

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

February 12, 2025

[REDACTED], EXECUTIVE DIRECTOR
MANOR CARE LINDEN VILLAGE OF LEBANON PA LLC
[REDACTED]
[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 01/07/2025, 01/08/2025 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LINDEN VILLAGE* License #: *32427* License Expiration: *06/20/2025*
 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: *Other* Date: *09/11/1998* Issued By: *L&I*
 Type: *C-2 LP* Date: *10/01/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *90* Waking Staff: *68*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *01/08/2025*

Inspection Dates and Department Representative

01/07/2025 - On-Site: [REDACTED]
 01/08/2025 - 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: *Stoy, Tabor, Mt. Hope* Capacity: *48* Residents Served: *36*

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *38* Have Physical Disability: *0*

Inspections / Reviews

01/07/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/27/2025*

Inspections / Reviews (*continued*)

01/27/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/11/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/17/2025

02/12/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/11/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 1/6/25, at approximately 2:00PM, Resident #1 hit Resident #2 in the face. As a result of the incident, Resident #2 sustained a cut on [REDACTED] upper lip and lost a tooth.

Plan of Correction**Directed ([REDACTED] - 01/27/2025)**

In response to the violation on 01/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. 01/06/2025 Immediately separate Resident #1 and Resident #2 to prevent further incidents. Ensure Resident #2 received appropriate medical care.
2. 1/6/2025 Resident #1 was sent out via 911 to local hospital for evaluation of behaviors. Was found to have [REDACTED] Upon return Resident #1 was moved to a different location with family's permission and we implement a plan of supervision for Resident #1, including increased monitoring every 1/2 hour.
3. 1/6/2025 Report incident to the Department of Human Services and Lebanon Protective Services.
4. 1/6/2025 Both Resident #1 and #2 families and physicians were notified.
5. Primary Care Physician visited Resident #1 on 1/7/2025 and adjusted medication.
6. All documented was completed and 72-hour alert charting was implemented

To enhance the currently compliant operations:

1. Executive Director will in-service all staff on conflict resolution and de-escalation of techniques and will be completed by 1/22/2025. See attached Staff Development Program Attendance Record
2. Mandatory Education on Safe Management Techniques will continue annually for staff given by Executive Director or designee Resident Services Coordinator
3. Utilize 24-hour reporting and alert charting process to monitor residents with potential aggressive behaviors.

Effective immediately the LPN's will continue to chart behaviors as per 24-hour charting and alert charting process to monitor behaviors and report such behaviors to primary care physician to remain in compliance with 42b. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Executive Director will oversee ongoing Plan of Correction to ensure compliance

Proposed Overall Completion Date: 01/22/2025

Directed Completion Date: 01/22/2025

Implemented ([REDACTED] - 02/12/2025)

185b - Medication Procedures

2. Requirements

185b - Medication Procedures (continued)

2600.

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

Description of Violation

Resident #6 is prescribed Morphine .25 mg 4 times per day for pain. On 1/8/25, at 12:20PM, there were 43 .25mg doses available. However, the count sheet reflected that there were 44 .25mg doses available. The Medication Administration Record (MAR) for Resident #6 reflected that .25mg was last administered on 1/8/25 at 10:30AM. However, this administration was not reflected on the narcotic count sheet. Staff Person A, who administered this medication, confirmed [REDACTED] did not document the use of this medication on the count sheet.

Repeated Violation - 1/31/24, et al.

Plan of Correction

Directed ([REDACTED]) - 01/27/2025

In response to the violation on 01/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken 1/8/2025 by the Resident Services Coordinator and Resident Services Supervisor to correct the narcotic count sheet by counting the narcotics and ensuring the count was correct with the narcotics that were available.

1. To enhance the currently compliant operations, on 1/8/2025 the Resident Services Coordinator did an audit of all the narcotic count sheets to ensure compliance of 185b with a completion of date of 1/8/2025. See attached Medication Cart Audit sheets.

2. On 1/9/2025 and 1/10/2025 the Executive Director in-serviced all those that pass narcotics on Regulation 185b. See attached Staff Development Program Attendance Record.

3. Re-educate Certified Medication Technician and Resident Services Supervisors on Controlled Medications Record Count. See attached sheet Controlled Medications Record

Effective 1/13/2025 the Resident Services Coordinator will perform weekly Narcotic Count Sheet audits for the next month then to monthly for 2 months to maintain ongoing compliance with 185b. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Executive Director will oversee ongoing Plan of Correction to ensure compliance. See attached audit sheet.

Proposed Overall Completion Date: 04/13/2025

Directed Completion Date: 02/14/2025

Implemented ([REDACTED]) - 02/12/2025

187b - Date/Time of Medication Admin.

3. Requirements

2600.

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

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

Description of Violation

On 1/8/25, at 12:42PM, Resident #3 was taking [REDACTED] Albuterol inhaler and Acetaminophen capsules. During the medication administration observation, Staff Person A, who was administering the medications, documented that these medications were administered prior to Resident #3 taking them. Staff Person A confirmed the documentation was completed before the medications were administered.

Plan of Correction

Directed ([REDACTED] - 01/27/2025)

In response to the violation on 01/07/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on taken by the Resident Service Coordinator to immediately retrain the LPN on documenting for medications taken after administration on 1/8/2025.

1.To enhance the currently compliant operations, on 1/9/2025 the Resident Services Coordinator directly supervised Staff Member A during medication rounds to ensure adherence of proper medication rounds. See attached Observation Checklist.

2. All staff involved in medication administration were in-serviced in proper medication administration procedures and emphasizing the importance of documenting after administering the medication. In-service done by 1/20/2025 by Executive Director.

See attached Staff Development Program Attendance Record

Effective 1/13/2025 the Resident Services Coordinator will perform weekly medication passes with varies staff that pass medications through March 31, 2025, to maintain ongoing compliance with 187b. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Executive Director will oversee ongoing Plan of Correction to ensure compliance. See attached Audit Sheet

Proposed Overall Completion Date: 03/31/2025

Directed Completion Date: 02/14/2025

Implemented ([REDACTED] - 02/12/2025)