

**Department of Human Services  
Bureau of Human Service Licensing**

June 8, 2021

██████████, ADMINISTRATOR  
MANOR CARE LINDEN VILLAGE OF LEBANON PA LLC  
333 NORTH SUMMIT ST, 16TH FLOOR  
TOLEDO, OH 43604

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

Dear ██████████,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/08/2021, 03/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** LINDEN VILLAGE MANOR CARE HEALTH SERVICES      **Licence #:** 32427      **Licence Expiration Date:** 06/20/2021  
**Address:** 100 TUCK STREET, LEBANON, PA 17042  
**County:** LEBANON      **Region:** CENTRAL

**Administrator**

**Name:** [REDACTED]      **Phone:** 7172747400      **Email:** [REDACTED]

**Legal Entity**

**Name:** MANOR CARE LINDEN VILLAGE OF LEBANON PA LLC  
**Address:** 333 NORTH SUMMIT ST, 16TH FLOOR, TOLEDO, OH, 43604  
**Phone:** 7172747400      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 74      **Working Staff:** 56

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 03/23/2021

**Inspection Dates and Department Representative**

03/08/2021 - On-Site: [REDACTED]  
03/23/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 64      **Residents Served:** 48

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Tabor/Mount Hope      **Capacity:** 35      **Residents Served:** 25

**Hospice**

**Current Resident:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 35  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 26      **Have Physical Disability:** 0

**Inspections / Reviews**

**03/08/2021 - Partial**

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow-Up Date:** 04/23/2021

Inspections / Reviews (*continued*)

5/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *07/30/2021*

6/8/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 23a - Activities of Daily Living Assistance

## 1. Requirements

2600.

- 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

## Description of Violation

*Resident 1's assessment and support plan, dated 12/23/2020, indicates that the resident required stand by assistance for transfers. The home's resident progress notes, staff statements and physical therapy documentation indicate that the resident did not receive this assistance when the resident fell twice on 12/24/2020, twice on 12/25/2020, and 7 times on 12/26/2020.*

## Plan of Correction

Accept

23a

*In review of the home's Progress Notes and 24-Hour Report (12/24/20, 12/25/20, and 12/26/20), the following documented fall activity for resident #1 follows:*

*12/24/20 – No falls documented 12/25/20 – No falls documented 12/26/20 – One fall documented, without injury The physical therapy documentation was reviewed with staff assigned to resident #1's cottage. They verbalized they do not remember communicating those falls to the therapist. Staff has been instructed to report falls immediately to the supervisor. The physical therapist has been instructed to exit with the Executive Director or Resident Services Coordinator after each session.*

*The individual Resident Assessment and Support Plan (RASP) will be placed in a binder in the cottage in which the resident resides. Staff assigned to the resident's cottage will review and document understanding of the RASP, including assistance with ADLs. This system will be in effect April 23, 2021 through July 30, 2021. The binders will be available for surveyor's review. See attachment #1 (RASP documentation chart)*

*The Executive Director or designee will review the binders weekly to ensure compliance with regulation 23a.*

*The Executive Director or designee will conduct random rounds to observe that the RASP is being followed by the staff. Any concerns will be addressed immediately with the staff.*

*The Executive Director in-serviced the staff on April 21 and April 22, 2021, regarding regulation 23a, reporting falls, review and documentation of understanding the RASP, and ADL care. (See attachment #2 for in-service documentation)*

Completion Date: 04/26/2021

## Document Submission

Implemented

No new POC needed

## 141a 1-10 Medical Evaluation Information

## 1. Requirements

2600.

141a 1-10 Medical Evaluation Information (*continued*)

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*Resident 1's medical evaluation, dated [REDACTED], did not include information about the placement of Resident 1's deep brain simulator.*

**Plan of Correction****Accept****141a**

*The Resident Services Coordinator or designee will review the resident's medical evaluation for inclusion of all items required in regulation 141a. If any items are missing, the medical personnel will be contacted immediately.*

*mplementation – April 23, 2021*

*The Executive Director in-serviced the Resident Services Coordinator and Resident Services Supervisors on April 21 and April 22, 2021, regarding regulation 141a and the need for immediate follow up if any required item is missing. See attachment #3 for in-service documentation).*

*The Resident Services Coordinator or designee will audit a sampling of resident records, including medical evaluations and RASPs by June 30, 2021, to ensure all necessary medical services are provided.*

*Moving forward, the Resident Services Coordinator or designee will review all medical evaluations upon receipt from physicians to ensure that they are completed in full.*

**Completion Date:** 04/26/2021

**Document Submission****Implemented**

*Resident Services Coordinator has begun doing [REDACTED] audit and will have it complete by June 11, 2021. All Medical Evaluations are being reviewed by Resident Services Coordinator or Executive Director to ensure that they are completed in full this process began April 23, 2021 going forward.*

## 142a - Secure Medical Care

**1. Requirements**

2600.

- 142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

## 142a - Secure Medical Care (continued)

**Description of Violation**

Resident 1 was admitted to the personal care home on [REDACTED] with a diagnosis of Parkinson's disease, for which the resident had a Deep Brain Stimulator (DBS). The home did not document the need for the resident to have follow-up care related to the DBS. The follow-up with the resident's neurologist was not included on Resident 1's assessments and support plans, dated 12/22/2019 and 12/23/20.

On 7/23/2020, Resident 1's neurologist wrote a treatment prescription for staff to supervise Resident 1 while walking for 15 minutes per day for gait and balance due to the resident's diagnosis of Parkinson's disease. Resident 1's assessment and support plan was not updated with this treatment need. Staff reported, when interviewed, that they were not aware of this order.

Resident 1's health status was impacted by multiple falls while a residing at the home, including 15 documented falls occurring from 10/3/2020 through 12/26/2020.

**Plan of Correction****Accept**

142a

Upon review of resident #1's falls during the time period of October 3, 2020, and December 26, 2020, the resident was sent to the hospital one time (October 6, 2020). The Progress Notes reflect that the resident offered no pain nor complaints post fall. The other falls did not result in hospitalization and the resident's physician and POA were notified with each fall.

The Resident Services Coordinator or designee will assist the resident to secure medical care if the resident's health declines. The Resident Assessment and Support Plan will be updated immediately.

The RASP Update Log will be utilized to ensure compliance with regulation 142a. (See attachment #4). This system will be in effect April 23, 2021 through July 30, 2021. The RASP Update Log will be available for surveyor's review. The Executive Director in-serviced the Resident Services Coordinator and Resident Services Supervisors on April 21 and April 22, 2021, regarding regulation 142a, assisting the resident to secure medical care if a resident's health status declines; and RASP Update Log per regulations. (See attachment #5 for in-service documentation)

The Executive Director or designee will review the RASP Update Logs weekly.

The Executive Director or designee will conduct random rounds to observe that the RASPs are being followed by the staff. Any concerns will be addressed immediately with the staff.

Completion Date: 04/26/2021

**Document Submission****Implemented**

Resident Services Coordinator and Executive Director are reviewing RASP update Log Weekly beginning 4/23/2021 through July 31, 2021.

Random rounds are conducted by Executive Director or Resident Services Coordinator to observe that RASP is being followed and all concerns are addressed immediately with the staff.