



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2015

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

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

Dear Ms. Young:

As a result of the Department of Human Services' licensing inspection on October 27, 2014 and October 28, 2014 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, 2015 to January 29, 2016 was issued on September 30, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director

15H

Enclosure
License Inspection Summary

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

PCH Name: AMERICAN HOUSE T A HOTEL LEBANON		License Number: 34404
Address: 23 25 SOUTH NINTH STREET, LEBANON, PA 17042		County: Lebanon
Administrator: Cindy Simpson		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 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 67 Waking Staff: 50		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/27/2014: Rouse, McKinley; Hoover, Douglas 10/28/2014: Rouse, McKinley; Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable <p align="center">RECEIVED DEC 08 2014 CENTRAL REGION FIELD OFFICE Human Services Unit</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 74 Number of Residents Served: 67 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: 48 Are 60 Years of Age or Older: 40 Have Mental Illness: 55 Have an Intellectual Disability: 9 Have a Mobility Need: 0 Have a Physical Disability: 0 <i>Melmal Young</i>	

Violation Report: 34404 - 10/27/2014 - Rouse, McKinley
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

-The contract, dated 06/25/2014 for Resident #1, was not signed by the resident's responsible party.
 -The contract, dated 02/28/2014 for Resident #2, was not signed by the resident's responsible party.

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.

Both contracts for Resident #1 and #2 have been signed by the responsible party. In the future, administration will be more prudent with obtaining the proper signatures for any incoming resident who has a responsible party. Please see copies provided.

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) <i>Melissa R. Young - VP</i>	Date <i>11/25/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-30-14
 (Date)

The above plan of correction was approved by BE
 (Initials)

Plan of correction implementation status as of 12-30-14
 (Date)

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

Violation Report: 34404 - 10/27/2014 - Rouse, McKinley
 PCH Name: AMERICAN HOUSE TA HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 The following common areas in the home are subject to video recording:
 *The dining room
 *The basement recreation room
 *The front door foyer
 *The first floor TV room

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 above listed common area in the home that were subject to video recording have had the recording aspect disabled by Choice Communications, Inc on Nov. 25th, 2014.
 A statement of service from Choice will be forwarded to be included in report once it is received at the American House.

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Violation Report: 34404 - 10/27/2014 - Rouse, McKinley
 PCH Name: AMERICAN HOUSE TA HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Large strips and sections of wall paper are peeling from the ceiling down the wall in room 211.

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.

Maintenance removed peeling wallpaper in room 211 on October 29th. He did the prep work on all surfaces and repainted it. This was completed by October 31st.
 Maintenance does room checks on a monthly basis. Housekeeping is in all rooms five days per week. In the future the two departments will have a closer working relationship to ensure that any and are problems are reported and repaired in a timely fashion.

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Violation Report: 34404 - 10/27/2014 - Rouse, McKinley
 PCH Name: AMERICAN HOUSE TA HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 The adjoining bathroom between Rooms 302 and 303 had an unlabeled bar of yellow soap in the shower.

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 bar of soap was discarded immediately. Labeled soap dishes are provided to all residents at the time of admission. It is an ongoing challenge to make sure that no bars of soap are left in a shared bathroom. This problem will be dealt with by housekeeper checking all shared bathrooms five days per week. Soap dishes will be re-labeled and replaced as needed.

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Violation Report: 34404 - 10/27/2014 - Rouse, McKinley
 PCH Name: AMERICAN HOUSE TA HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION *Freezer - SE*
 There was no thermometer in the ~~refrigerator~~ across from the pantry shelves in the basement.

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.

A new thermometer was placed in FREEZER #3 (there are no refrigerators in the basement) during the inspection survey.

Dietary staff are primarily responsible for checking and recording freezer and refrigerator temperatures on a daily basis.

All staff, inclusive of dietary, have been retrained on the requirement of thermometers in all refrigerators and freezers during staff meeting on Nov. 19th.

All staff have been reeducated to check for the thermostat anytime they are pulling items out of the freezers in the basement and to report if missing to our maintenance man, [REDACTED]

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Violation Report: 34404 - 10/27/2014 - Rouse, McKinley
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION
 The smoke detector nearest to Room 302 was 18 feet from the door of the room.

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.

A hard wired, interconnected and operable smoke detector has always been located within 15 feet of bedroom door #302 on the 3rd floor stairway hallway landing. There is a fire door located between the hallway landing and the bedroom door. Also, a smoke detector has always been located inside bedroom #302 as well as inside every bedroom in the building per the City of Lebanon Fire Department regulations. The locations of the smoke detectors in our building have not changed since the adoption of the Chapter 2600 regulations in October 2005. During the inspection survey, another smoke detector was placed directly outside of bedroom door #302. This detector has been added to the written record for monthly testing performed by maintenance man, [redacted].

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Violation Report: 34404 - 10/27/2014 - Rouse, McKinley
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

There are no directional exit signs in the office/ foyer area marking the line of travel to the downstairs and hallway exits.

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.

This violation was corrected on October 28th prior to our exit interview.
 Signs will remain posted and be kept in good repair. This will be done by maintenance person as needed.

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Printed Name and Title of Legal Entity Representative
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Violation Report: 34404 - 10/27/2014 - Rouse, McKinley
 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 #1's medical evaluation, dated 4/20/2014, was completed more than 60 days prior to the resident's admission on 6/25/2014.

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 came for a 14 day trial visit on June 10, 2014 after spending six years in a state hospital. Administration should have used that date as admission date as opposed to official discharge date of June 25, 2014. See documentation included for the trial visit which did coincide with trial visit date.

