

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

February 18, 2026

[REDACTED]
UNITED CHURCH OF CHRIST HOMES INC
[REDACTED]

RE: LEBANON VALLEY HOME
550 EAST MAIN STREET
ANNVILLE, PA, 17003
LICENSE/COC#: 34780

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/15/2026 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 HOME* License #: *34780* License Expiration: *10/07/2026*
 Address: *550 EAST MAIN STREET, ANNVILLE, PA 17003*
 County: *LEBANON* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *UNITED CHURCH OF CHRIST HOMES INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *03/10/1976* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/15/2026*

Inspection Dates and Department Representative

01/15/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *40* Residents Served: *32*
 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: *32*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/15/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/30/2026*

01/28/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/16/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/03/2026*

Inspections / Reviews *(continued)*

01/29/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/18/2026

02/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

185a Implement Storage Procedures

1. 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 [REDACTED] is prescribed [REDACTED] checks at breakfast, lunch, dinner, and bedtime. The blood glucose checks on the glucometer did not match the numbers transcribed on the Medication Administration Record (MAR) as follows: Glucometer reading on [REDACTED] at 6:30 AM was [REDACTED] - The number documented on the resident's January 2026 MAR indicated a [REDACTED] reading of [REDACTED] Glucometer reading on [REDACTED] at 9:05 PM was [REDACTED] The number documented on the resident's January 2026 MAR indicated a blood glucose reading of [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/29/2026)

- On 1/16/2026 Licensed Nurse documented an addendum in Resident [REDACTED] chart to accurately reflect glucometer readings.
- On 1/19/2026 all residents requiring Blood glucose monitoring MAR's were audited and cross referenced to the glucometer by the Licensed Nurse to ensure all documentation was accurate on all resident's charts.
- Licensed staff were educated on the importance of accurate documentation when documenting glucometer results on 1/23/2026.
- Administrator/designee will audit all resident glucometers once a month to ensure that all glucometer readings are accurate on the MAR. The audits will begin February 16,2026 and end April 22, 2026. If any areas of concern are noted the audits will continue until a pattern of compliance is established.
- The Administrator/designee will review audit results to identify/track trends or patterns and report at the monthly Quality Assurance Committee meeting for further review and/or recommendations at the April 22,2026 meeting

Licensee's Proposed Overall Completion Date: 02/16/2026

Implemented [REDACTED] - 02/18/2026)