

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

April 21, 2026

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

RE: LINDEN VILLAGE
100 TUCK STREET
LEBANON, PA, 17042
LICENSE/COC#: 32427

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/25/2026, 03/02/2026 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: LINDEN VILLAGE **License #:** 32427 **License Expiration:** 06/20/2026
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:** Department of Labor & Industry
Type: Other **Date:** 09/11/1998 **Issued By:** Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 108 **Waking Staff:** 81

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 03/02/2026

Inspection Dates and Department Representative

02/25/2026 - On-Site: [REDACTED]
03/02/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 59

Secured Dementia Care Unit

In Home: Yes **Area:** Tabor, Stoy, Mt. Hope **Capacity:** 48 **Residents Served:** 45

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 59
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 49 **Have Physical Disability:** 0

Inspections / Reviews

02/25/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/29/2026

03/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/03/2026

03/30/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/20/2026

04/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Staff Member A informed Staff Member B that [redacted] had discovered Resident [redacted] on the morning shift of [redacted] with a heavily-soiled brief, linens, and feces present on [redacted] arms, hands, and legs. Staff Member A expressed [redacted] felt that the previous shift had not provided timely personal care. On [redacted] Staff Member A informed Staff Member C that [redacted] had discovered Resident [redacted] with a heavily-soiled brief, linens, and skin irritation on the resident’s perianal area. Staff Member A expressed [redacted] felt that the previous shift had not provided timely personal care. The home did not report these incidents of alleged neglect to the Department.

Plan of Correction

Directed [redacted] - 03/30/2026)

1. Staff were in-serviced on 3/25/2026 by [redacted] Executive Director the importance of reporting alleged neglect to their supervisor immediately. attachment #1
2. Resident Services Supervisors or Resident Services Coordinator will contact the Executive Director so that an investigation can be conducted and started immediately by [redacted] Executive.
3. The alleged neglect will be report to Department of Human Services via phone or Reportable Incident within 24 hours of the complaint. If the investigation is not complete with in the 24 hours a final Reportable will be send to the Department of Human Services.
4. will continue to report any incident to the Department of Human Services within the required timeline, started 2/28/2026. [redacted] Executive Director or [redacted] Resident Services Coordinator will be responsible.

(Directed)

In addition to the above plan of correction:

- The allegations of alleged neglect that occurred on 2/22/26 and 2/24/26 will be reported to the Department no later than 4/6/26 by the Administrator or designee.
- Beginning no later than 4/6/25, the administrator or designee will discuss any potential incidents or allegations of abuse/neglect that may have occurred the day prior to ensure a reportable was sent to the attention of the Department timely.

Directed Completion Date: 04/06/2026

Implemented [redacted] 04/21/2026)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] and [redacted], Staff Member A, an employee of the home, took photographs of Resident [redacted] with [redacted] personal cell phone.

42s Privacy (continued)

Plan of Correction

Accept () - 03/30/2026

- 1. In service was held on 3/25/2026 in regards to 42s. o all staff at Linden Village by () Executive Director. Residents rights, HIPPA, Prohibition of personal cell phone use to photos/videos. attachment #2
- 3. Supervisors will increase monitoring of staff compliance with cell phone policy this begun on 2/28/2026. Mangers will monitor staff for compliance and report any non compliance to () Executive Director which will result in disciplinary action up to and possible termination. Monitoring will be perform weekly for 4 weeks and ongoing to ensure compliance.
- 5. () Executive Director will have oversight, investigation and enforcement if policy is not adhered too.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented () - 04/21/2026

141b1 - Annual Medical Evaluation

3. Requirements

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

Description of Violation

Resident ()'s most recent medical evaluation was completed on ()

Plan of Correction

Accept () - 03/30/2026

- 1. The Executive Director and Resident Services Coordinator conducted a 100% audit of all resident records to verify compliance with the medical evaluation requirements audit was completed on 3/23/206 Attachment #3
- 3. A tracking list of all due dates has been updated by Resident Services Coordinator on 2/30/2026
- 4. Evaluations will be scheduled at least 30 days in advance of the due date.
- 5. Monthly review of medical evaluations due 4/15/2026
- 6. Resident Services Coordinator and Resident Services Supervisor's were in serviced on 141.b.1 regarding DME Medical Evaluations by () Executive Director on 3/26/2026 Attachment #4
- 7. Review the Medical Evaluation log monthly for 2 months and then quarterly starting April 15, 2026
- 8. Resident #2 is no longer in the facility. Date of discharge was 4/20/205
- 8. () Executive Director/designee will oversee compliance

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented () 04/21/2026

187a - Medication Record

4. Requirements

- 2600.
- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

187a - Medication Record (continued)

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [redacted] is prescribed [redacted] take 2 tablets by mouth three times a day, [redacted] take 1 tablet by mouth at bedtime, [redacted] by mouth every morning, [redacted] take 2 tablets by mouth at bedtime. However, Resident [redacted] February 2026 Medication Administration Record did not indicate a diagnosis or purpose for these medications.

