



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

APR 30 2014

Ms. Melissa Young, Vice President  
Hotel Lebanon Corporation  
23-25 South Ninth Street  
Lebanon, Pennsylvania 17042

RE: American House T/A Hotel Lebanon  
License #: 344040

Ms. Young:

As a result of the Department of Public Welfare's licensing inspection on November 13, 2013 and December 12, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period January 29, 2014 to January 29, 2015 was issued on October 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary

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

PCH Name: AMERICAN HOUSE T A HOTEL LEBANON		License Number: 344040
Address: 23 25 SOUTH NINTH STREET, LEBANON, PA 17042		County: Lebanon
Administrator: Melissa Young		Region: CENTRAL
Legal Entity Name: HOTEL LEBANON CORPORATION		
Legal Entity Address: 23-25 SOUTH NINTH STREET, LEBANON, PA 17042		
Certificate(s) of Occupancy Other 05/15/1987 Labor & Industry		
Staffing Hours Resident Support: 0                      Total Daily Staff: 72                      Waking Staff: 54		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/13/2013: Minnich, Ron; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable  <div style="text-align: center;"><b>RECEIVED</b>  FEB 14 2014  CENTRAL REGION FIELD OFFICE Human Services Licensing</div>		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 74 Number of Residents Served: 72 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 50 Are 60 Years of Age or Older: 38 Have Mental Illness: 58 Have an Intellectual Disability: 10 Have a Mobility Need: 0 Have a Physical Disability: 0  <div style="text-align: right;"><i>Melissa Young</i></div>	

Violation Report: 34404 - 11/13/2013 - Minnich, Ron  
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

**1. REGULATION 55 Pa.Code §2600**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Administration was negligent by not utilizing Part 2 of the Regulatory Compliance Guide page 194 which states that a waiver is needed for any employee who has completed an education outside of the United States. Staff person was hired on October 22, 2013 with a high school diploma from Morocco. A waiver was requested on November 14, 2013 and was fully granted on February 5, 2014. To ensure no recurrence of this violation, administration will be more prudent in reviewing RCG more often and hiring staff with acceptable high school diplomas only.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/13/2012	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Melissa R. Young

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Melissa R. Young Administrator Date 2/14/14

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3/3/14  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 3/3/14  
 (Date)


- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 34404 - 11/13/2013 - Minnich, Ron  
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600  
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION  
 The home has an infestation of bed bugs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*We are appealing this violation.* 

At the time of our inspection, we did not have an active infestation of bedbugs. The inspection report does not list a room number, a floor level or a relative location within the building where the presumed "infestation" was seen or identified.

We acknowledge that we have had bedbug issues in the past and have been very open and forthcoming with DPW when we have needed to treat for an infestation. For over 20 years we have been on a monthly pest control and maintenance program with Ehrlich. In December of 2012, we upgraded our services to include bedbug treatment and increased our service to twice monthly. Every 3rd Thursday of the month, we identify up to 4 bedrooms/areas to specifically target for bedbug treatment. These rooms/locations are prepped for treatment ahead of time following guidelines from our pest control company. AT NO TIME since late 2011 has our pest control company declared that we have a bedbug infestation.

Every single day we are constantly working to prevent further bedbug issues. Second hand items that are bought by our residents are laundered ASAP. We ask our residents NOT to visit areas such as homes or stores that are known to have bedbugs but we can not prevent them from doing so. Our residents are educated daily on how bedbugs travel and asked not to co mingle personal items such as stuffed animals/blankets/clothing and to not collect items from dumpsters/pawn shops around the city. This is extremely difficult for our residents because that is their way of life.

Any donations that are offered to the America House are thoroughly inspected and laundered by staff as soon as they enter the building. Many times as of late, we have had to turn away donations just to be on the safe side.

This affects the residents we care for adversely since they rely on donations for specific items, ie winter coats, gloves, shoes. Signs are posted throughout the building in very public areas to notify visitors of what a bedbug looks like and how they are transported. Visitors of our residents are also susceptible to bringing in bedbugs so they are educated by staff as well.

