

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

February 16, 2024

[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 01/31/2024, 02/01/2024 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: *06/20/2024*  
 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]

**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: *87* Waking Staff: *65*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
 Reason: *Renewal* Exit Conference Date: *02/01/2024*

**Inspection Dates and Department Representative**

01/31/2024 - On-Site: [REDACTED]  
 02/01/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *64* Residents Served: *52*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *SDU* Capacity: *48* Residents Served: *34*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *35* Have Physical Disability: *0*

**Inspections / Reviews**

01/31/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/15/2024*

02/13/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *02/13/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/20/2024*

Inspections / Reviews *(continued)*

02/16/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Standards Act requires that an approved carbon monoxide alarm be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. The home has a gas stove in the main kitchen, however, there was no carbon monoxide alarm nearby.

Plan of Correction

Accept ( [redacted] - 02/13/2024)

In response to the violation on 01/31/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 02/05/2024 Building Service Coordinator installed carbon monoxide alarm at time of inspection which is now 15 feet from the main kitchen.

To enhance the currently compliant operations:

- 1. On 02/05/2024 the BSC check all Carbon Monoxide Monitors to ensure that they are up to Carbon Monoxide Standards, which is not less than 15 feet from any fossil burning device or appliance with a completion date of 2/9/2024. See attached Sheet.
- 2. On 2/2/2024 the Executive Director in-serviced the Building Services Coordinator on Regulation 18. See attached Staff Development Sheet.

Effective 02/05/2024 the BSC will perform Monthly checks ongoing to maintain ongoing compliance with Carbon Monoxide placement to ensure proper placement complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Executive Director will oversee Plan of Correction to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented ( [redacted] - 02/16/2024)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 2/1/24, a bottle of mouthwash, a tube of crest baking soda toothpaste and dove deodorant, with a manufacture's label indicating "get medical help or call poison control if swallowed", was unlocked, unattended, and accessible to Resident 3 in the secured dementia care unit (SDCU). The residents in SDCU, including Resident 3, have been assessed as incapable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept ( [redacted] - 02/13/2024)

In response to the violation on 01/31/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/01/2024 by the Resident Services Coordinator to remove the items found in Resident 3 room and placed them in the secured area.

To enhance the currently compliant operations:

1. On 02/05/2024 and 2/6/2023 the Executive Director did room checks of all secured units rooms to ensure compliance of regulation 82c. See attached audit tool completion date of 2/6/2024.
2. Executive Director sent a letter out to all responsible parties as a reminder that all care items, medications, cream, ointments must be brought to the nurse so that they can place the item in the cottage in the proper area. See attached letter, with a completion date of 2/12/2024.
3. Executive Director in-serviced staff on 2/2/2024 and 2/3/2024 on regulation 82.c regarding poisonous materials being locked up and inaccessible to resident that can not safely use these items, with a completion date of 2/4/2024. See attached sheet

Effective 2/1/2024 the LPNs will perform room checks through 3/1/2024 to maintain ongoing compliance with 82c Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. See attached audit sheet.

Executive Director will over see Plan of Correction to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented [redacted] - 02/16/2024)

85a - Sanitary Conditions

3. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/31/24, at a pungent odor of urine was detected in the family room near bedrooms 1-8 of the Mt. Hope cottage.

Plan of Correction

Accept [redacted] - 02/13/2024)

In response to the violation on 01/31/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/01/2024 by housekeeping to clean bedroom and area outside of bedroom ( Family room area).

1. Building Services Coordinator will complete daily rounds to ensure that sanitary conditions are maintained.
2. All staff were in serviced on 2/6/2024 by the Executive Director on Regulation 85a. See attached Staff Development Sheets.
3. Bid was obtained to replace flooring in family rooms, resident rooms and bathrooms. See Attached Bids

**85a Sanitary Conditions (continued)**

Effective 2/2/2024 the housekeeping will perform weekly routine checks and deep cleaning of that area to ensure ongoing compliance with 85a Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. See attached sheets

Executive Director will oversee Plan of Correction to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( ) - 02/16/2024)

**103e - Left Overs**

**4. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

There was an unlabeled, undated container of individually wrapped chocolate chip and sugar cookies in the bottom kitchenette cabinet located in the Tabor cottage.

**Plan of Correction**

Accept ( ) - 02/13/2024)

In response to the violation on 01/31/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. On 02/01/2024 the Resident Services Coordinator removed items from cottage.
2. On 02/01/2024 the Executive Director checked all other cottages for any unlabeled, undated individually wrapped chocolate chip and sugar cookies.

To enhance the currently compliant operations, on 02/04/2024 the Executive Director will in service Dietary Staff and Caregiving Staff on Regulation 103.e with a completion date of 2/5/2024. See attached In service sheet.

Effective 2/2/2024 the Dietary Staff will have cookies in a sealed bag that is labeled and dated prior to sending over to cottage to maintain ongoing compliance with 103e Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Executive Director will over see Plan of Correction to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented ( ) - 02/16/2024)

**132h - Designated Meeting Place**

**5. Requirements**

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**Description of Violation**

During the fire drill on 12/28/23 at 10:46 am, residents in cottages 300, 400 and 500 did not evacuate to a designated meeting place away from the building or within the fire safe area.

