



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 10 2015

Ms. Melissa R. Young, Vice President
Hotel Lebanon Corporation
23-25 South 9th 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' annual licensing inspections on November 5, 2015 and November 6, 2015 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.

Sincerely,


Matthew J. Jones
Director ^{EA}

Enclosure
License Inspection Summary

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

FCH Name: AMERICAN HOUSE TA 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 A3 C-2 05/15/1987 L&I		
Bed Type: Flows		
Resident Support: 73	Total Daily Staff: 144	Working Staff: 103
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/05/2015: Springs, Israel; Gensil, Lori 11/06/2015: Springs, Israel; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Report	Resident Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 74	Number of Residents who:	
Number of Residents Served: 71	Receive Supplemental Security Income: 53	
Secured Dementia Care Units in Home: No	Are 65 Years of Age or Older: 39	
Area:	Have Mental Illness: 65	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 11	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0	<i>Melissa Young</i> 11/10/15	

Violation Report: 34404 - 11/05/2015 - Springs, Israel
 PCH Name: AMERICAN HOUSE TA HOTEL LEBANON

1. REGULATION 55 Pa. Code §2800
 2800.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On November 1, 2015, during the time period from 2:30 pm to 10:00 pm, there was only one staff person present in the home who was certified in first aid, obstructed airway techniques, and CPR. On this date, 66 residents were present in the home.

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 staffing schedule was amended immediately in order to have two CPR and first aid trained direct care staff on duty per shift.

All newly hired employees are scheduled for CPR/first aid training on 11/18/2015. Once training completed, every staff member will have CPR/first aid certification thus ensuring compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Melissa Young administrator</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Melissa P. Young - administrator</i>	<i>Nov. 16, 2015</i>

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

The above plan of correction is approved as of 11/23/15
 (Date)

The above plan of correction was approved by *MS*
 (Initials)

Plan of correction implementation status as of 11/23/15
 (Date)

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

Violation Report: 34404 - 11/05/2015 - Springs, Israel
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person #1, hired [REDACTED] 13, did not receive "Medication self-administration training" in the 2014 training year.

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.

Staff person #1 was trained on "Medication self-administration training" to correct the missed training from 2014.

Administration will ensure that all direct care staff receive their required trainings for 2600.65(f) by scheduling trainings monthly and including one-to-one trainings for any staff who are absent.

All direct care staff are scheduled to receive the "Medication self-administration training" for the 2015 training year on 12/2/2015.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Melissa R. Young administrator

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

Melissa R. Young administrator

Date

Nov. 16, 2015

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The above plan of correction is approved as of

11/23/15
 (Date)

Plan of correction implementation status as of

11/23/15
 (Date)

The above plan of correction was approved by

MRS
 (Initials)

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

Violation Report: 34404 - 11/05/2015 - Springs, Israel
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 85 Pa.Code §2809
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 On 11/05/15, an incorrect phone number for the Department of Human Services Personal Care Home Complaint Hotline was posted next to the resident phone outside the medication room on the first floor.

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 corrected the phone number to the Department of Human Services PCH complaint hotline and reposted it at all the resident phone areas.

In the future, administration will be more diligent in updating phone numbers when changes occur.

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 administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa R Young - administrator</i>	Date <i>NOV. 16. 2015</i>
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The above plan of correction is approved as of <u>11/23/15</u> (Date)	Plan of correction implementation status as of <u>11/23/15</u> (Date)
The above plan of correction was approved by <u>BRS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34404 - 11/06/2015 - Springs, Israel
 FCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa. Code §2606
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
 There were over fifty cigarette butts on the ground between the back porch and bicycle rack in the rear of the facility.

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 area in violation of cigarette butts on the ground in the rear of the facility was immediately cleaned up by maintenance.

Administration has held resident meetings and posted signs regarding proper disposal of cigarettes. All residents who smoke were re-educated and instructed to utilize the numerous ash receptacles that are located in the designated smoking area. Administration and staff will continue to educate and redirect residents if they are seen not properly disposing of their cigarette butts.

All designated smoking areas will be monitored at various times during the day for any violation to the 2600.144(c).

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): _____

Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa P. Young - administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa P. Young - administrator* Date *Nov. 16, 2015*

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 (Date)

Plan of correction Implementation status as of 11/23/15
 (Date)

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

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