We are finally starting to see a decrease in the activity of bedbugs found during daily, weekly and monthly inspections by our maintenance man and as evident by our December, January and February pest control reports. We hope that we do not have a bedbug infestation in the future and we will continue to work diligently to prevent any increase in activity in our building. However, until the powers that be approve the use of certain chemicals that will eradicate the bedbugs, it would be ignorant to believe that current treatment therapies do anything but temporarily fix or hide the problem. We are encouraged to see that DPW is being proactive and added IPM to free training through North Hampton.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa R Young - Administrator</i>	Date <i>2/14/14</i>
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The above plan of correction was approved by   
 (Initials)

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 34404 - 11/13/2013 - Minnich, Ron  
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

The home did not have a designated evacuation time from a fire safety expert from April 10, 2013 to September 16, 2013. The home's fire drill evacuation times are:

Date	Time	Evacuation Time
4/30/13	1:30pm	3 minutes 57 seconds
5/13/13	4:30pm	2 minutes 48 seconds
6/25/13	2:15pm	3 minutes 8 seconds
8/05/13	11:00pm	4 minutes 8 seconds

The fire safety letter dated September 17, 2013, indicated that the safe evacuation time for the home is 4 minutes. The evacuation time for the fire drill conducted on November 11, 2013, at 2:35pm was 4 minutes and 30 seconds.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Prior to April 2013 we had an independent fire safety expert who would inspect our facility and give us a safe evacuation time which was 4 1/2 minutes. The former fire chief would not commit to any safe time due his feeling that it would be a liability to the city. Therefore we had to take on the added expense of a qualified inspector. Upon retirement of the former fire chief we again attempted to work with the city because there is no extra cost involved. The current fire chief was willing to work with us but decided under new fire code enforcement, they would treat our facility the exact same way that they do skilled care facilities. That entails four drills per year that are run by the fire department. We do have those drills as well as the monthly ones but I don't feel that is was totally understood as to what documentation was needed for us to remain in compliance. We are on track now with the fire safety letter required and will remain so by contacting the fire chief in a timely fashion at least two months prior to the expiration of the current one allowing him time to inspect, run a drill and complete the necessary and acceptable form. Our drill on November 11th, 2013 did go over by 30 seconds on our allotted time and a drill was repeated on 11/20/2013 to retrain both our staff and residents. We do take fire safety very seriously and the staff and residents are well aware of this fact. They know that if needed, we will have fire drills on a weekly basis until it is felt that everything is satisfactory. Our residents are told upon admission that fire safety is one of our biggest rules and that not participating in drills could result in their 30 day notice to move. We will continue to run unannounced drills and strive to stay under the four minute time frame. If the times would continue to routinely go over 4 minutes we would need to work with the fire chief to possibly extend that time an extra 30 seconds but we feel confident that this will not be needed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Melissa R. Young*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Melissa R. Young - Administrator* Date *2/14/14*

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The above plan of correction was approved by <u><i>MS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34404 - 11/13/2013 - Minnich, Ron  
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

**1. REGULATION 55 Pa.Code §2600**  
 2600.141(a)(1) - 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.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3 was admitted on 8/02/13. A medical evaluation has not been completed for the resident.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #3 was admitted from a personal care home in another county on 8/2/2013. She came with a current DME dated 12/11/2013. Resident #3 is on medical assistance. Her medical assistance program does not exist in our county. She had to wait to be accepted to the medical assistance program that our county offers prior to obtaining a new PCP for a new DME to comply with DPW regulations. Her previous PCP would not perform a new DME prior to her coming to our home because medical assistance only reimburses the physician for one (1) physical or DME per calendar year and she was not due until December 2013.

She was accepted into Gateway, our county's medical assistance provider, in September but then, was unable to obtain a new PCP until a spot was open. Only a few providers accept medical assistance and most of them have a waiting list. Her appointment was finally obtained in November 6th and Resident #3 was seen. Physician filled out DME on 11/14/2013. The paperwork was misplaced either to/from MD office or at MD office or at American House.

This violation is a difficult one to comply with when admitting residents from other counties or residents that are on medical assistance. One way our home could prevent this violation from occurring again is to only take residents who have current DME in hand when they are admitted.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Melissa P. Young*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa P. Young - Administrator</i>	Date <i>2/19/14</i>
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Violation Report: 34404 - 11/13/2013 - Minnich, Ron  
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident #1 has an order for Humalog "Kwikpen" insulin which must be used within 28 days of opening. Resident #1's insulin was dated by staff as being opened on 8/30/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 uses Humalog Kwikpen insulin per his sliding scale. There are many days when he does not require any insulin therefore, the pen rarely empties.

During the inspection, the outdated Kwikpen was disposed of and a new Kwikpen was opened and dated.

All medicine trained staff were re-educated on time-sensitive medications and checking dates on Kwikpen's during an inservice.

In the future, all med staff who administer insulin for Resident #1 will be more diligent in checking dates of opening and expiration on Kwikpens. Any Kwikpens that are outdated will be discarded and replaced by the med staff. All med staff are responsible for preventing this violation in the future. Spot checking of all Kwikpen's will occur by med admin. manager, Kelly and by administrators weekly.