Plan of Correction

Accept [redacted] - 03/30/2026)

- 1. The diagnosis for each medication was obtained from the provider and documented on the MAR on 3/24/2026. Attachment #5
- 2. The updated record was reviewed by Executive Director/Resident Services Coordinator for accuracy.
- 3. The Executive Director/Resident Services Coordinator will audit all MARs to ensure that each medication has a diagnosis of purpose. To be completed by 3/25/2026. Attachment #6
- 4. Any missing information identified during the audit will be promptly obtained and documented.
- 5. Review and update with any new or changed medication orders.
- 6. The facility will coordinate with pharmacy and provider to ensure all information is provided at the time of the order.
- 7. Resident Services Coordinator and Resident Services Supervisors were in-serviced on requirements of 187.a on 3/25/2026 by [redacted] Executive Director. Attachment #7
- 8. New staff will be trained during orientation.
- 9. Weekly MAR audits for 4 weeks then monthly for 2 months to verify each medication/treatment includes a documented diagnosis/purpose. Audits will begin on April 1, 2026 by [redacted] Executive Director, [redacted] Resident Services Coordinator.
- 10. Executive Director/designee will oversee compliance

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented [redacted] 04/21/2026)

187b - Date/Time of Medication Admin.

5. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] had an order to cleanse [redacted] with [redacted] and apply [redacted], cover dressing daily until healed. The resident's January 2026 Medication Administration Record did not include the staff initials for this wound care provided on [redacted] and [redacted] at 1:00 PM.

Resident [redacted] had an order to cleanse [redacted] with [redacted] and apply [redacted], cover dressing daily until [redacted] resolved. The resident's January 2026 MAR did not include the staff initials for this wound care provided on [redacted] and [redacted] at 1:00 PM.

187b Date/Time of Medication Admin. (continued)

Resident [redacted] has an order to discontinue wound orders using [redacted] once current supply of [redacted] is gone and change to cleanse wound area with saline, apply medihoney to wound bed and cover with foam dressing every 5 days and PRN for dislodgement, soiling, or saturation for [redacted] and [redacted]. The resident's February 2026 MAR did not include the staff initials for the wound care provided to the resident's [redacted] on [redacted] at 8:00 PM.

Repeated Violation [redacted] et al.

Plan of Correction

Accept [redacted] - 03/30/2026)

1. Staff involved were counseled on the requirement to document medications/treatments at time of administration on February 26, 2026 by [redacted] Resident Services Coordinator.
 2. Executive Director will conduct a audit of all MARs to identify any additional late or missing documentation by 4/8/2026
 3. Any discrepancies found will be corrected promptly and staff responsible will be addressed with counseling/corrective action.
 4. Review of 187.b, Medication Protocol, and risk of associated delayed or inaccurate documentation was in serviced to all Certified Medication Techs and Resident Services Supervisors on 3/25/2026
- Attachment #10
5. The Executive Director/designee will conduct weekly MAR audits for 4 weeks then monthly for 2 months. Beginning April 1, 2026
- Attachment #11
6. Resident Services Coordinator will observe live medication passes with any non compliance resulting in immediate corrective action and retraining
 7. Executive Director/designee will oversee compliance

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented [redacted] 04/21/2026)

187c - Refusal of Medication

6. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident [redacted] refused scheduled wound care to the [redacted] on [redacted] at 1:00 PM and right [redacted] on [redacted] and [redacted] at 1:00 PM. The home did not report the refusals to the prescriber within 24 hours.

Resident [redacted] refused to take a scheduled dose of [redacted], and [redacted] on [redacted] at 9:00 AM. The home did not report the refusals to the prescriber within 24 hours.

