

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **HOTEL LEBANON CORPORATION**

LEGAL ENTITY

To operate **AMERICAN HOUSE T/A HOTEL LEBANON**

NAME OF FACILITY OR AGENCY

Located at **23-25 SOUTH NINTH STREET, LEBANON, PA 17042**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **74**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **January 27, 2010** until **January 27, 2011**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 344040

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 27 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Lois A. Hummel, Owner  
Hotel Lebanon Corporation  
American House T/A Hotel Lebanon  
23-25 South Ninth Street  
Lebanon, Pennsylvania 17042

Dear Ms. Hummel:

As a result of the Department of Public Welfare's licensing inspection on October 8, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

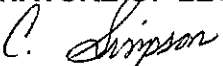

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

**NOV 12 2009**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> American House T/A Hotel Lebanon 23-25 South Ninth Street, Lebanon, PA 17042		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing 344000	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 10/8/2009		<b>REGIONAL REPRESENTATIVE</b> S. Chou, D. Jones, and D. Granahan	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 11-10-2009	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/15/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25c1 The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure	Resident # 1's contract, date of admission 10/1/2008, still indicates the personal needs allowance is \$60.00 per month, instead of the correct amount of \$85.00 per month.	10-09-2009  01-01-2010	Contract for Resident #1 has been amended to show the correct amount for personal needs allowance. It has been dated and initialed by both resident and administrator.  New contracts will be printed indicating the correct amount for personal needs allowance.	MES 1/23/10

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> American House T/A Hotel Lebanon 23-25 South Ninth Street, Lebanon, PA 17042		<b>CURRENT LICENSE NUMBER</b> 344040	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 10/8/2009		<b>REGIONAL REPRESENTATIVE</b> S. Chou, D. Jones, and D. Granahan	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>P. Simpson</i>	<b>DATE</b> 11-10-2009	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>MES</i>	<b>DATE</b> 12/15/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
27a If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.	Resident # 1, during the months of March, May and June of 2009, received \$80.00 per month for personal needs allowance, and in August and September of 2009 received \$60.00 per month for personal need allowance, instead of \$85.00 per month as required.	11-03-2009	<p>A check for the correct amount was requested on 10-15-2009 and was received on 11-03-2009. The representative payee has agreed to send a monthly check for \$85.00</p> <p>There will be very defined communication between administrator and third parties/rep-payees. The administrator will be very clear regarding the needs of any and all residents.</p>	<i>MES 1/23/10</i>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> American House T/A Hotel Lebanon 23-25 South Ninth Street, Lebanon, PA 17042		<b>CURRENT LICENSE NUMBER</b> 344040	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 10/8/2009		<b>REGIONAL REPRESENTATIVE</b> S. Chou, D. Jones, and D. Granahan	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>C. Simpson</i>	<b>DATE</b> <i>11-10-2009</i>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>MES</i>	<b>DATE</b> <i>12/15/09</i>

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
95 Furniture and equipment shall be in good repair, clean and free of hazards.	In room # 204, the shower has a broken shower head lying in the front left corner of the shower.	10-08-2009	Shower head has been replaced.  At least monthly checks will be done by maintenance staff of all bathrooms and repairs will be made as needed.	<i>MES 1/23/10</i>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> American House T/A Hotel Lebanon 23-25 South Ninth Street, Lebanon, PA 17042		<b>CURRENT LICENSE NUMBER</b> 344040	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 10/8/2009		<b>REGIONAL REPRESENTATIVE</b> S. Chou, D. Jones, and D. Granahan	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>C. Simpson</i>	<b>DATE</b> <i>11-10-2009</i>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>MES</i>	<b>DATE</b> <i>12/15/09</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	The narcotic sheet for resident # 2 indicates that a <i>Hydro-Apap 325</i> was given on 9/21/2009 at 2:00pm, but this was not documented on the Medication administration Record (MAR).	<i>10-08-2009</i>	<i>Staff #1 had documented med. on narcotic sheet at the time of administration. Staff #1 documented a late entry on Resident #2 MAR for 2:00pm 9/21/09. Staff #1 will receive Med. review on documentation within one month.</i>  <i>All med staff will continue to receive quarterly med reviews and updates based on guidelines from Med. Admin. Training Course. Trainer will intermittently view MARS for presence of signatures.</i>	<b>Steps have been taken to correct violation; full compliance is not verifiable</b> <i>1/23/10</i> Date <i>MES</i> Initials (DPW)

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> American House T/A Hotel Lebanon 23-25 South Ninth Street, Lebanon, PA 17042		<b>CURRENT LICENSE NUMBER</b> 344040	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 10/8/2009		<b>REGIONAL REPRESENTATIVE</b> S. Chou, D. Jones, and D. Granahan	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>C. Lippson</i>	<b>DATE</b> <i>11-10-2009</i>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>MES</i>	<b>DATE</b> <i>12/15/09</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	The physician's orders from the VA hospital for resident # 3, dated 9/8/2009, indicates <i>Terazosin, 5mg, take one capsule by mouth at bedtime.</i> However, the MAR and the label on the bottle of medication indicate <i>Terazosin, 2mg, not 5mg.</i>	<i>10-08-2009</i>	<p><i>Resident #3 MAR and medication were corrected immediately.</i></p> <p><i>The med staff who enter physician orders onto MARS and who check MARS against labels on bottle/P.O.'s will be more diligent and cautious. The administrator will perform monthly audits of PO's and MARS.</i></p>	<i>MES 1/23/10</i>



**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> American House T/A Hotel Lebanon 23-25 South Ninth Street, Lebanon, PA 17042		<b>CURRENT LICENSE NUMBER</b> 344040	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 10/8/2009		<b>REGIONAL REPRESENTATIVE</b> S. Chou, D. Jones, and D. Granahan	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>C. Simpson</i>	<b>DATE</b> 11-10-2009	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>WES</i>	<b>DATE</b> 12/15/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Residents # 1, # 4, # 5, # 6, # 7, and # 8 participated in the development of their support plans, but there are no signatures of residents on the support plans or any written indications of their inability to sign.	11-06-2009	Residents #1, 4, 5, 6, 7 and 8 have had their support plans amended to reflect their participation with/without signatures.  Administration will be sure to include the signature of resident if they have participated in the completion of their support plan.	Steps have been taken to correct violation; full compliance is not verifiable <i>12/3/10</i> <i>WES</i> Date Initials (DPW)