

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395832	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/05/2025
NAME OF PROVIDER OR SUPPLIER  Lebanon Valley Home The		STREET ADDRESS, CITY, STATE, ZIP CODE  550 East Main Street Annville, PA 17003	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to notify the Office of the State Long-Term Care Ombudsman in writing of a transfer from the facility for three of three sampled residents who were transferred to the hospital. (Residents 2, 3, 6) Findings include: Clinical record review revealed that Resident 2 was transferred to the hospital on March 29 and April 20, 2025, after changes in condition. There was no documented evidence that the Ombudsman's office was informed of the transfers to the hospital. Clinical record review revealed that Resident 3 was transferred to the hospital on March 14 and April 20, 2025, after changes in condition. There was no documented evidence that the Ombudsman's office was informed of the transfers to the hospital. Clinical record review revealed that Resident 6 was transferred to the hospital on April 22 and June 6, 2025, after a change in condition. There was no documented evidence that the Ombudsman's office was informed of the transfers to the hospital. In an interview on September 4, 2025, at 11:24 a.m., the Director of Social Services confirmed that the facility had not informed the Office of the State Long-Term Care Ombudsman of transfers out of the facility.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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