187c - Refusal of Medication (continued)

Plan of Correction

Accept (█ - 03/30/2026)

1. Upon identification the residents provider was notified of all missed treatments on March 5, 2026 when █ made █ weekly rounds.
2. Resident wounds were assessed by Resident Services Coordinator for adverse effects and none were noted on 3/26/2026
3. Any additional findings will be corrected immediately and report to the provider.
Attachment #12
4. All medication/treatment refusals will be documented in the Medication Administration Record.
5. Provider will be notified of refusal of any medication/treatment within 24 hours.
6. Resident Services Coordinator, Resident Services Supervisors and Medication Tech received mandatory training on 3/25/2006 on proper documentation and timely provider notification by █ Executive Director.
Attachment #11
7. New hires will receive this training during orientation.
8. The Executive Director or designee will audit MARs weekly for 4 weeks then monthly for 2 months beginning April 1, 2026
9. Executive Director/designee will oversee compliance

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented (█ - 04/21/2026)

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On █, Resident █ was prescribed orders to discontinue wound orders using █ once current supply of █ is gone and change to cleanse wound area with saline, apply medihoney to wound bed and cover with foam dressing every 5 days and PRN for dislodgement, soiling, or saturation for right █ and █. Resident █ has not received the prescribed treatment to █ left hip as ordered in February 2026 as the home declared the wound area healed; however, the physician did not provide orders to discontinue the treatment.

Plan of Correction

Accept (█ 03/30/2026)

1. Upon identification the MAR for the cited resident was reviewed.
2. Staff responsible for the deficiency were counseled immediately regarding proper MAR completion on 3/4/2026 by █ Executive Director
3. Executive Director will audit all MARs to ensure all orders are being administer as per ordered. by 3/26/2026
Attachment #14
Attachment #12
4. Any discrepancies identified will be corrected and staff involved addressed with a counseling/or corrective action.
5. In-service on the policy requiring complete and accurate MAR documentation 3/25/2025 involving all Resident Services Supervisors, Certified Medication Techs and the Resident Services Coordinator
attachment #15
6. New staff will receive training during orientation.
7. Executive Director will conduct weekly MAR audits for 4 weeks then monthly for 2 months verifying that all

187d - Follow Prescriber's Orders (continued)

orders are being follow as per provider starting April1, 2026

8. Any non-compliance will result in corrective action.

9.Executive Director will oversee compliance

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented [REDACTED] - 04/21/2026)

225c - Additional Assessment**8. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] assessment was last completed on [REDACTED]

Resident [REDACTED] assessment, completed on [REDACTED], indicated the resident is independent with bowel management, ambulation and requires limited physical or oral assistance to evacuate in an emergency. However, Resident [REDACTED] requires physical assistance for care of bowel movements and wears adult briefs. Resident [REDACTED]'s medical evaluation, completed on [REDACTED], indicated the resident utilizes wheelchair for ambulation and is totally immobile, requiring total physical or oral assistance to evacuate in an emergency. Resident [REDACTED] also resides in the secured dementia care unit. The resident's assessment has not been updated to reflect these changes in need.

Plan of Correction

Accept ([REDACTED] 03/30/2026)

1. Resident [REDACTED] is no longer a resident so no immediate corrective action was taken discharge date we [REDACTED]
2. Resident [REDACTED] mobility and incontinence assessment was updated on [REDACTED] RASP on 3/4/2026 to reflect the current changes by [REDACTED] Executive Director.

Attachment #16

3. [REDACTED] Executive Director [REDACTED] Resident Services Coordinator reviewed all resident with recent changes in condition to ensure that RASP was up to date. Resident Rooster was used to update and ensure all charts were checked.
4. No further deficiencies where noted.
5. Immediate notification for supervisory staff when a resident experiences a change in condition. This then will be reviewed in Daily Stand-Up meeting which are held Monday through Friday. All changes will be record on Change in Condition tool.
6. Completion of additional assessment within required timeframes.
7. Resident Services Coordinator and Resident Services Supervisors were trained on 225c on 3/25/2026 including identification of significant changes on conditions, timely completion of documentation on additional assessments by [REDACTED] Executive Director.
8. New staff will be trained during orientation.
9. Tracking log created on 3/18/2026 will be used to reflect date of change, assessment due and that assessment was complete this will
10. The tracking log will be reviewed weekly for 4 weeks then monthly for 2 months. Beginning April 1, 2026

225c Additional Assessment (continued)

11.Executive Director will oversee compliance

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented [REDACTED] - 04/21/2026)