To ensure that this does not happen in the future, administration will use the start date of a trial visit as the admission date for any incoming resident who may only be here on a trial visit.

Violation withdrawn. - SE

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/13/2013

Signature of Legal Entity Representative
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Melissa R. Young

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Melissa R. Young - VP

Date

11/25/14

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Violation Report: 34404 - 10/27/2014 - Rouse, McKinley
 PCH Name: AMERICAN HOUSE T.A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Dorzolamide timolol eye drops prescribed for Resident #3 were not administered on 10/02/2014 at 4:00 PM, 10/03/2014 through 10/08/2014, or on 10/09/2014 at 7:00 AM.
- Lamotrigine 25mg tablets prescribed for Resident #4 were not administered from 10/06/2014 through 10/09/2014.
- Warfarin sodium 6 mg prescribed for Resident #5 was not administered on 10/03/2014 at 5:00 PM.
- Flexeril 10 mg prescribed for Resident #6 was not administered at 9:00 PM on 10/02/2014 and 10/03/2014.

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.

Veterans:

Resident #3- Dorzolamide eye drops had a 12 month supply based on yearly eye exam. The eye drops rx ran out prior to time resident was able to back into eye specialist at the VA. Specialist would not refill drops without first having appointment however, scheduling appointment in time frame was not accomplished due to uncontrolled circumstances.

Resident #4 - Lamotrigine medication was not available due to VA physician not writing for any refills and not responding to refill requests by home in timely matter.

In order to correct and prevent this type of violation in future, any medication issues with veterans such as not having refills/receiving emergency fills of medications, med staff will notify the VA liaison to PC homes and the [redacted], the head of pharmacy, immediately. Medication will either be filled or a Rx will be obtained stating that it is "~~acceptable for resident to be without the medication until seen by MD~~".

Resident #5 -Warfarin sodium 6 mg was not documented as given on 10/3/2014 at 5:00pm dose. Resident had lab work drawn that morning for [redacted] PT/INR and results were still pending. For this resident, [redacted] Warfarin is typically held on lab draw days until [redacted] physician calls with report. Resident received [redacted] Warfarin that evening with no dose change, however staff person did not document in MAR that dose was given. Med staff person was re-educated on importance of documenting all medication given.

cont. next page 10A of 12. -BE

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 34404 - 10/27/2014 - Rouse, McKinley
PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

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- Lamotrigine 25mg tablets prescribed for Resident #4 were not administered from 10/06/2014 through 10/09/2014.
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- Flexeril 10 mg prescribed for Resident #6 was not administered at 9:00 PM on 10/02/2014 and 10/03/2014.

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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.

Continued from page 10 - 2e

Resident #6 - Flexeril medication was not available for this resident to be administered on 10/2/2014 and 10/3/2014. This medication requires preauthorization from Medical Assistance program (GATEWAY) for any refills and there is a process. The physician needs to fill out a pre-auth form and then MA needs to approve or disapprove the refill and the subsequent payment of the refill. For any SSI or low income resident, there is no way around waiting for a pre-auth to be completed. These residents simply do not have funds to pay for a short-term or emergency fill. ~~In the future, if a medication is pending pre-authorization, we will ask the physician to write a RX stating it is "acceptable for this resident to not take medication until it becomes available".~~

Home will make note of medication supplies and begin re-fill process in a timely manner to ensure that medications are given as prescribed. - 2e

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(Required on EVERY Page) *Melissa R. Young - VP* Date *11/25/14*

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Violation Report: 34404 - 10/27/2014 - Rouse, McKinley
 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 home has not completed an assessment for Resident #7, admitted 09/23/2014.
 -The home has not completed an assessment for Resident #1, admitted 06/25/2014.
~~The home has not completed an assessment for Resident #8, admitted 10/15/2014.~~ *withdrawn - ee*

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 #7 was admitted to the hospital on August 4, 2014 which was supposed to be at least a six month stay per [redacted] psychiatrist and treatment team. We marked [redacted] as a discharge using that date but [redacted] was discharged back to this facility on September 23, 2014. We dated [redacted] as a new admission using [redacted] discharge date from the hospital.
 Resident #1's assessment was totally missed by administration. It was completed on October 28, 2014 and a copy is included. Resident's needs were met at all times since [redacted] day of admission.
~~Resident #8 moved in on May 3, 2011 and left on October 1, 2013 for a period of 15 days. [redacted] tried to live independently but returned when [redacted] monies were exhausted after a two-week time frame. [redacted] had no place to go or nothing to eat so we decided to take [redacted] back without charge for the balance of October and dated [redacted] as a new admission.~~
 Administration will treat all returning or new persons as new incoming residents with all paperwork to be reflective of that.

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1. REGULATION 55 Pa.Code §2600
 2600.253(d) - Records required under this chapter that are not part of the resident records shall be kept for a minimum of 3 years or until any audit or litigation is resolved.

2a. DESCRIPTION OF VIOLATION
 On the date of the inspection, the home could only produce the current assessments and support plans for residents. Staff Person C, the home's administrator stated that the home only retains the current assessment and support plans.

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 the use of the RASP all individual assessments and support plans could have been produced at any time for all residents for a longer time frame than the required three years. This was an oversight by administration. Due to storage on our computer system it is not possible to archive prior RASP's and the fee to create a new system is cost prohibitive at this time.

To ensure record retention for a three year time frame, the RASP's will be stored alphabetically in a separate folder/folder's in administrator's office so that there is easy and fast access for any inspector to review at any time.

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