132h - Designated Meeting Place (continued)

During the fire drill on 11/28/23 at 3:40 pm, residents in cottages 200, 300 and 500 did not evacuate to a designated meeting place away from the building or within the fire-safe area.

During the fire drill on 10/12/23 at 6:10 am, residents in cottages 300, 400 and 500 did not evacuate to a designated meeting place away from the building or within the fire-safe area.

During the fire drill on 9/28/23 at 10:10 am, residents in cottages 200, 300 and 400 did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction

Accept ( [REDACTED] ) - 02/13/2024

In response to the violation on 01/31/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 02/02/2024 the Executive Director in-serviced the Building Services Coordinator and Staff on Regulation 132h. See attached sheet.
2. on 02/02/2024 Executive Director and Building Services Coordinator implemented a new Fire Drill Plan that includes each cottage monthly. See attached sheets

Effective 2/8/2024 the Building Services Coordinator will perform 1 fire drill per cottage monthly through 12/2024 and ongoing to maintain ongoing compliance with regulation 132h Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Executive Director will over see Plan of Correction to ensure ongoing compliance

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( [REDACTED] ) - 02/16/2024

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED] PRN [REDACTED] ) prescribed for Resident 6, were in the home's medication cart; however, these medications expired on [REDACTED]

Plan of Correction

Accept ( [REDACTED] ) - 02/13/2024

In response to the violation on 01/31/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/01/2024 by the Resident Services Coordinator to remove expired medication from medication cart and disposed of immediately.

To enhance the currently compliant operations:

1. Executive Director in-serviced Resident Service Coordinator and Resident Services Supervisor on Regulation 183b on 2/6/2024. See attached Staff Development Sheet

183d - Prescription Current (continued)

Effective 2/7/2024 the Resident Services Coordinator and Resident Services Supervisors will perform Medication Cart Audits through February to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. See attached Audit Tool

Executive Director will over see Plan of Correction for ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented ( [redacted] ) - 02/16/2024)

185b - Medication Procedures

7. Requirements

2600.

185.b. At a minimum, the procedures must include:

Description of Violation

The home's control substance log has a balance of 30 tablets for Resident 4's prescribed medication lorazepam 0.5 mg. However, packet 3 of medication only contained 2 tablets.

Plan of Correction

Accept ( [redacted] ) - 02/13/2024)

In response to the violation on 01/31/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/31/2024 to correct control substance sheet by Resident Service Coordinator.

1.To enhance the currently compliant operations, on2/1/2024 the Resident Services Coordinator did a audit of all control substance log to ensure compliance of 185b with a completion date of 2/1/2024. See attached sheet

2. On 2/6/2024 Resident Service Coordinator in-serviced Resident Services Supervisor on Regulation 185b. See attached sheet

Effective2/12/2024 the Resident Services Coordinator will perform Substance Control Sheet audits through March 31,2024 to maintain ongoing compliance with 185b .Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. See attached Audit Sheet. Executive Director will over see ongoing Plan of Correction to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented ( [redacted] ) - 02/16/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident 3 is prescribed [redacted] three times daily. However, the medication was not administered to Resident 3 on [redacted]

187d - Follow Prescriber's Orders (continued)

Resident 5 is prescribed [REDACTED] monthly. However, the medication was administered to the Resident daily.

**Plan of Correction**

**Accept [REDACTED] - 02/13/2024)**

In response to the violation on 01/31/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Executive Director on 2/1/2024 to in-service Resident Services Coordinator, Resident Services Supervisors and Medication Tech on Regulation 187d and the importance of checking your Medication Administration Record for any missed signatures prior to the end of you medication pass, See attached Staff Development Sheet

To enhance the currently compliant operations, on 2/1/2024 the Resident Services Coordinator checked Medication Administration Records for any missed signatures with a completion date of 2/2/2024. See attached sheets

Effective 2/1/2024 the Resident Services Supervisors and Medication Techs will perform weekly Medication Administration Records This will be ongoing to maintain ongoing compliance with d187d. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. See attached Audit Tool Sheet.

Executive Director will over see ongoing Plan of Correction to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/13/2024

**Implemented [REDACTED] - 02/16/2024)**

227g -Support Plan Signatures

**9. Requirements**

2600.

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

**Description of Violation**

Resident 1 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign nor indicate the inability to sign the support plan.

Resident 2 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign nor indicate the inability to sign the support plan.

Resident 3 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign nor indicate the inability to sign the support plan.

**Plan of Correction**

**Accept [REDACTED] - 02/13/2024)**

In response to the violation on 01/31/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on Executive Director to attempt to get resident to sign her support plans without success. Support Plans where than indicated the inability to sign. See attached pages

1.To enhance the currently compliant operations, on 2/6/2024 the Executive Director in-serviced the Resident Services Coordinator and the Resident Supervisors on regulation 227g with a completion date of 2/6/2024. See attached sheet

**227g Support Plan Signatures (continued)**

2. Resident Services Supervisor will give completed Support Plans to Resident Services Coordinator/Executive Director who will be responsible to obtain residents signature to ensure that we are in compliance with regulation 227g

Effective 2/6/2024 the Executive Director and Resident Service Coordinator will perform Support Plan Audit Signatures to maintain ongoing compliance with 227g Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Executive Director will over see Plan of Correction for ongoing compliance

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( [REDACTED] 02/16/2024)