

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

August 18, 2025

[REDACTED]
LEBANON VALLEY BRETHERN HOME
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2025 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: *LEBANON VALLEY BRETHERN HOME*

License #: 34296

License Expiration: 06/14/2026

Address: 1200 GRUBB ROAD, PALMYRA, PA 17078

County: *LEBANON*Region: *CENTRAL*

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: *LEBANON VALLEY BRETHERN HOME*

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: 05/08/1990

Issued By: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 37

Waking Staff: 28

Inspection Information

Type: *Partial*Notice: *Announced*

BHA Docket #:

Reason: *New*

Exit Conference Date: 08/05/2025

Inspection Dates and Department Representative

08/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 58

Residents Served: 37

Secured Dementia Care Unit

In Home: *Yes*Area: *Barteit Haven*

Capacity: 17

Residents Served: 0

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 0

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

08/05/2025 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: 08/23/2025

08/14/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2025

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: 08/20/2025

Inspections / Reviews *(continued)*

08/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/18/2025

08/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2025

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 Clean Indoor Air Act requires that the home post a sign at each entrance that states, "Smoking Permitted in Designated Areas Only" or "No Smoking." On [REDACTED] signs were not posted at the home's entrances to the building

Plan of Correction

Accept [REDACTED] - 08/15/2025

- 1. On 8/8/25 No Smoking Sign was hung at all of the personal care home's 3 entrances by Administrator.
- 2. On 8/14/25 All Personal Care staff educated on Clean Indoor Air Act by Administrator.
- 3. Administrator will perform monthly audits for 3 months to ensure sign remains in place, if no concerns identified audits will be discontinued. If any concerns identified, audits will continue until 3 months without any concerns.
- 4. First audit completed on 8/8/2025 by the Administrator and will continue on 9/8/25 and continue monthly until 3 months without concerns identified.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [REDACTED] - 08/18/2025

90a - Landline Telephone

2. Requirements

2600.

90.a. The home shall have a working, noncoin operated, landline telephone that is accessible in emergencies and accessible to individuals with disabilities.

Description of Violation

On [REDACTED] at 1:50 PM, the home did not have a working, non-coin-operated landline telephone.

Plan of Correction

Accept [REDACTED] - 08/15/2025

- 1. On 8/6/25 working, noncoin operated, landline telephone installed by IT staff members in dining area accessible to all staff, elders, and visitors.
- 2. On 8/14/25 All Personal Care staff educated on Regulation 2600.90(a) by Administrator.
- 3. Administrator will perform monthly audits for 3 months to ensure phone remains in place in working condition, if no concerns identified audits will be discontinued. If any concerns identified, audits will continue until 3 months without any concerns.
- 4. First audit completed on 8/13/2025 by the Administrator and will continue on 9/13/25 and monthly after that until 3 months of audits without concerns identified.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [REDACTED] - 08/18/2025

121a - Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a Unobstructed Egress (continued)

Description of Violation

On [redacted] at 10:09 AM, a gate locked with a non magnetic and non electronic locking device blocked the egress from the home's secured courtyard.

Repeated Violation [redacted]

Plan of Correction

Accepted [redacted] 08/15/2025)

1. Gate and lock will be removed from courtyard on 8/14/2025 by contractor from Shope Garden and Construction to ensure safety of all elders and make it a truly enclosed courtyard. Gate will immediately be replaced with fencing to match the rest of the courtyard enclosure by the contractor from Shope Garden and Construction.
2. On 8/14/25 All Personal Care staff educated on Regulation 2600.121(a) by Administrator.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [redacted] 08/18/2025)

123a - Exit Doors

4. Requirements

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

The exit door from the lounge/dining area leading to the courtyard is equipped with a locking device requiring a key.

Plan of Correction

Accepted [redacted] - 08/15/2025)

1. On 8/13/25 lock on exit door from lounge/dining area leading to courtyard was removed by Maintenance staff member and will be kept unlocked at all times.
2. On 8/14/25 All Personal Care staff educated on Regulation 2600.123(a) by Administrator.
3. Administrator will perform daily audits for 1 week to ensure door remains unlocked, if no concerns identified audits frequency will be decreased to weekly x4 weeks. If no concerns identified audits frequency will be decreased to monthly x3 then be stopped. If any concerns identified, audits will continue until 3 months without any concerns.
4. First audit completed on 8/13/2025, second on 8/14/2025 and will gradually decrease frequency as indicated as long as no concerns are identified.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [redacted] - 08/18/2025)

123b - Emergency Procedures Posted

5. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On [redacted] at 1:50 PM, the emergency procedures for the local municipality were not posted in a conspicuous and public place in the home.

Repeated Violation [redacted]

123b - Emergency Procedures Posted (continued)

Plan of Correction

Accept [redacted] - 08/15/2025)

- 1. Local Municipality emergency procedures were posted on 8/6/2025 by the Administrator in a binder on a bookshelf with signage directing staff, elders, and visitors to their location.
- 2. On 8/14/25 All Personal Care staff educated on Regulation 2600.123(b) by Administrator.
- 3. Administrator will perform monthly audits for 3 months to ensure emergency plan remains in place, if no concerns identified audits will be discontinued. If any concerns identified, audits will continue until 3 months without any concerns.
- 4. First audit performed on 8/6/2025 by the Administrator. Next audit will be on 9/6/25 and continue monthly until 3 months completed without any concerns identified.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [redacted] - 08/18/2025)

131a - Fire Extinguisher

6. Requirements

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

On [redacted] there was no fire extinguisher in the home's attic which was accessible by pull-down steps.

Plan of Correction

Accept [redacted] 08/15/2025)

- 1. On 8/11/2025 Fire Extinguisher installed in attic by maintenance staff.
- 2. Security Staff or designee will inspect fire extinguisher monthly beginning on installation date of 8/11/2025.
- 3. On 8/14/25 All Personal Care staff educated on Regulation 2600.131(a) by Administrator.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [redacted] - 08/18/2025)

233c - Key-Locking Devices

8. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door by the entrance lounge area leading to the SDCU courtyard nor by the SDCU courtyard gate.

Plan of Correction

Accept [redacted] - 08/15/2025)

- 1. On 8/13/2025 signage placed with directions for operating the home's locking mechanisms near the door in the entrance lounge area to the courtyard by the Administrator. Gate was removed from courtyard on 8/14/2025 making it fully enclosed.
- 2. On 8/14/25 All Personal Care staff educated on Regulation 2600.233(c) by Administrator.
- 3. On 8/14/25 A sign was placed at entrance to SCDU with instructions to ring doorbell to enter unit and see staff to request temporary badge to exit SCDU as desired during their visit.

233c - Key-Locking Devices (continued)

4. Administrator will perform monthly audits for 3 months to ensure signage remains in place with clear instructions for exiting the SCU, if no concerns identified audits will be discontinued. If any concerns identified, audits will continue until 3 months without any concerns.

5. First audit performed on 8/13/2025 by the Administrator. Next audit will be completed on 9/13/25 and will continue monthly until 3 months without concerns identified.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented (████ **08/18/2025)**