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Melmar Young*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Melissa R. Young - Administrator* Date *2.14.14*

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**Violation Report:** 34404 - 11/13/2013 - Minnich, Ron  
**PCH Name:** AMERICAN HOUSE T A HOTEL LEBANON

- 1. REGULATION 55 Pa.Code §2600**  
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
  - (2) Drug allergies.
  - (3) Name of medication.
  - (4) Strength.
  - (5) Dosage form.
  - (6) Dose.
  - (7) Route of administration.
  - (8) Frequency of administration.
  - (9) Administration times.
  - (10) Duration of therapy, if applicable.
  - (11) Special precautions, if applicable.
  - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
  - (13) Date and time of medication administration.
  - (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**  
 The November medication administration record for resident #2 does not include the current prescribed medication of Oxycodone 15mg.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #2 MAR's did not have Oxycodone 15 mg prn printed or handwritten on them for November. The Oxycodone 15 mg prn was written and charted for on our house Narcotic sheets which is attached to the Resident #2's MAR's. During the inspection, the Oxycodone 15mg prn was added to the MAR's for resident #2. This will be prevented from occurring again following this steps: 1) New MAR's are printed monthly from pharmacy and will be reviewed by med manager [redacted] and with pharm tech [redacted] during the med exchange to check for accuracy. 2) Med staff is diligent in documenting on both MAR's and narcotic sheets for the Oxycodone 15 mg prn at time of administration. 3) All med staff is reeducated on prn documentation and narcotic sheet information. 4) Med manager [redacted] is consistent with documenting "see narcotic sheet" on the MAR for any prn narcotic that is given with frequency. 5) Reeducation of regulation to all med staff that all ordered medication will be listed on the MAR for all residents.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/13/2012
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Melissa R. Young*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa R. Young - Administrator</i>	Date <i>2/14/14</i>
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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34404 - 11/13/2013 - Minnich, Ron  
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**  
 The initial assessment for resident #3, admitted on 8/02/13, was completed on 11/13/13.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The initial assessment for resident #3 was missed being completed in the required number of days from the date of admission. This was an oversight by the administration.

Administrators will be more diligent with performing the initial assessment within 15 days of admission for all new residents. Administrators will continue to include this assessment as part of the "day of admission" checklist. This checklist will be monitored by both administrators to ensure that it is completed.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Melissa R. Young*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Melissa R Young - Administrator*      Date *2/14/14*

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The above plan of correction is approved as of *3/3/14*  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction implementation status as of *3/3/14*  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 34404 - 11/13/2013 - Minnich, Ron  
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3 was admitted to the home on 8/02/13. The home did not develop a support plan until 11/13/13.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The written support plan for resident #3 was missed being completed in the required number of days from the date of admission. This was an oversight by the administration.  
 Administrators will be more diligent with completing the written support plan within 30 days of admission for all new residents. Administrators will continue to include this development and implementation of a support plan as part of all new resident areas of required documentation. This checklist is part of the main resident file.

This checklist will be monitored by both administrators to ensure that it is completed.

*An administrator or designee will review each new resident file within 30 days after admission to check for completion of all required documents including the support plan.*  
 02/13/14

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Melissa R. Young*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Melissa R. Young - Administrator*      Date *2/14/14*

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 (Date)

Plan of correction implementation status as of 3/3/14  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented



Violation Report: 34404 - 12/12/2013 - Riel, Becky  
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 12/1/2013, Resident #1 reported to Staff Person A that his/her wallet had been stolen. On 12/6/2013, Staff Person B became aware of Resident #1's credit card being used in a transaction by another resident. The home did not submit an incident report to the Department.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

On 12/06/2013 administration was made aware that resident #1's credit/debit card was used by another resident. Administrator spoke with resident #1 on that day and provided him with the information received and gave him his card. He stated that he was unsure what he would do regarding the situation but that he would give some thought to pressing charges or not. Administrator explained to him that he had every right to press charges against the other resident but he stated that he would need to really think about his course of action. At some time he did make the statement that he had contacted police already to make a report but they had never made any contact with staff or administration. Administrator was negligent in the fact that she did not contact the Licensing Office to do a reportable incident regarding this matter and offers no excuses for her error. This will not occur in the future as administrator will spend much more time devoted to documentation of every incident that relates to abuse reporting covered by law and complete a reportable incident form.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Melissa R. Young

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Melissa R. Young - Administrator</u>	Date <u>2/14/14</u>
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