



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

ADULT RESIDENTIAL LICENSING

MAR 08 2012

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

Ms. Melissa R. Young, Administrator/Vice President
Hotel Lebanon Corporation
American House T/A Hotel Lebanon
23-25 South Ninth Street
Lebanon, Pennsylvania 17042

Dear Ms. Young:

As a result of the Department of Public Welfare's licensing inspection on December 29, 2011 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 black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

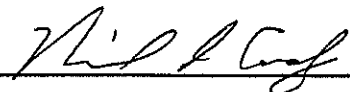
Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME AMERICAN HOUSE T A HOTEL LEBANON, 23 25 SOUTH NINTH STREET LEBANON, PA 17042		CURRENT LICENSE NUMBER 344040	
INSPECTION DATES (Include all dates of the inspection) 12/29/2011		REGIONAL REPRESENTATIVE Ron Minnich, Lori Gensil	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cindy Simpson Co-Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>C. Simpson</i>	DATE 02/05/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Th. Sh. Coy</i>	DATE 2/22/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	On 12/09/11, a cash disbursement of \$30 was made to Resident #1. The home did not obtain the resident's signature for the receipt of the disbursement. <p align="center">PCH Division Central Region Field Office</p> <p align="center">FEB 13 2012</p> <p align="center">RECEIVED</p>	12/30/2011	<i>Resident #1 signed for \$30.00 disbursement received on 12/09/11.</i> <i>Administration acting on behalf of any resident for whom they are representative payee will obtain resident signature for all transactions at the time of said transaction.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>MS</i> Date <u>2/22/12</u> Initials (DPW)

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME AMERICAN HOUSE T A HOTEL LEBANON, 23 25 SOUTH NINTH STREET LEBANON, PA 17042		CURRENT LICENSE NUMBER 344040	
INSPECTION DATES (Include all dates of the inspection) 12/29/2011		REGIONAL REPRESENTATIVE Ron Minnich, Lori Gensil	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;"><i>Cindy Simpson Co-Administrator</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE 02/05/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/22/12

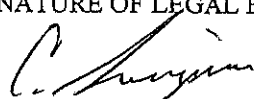
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Residents #1 and #2 have not received a quarterly accounts of financial transactions during the second half of 2011. <p style="text-align: center;">PCH Division Central Region Field Office</p> <p style="text-align: center;">FEB 13 2012</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">RECEIVED</p>	01/30/2012	<i>Residents #1 and #2 received and signed quarterly reports for the third and fourth quarters on 1/30/12.</i> <i>Residents will be offered a copy of their quarterly reports by using their individual financial page from which they are paid twice weekly and as needed. It will be stamped and signed by the residents noting that they were reviewed and received a copy if they opted to do so. Administration have and will continue to send copies of all financial transactions both bi-weekly and quarterly to fiduciaries, guardians, etc. on behalf of residents for whom we are not rep-payee.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>MSC</i> Date <u>2/22/12</u> Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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INSPECTION DATES (Include all dates of the inspection) 12/29/2011		REGIONAL REPRESENTATIVE Ron Minnich, Lori Gensil	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center"><i>Cindy Simpson Co-Administrator</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE 02/05/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/22/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
141a 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.	<ul style="list-style-type: none"> • The medical evaluation dated 6/21/11 for Resident #1 has physician orders for medications listed as "see attached", but there was no medication list attached to the form. • The medical evaluation dated 10/12/11 for Resident #3 has physician orders for medications listed as "see attached", but there was no medication list attached to the form. 	01/30/2012	<p><i>A copy of physician order was attached to medical evaluation for both resident #1 and #3 which is true and representative of their medications lists.</i></p> <p><i>With the utilization of the new DME form, this situation should not occur in the future.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>2/22/12</i> Date</p> <p><i>Nrc</i> Initials (DPW)</p>

VIOLATION REPORT
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;">CINDY SIMPSON CO ADMINISTRATOR</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/5/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/22/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Resident #4's Medication Administration Record (MAR) is not initialed for the administration of <i>Insulin</i> on 12/04/11.	1/30/2012	Staff person is sure that she administered insulin and made the proper correction and documentation on resident #4's MARS. All staff who are trained to administer medication will receive further instruction of the proper importance of documentation at the time of administration.	<p style="font-size: small;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">2/22/12 Date</p> <p style="text-align: center;">NSC Initials (DPW)</p>