03/07/2023)

185a - Implement Storage Procedures

4. Requirements

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.

Description of Violation

Resident 4 receives blood glucose checks at () The blood glucose checks on the glucometer did not match the numbers transcribed on the Medication Administration Record (MAR) as follows: Glucometer reading on () - The number documented in the MAR states blood glucose is ().

185a - Implement Storage Procedures (continued)

Glucometer reading on [REDACTED] - The number documented in the MAR states blood glucose is [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/06/2023)

185.a.

The Resident Services Coordinator (RSC) and Resident Services Supervisors (RSS's) (who complete blood glucose checks/documentation) will be in-serviced by the Executive Director regarding regulation 185.a. 2/16/2023. See attachments-In-service documentation and collateral

The RSC or designee will complete weekly Medication Cart Audits to ensure compliance with regulation 185.a. Should a discrepancy be noted, the RSC will immediately rectify the situation and in-service the employee as needed. See attachment-Sample Medication Cart Audit Time frame-February-June, 2023

Documentation of audits will be noted in the Quality Management Meeting minutes. See attachment-Quarterly Management Meeting format Review timeframe-February-June, 2023

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented [REDACTED] - 03/07/2023)

224c - Preadmission Screening

5. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

The preadmission screening form for Resident 3 did not have the date in which the form was completed, who completed the form or their signature.

Plan of Correction

Accept [REDACTED] - 03/06/2023)

The Resident Services Coordinator and Memory Care Advisor (who are responsible for completing the preadmission screening form) were in-serviced by the Executive Director regarding regulation 224.c on 2/14/2023 See attachments-In-service documentation and collateral

Preadmission screening forms will be audited by the Executive Director or designee to ensure compliance with regulation 224.c. (including date and individual who completed the form/signature). Any non-compliance item will be addressed before the resident moves into the home. Audit completion will be validated by the Executive Director or designee signature and date documented on the Preadmission screening form. See attachment: Sample Preadmission screening form completed February, 2023 Audit timeframe-February-June, 2023

Documentation of audits will be noted in the Quality Management Meeting minutes. See attachment-Quarterly Management Meeting format Review timeframe-February-June, 2023

224c - Preadmission Screening (*continued*)

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented ([REDACTED] 03/07/2023)