



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 20 2017

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 inspection on December 6, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 34404 - 12/06/2016 - Bomborger, Cybil
 PCH Name: AMERICAN HOUSE T/A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(8) - 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.

2a. DESCRIPTION OF VIOLATION
 An account of resident funds have not been provided to the residents on a quarterly basis. As of 12/6/16, the most recent account of resident funds were provided to residents on the dates as follows: Resident #1 - 7/7/16; Resident # 2 - 8/8/16; Resident #3 - no accounting provided since the home began holding funds on 5/6/16; Resident #4 - 8/11/16. In addition, the accountings provided are a summary of transactions and not an itemized account of all financial transactions.

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 fourth quarter has been completed for Resident #4. After all of the monies are distributed for January 1, 2017 I will spend many hours completing the last quarter of 2016 for all residents. This will be a continuing practice and we will utilize the form that is acceptable located on the web site to be in compliance with 2600.20(b)(8).

* The home shall provide a quarterly accounting to all residents (and designated persons) for whom the home provides financial assistance services.
 BVS 1/3/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CINDY SIMPSON ADMINISTRATOR</i>	Date <i>12-29-2016</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/3/17</u> (Date)	Plan of correction implementation status as of <u>1/3/17</u> (Date)
The above plan of correction was approved by <u>BVS</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 - 12/06/2016 - Bomberger, Cybil
 PCH Name: AMERICAN HOUSE T/A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.80(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 12/6/16 at 2:45 PM the hot water temperature at the sink in the bathroom of room #307 measured 124 degrees Fahrenheit.

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.

Immediately, the water temperature settings were adjusted to maintain readings in the appropriate ranges. All other temperature measurements taken in the building that day reflected temperatures not exceeding 120 degrees Fahrenheit.

Hot water temperature logs are already being utilized and will continue to be maintained.

However, the time of day, location of the sink in the building and total concurrent water usage in the building all combine to create the possibility that adjustments to the control limits on the water heater/boilers will need to occur on a regular basis to maintain compliance.

* Administration shall review the water temperature log during the home's Quality Management Meetings.

BAS 1/3/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cindy Simpson</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
CINDY SIMPSON ADMINISTRATOR	12-29-2016

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Violation Report: 34404 - 12/06/2016 - Bomberger, Cybil
 PCH Name: AMERICAN HOUSE T/A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2900
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 The most recent medical evaluation for resident #4 was completed on 2/17/15.

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 #4 did have a physical done on 2/25/2016. The DME and MA-51 were both completed, signed and dated as required but unfortunately were not returned with the resident or we would have noticed that the date was incorrect. I have included a list of this residents appointments and she did indeed have a physical on 2/25/2016. In the future administration will be more aware of when any resident is scheduled for a yearly physical and check the date immediately upon return of the paperwork. If the dates are incorrect, the physician's office will be contacted requesting that a correction be made.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Cindy Simpson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CINDY SIMPSON ADMINISTRATOR</i>			Date <i>12-29-2016</i>

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The above plan of correction is approved as of 1/3/17
 (Date)

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

Plan of correction implementation status as of 1/3/17
 (Date)

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

Violation Report: 34404 - 12/06/2016 - Bomberger, Cybil
 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

Resident #5 has a physician's order to have the blood sugar level checked two times daily. On 12/3/16 and 12/5/16 the resident's blood sugar level was only checked one time.
 Resident #6 has a physician's order to have the blood sugar level checked four times daily. On 12/4/16 the resident's blood sugar level was checked three times.
 Resident #7 has a physician's order to have the blood sugar level checked four times daily. On 12/3/16 the resident's blood sugar level was checked three times.

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 #5 works in a sheltered workshop during the week and walks or rides the bus home in the evenings. [redacted] likes to take [redacted] time and makes many stops along the way. Obtaining [redacted] blood sugar check at supper is a challenge as [redacted] often is not in the home. This resident has been re-educated on importance of having [redacted] blood sugar checked as ordered and has been asked to at least stop in dally between 4-6pm so that staff can check [redacted] sugar. Staff has been re-educated to document when resident is out of house and missed having [redacted] sugar checked at supper. Admin will closely follow for improvement on both parties by reviewing MAR's daily and by speaking with resident and providing reminders.

Resident #6 is very active with the local church and church group. Almost daily, [redacted] visits the cafe down the street for the meetings. On 12/4, this resident was not in the home at dinner time to have [redacted] sugar checked. Staff has been re-educated to provide documentation when and why resident did not have sugar checked per the orders. Resident has also been re-educated on importance of returning to home between 4-6pm in order to have [redacted] sugar checked and then [redacted] could return to the church. Admin. will closely follow for improvement on both parties by reviewing MAR's daily and by speaking with the resident and providing reminders.

Resident #7 receives renal dialysis three days a week and often gets sick and tired of having [redacted] sugars checked. On this day, most likely [redacted] refused to have [redacted] sugar checked. Staff has been re-educated on documenting REFUSALS on the MAR's. Resident is tired of hearing about [redacted] sugars but [redacted] proclaims that [redacted] is aware of the physician's orders.

ALL med trained staff attended a review with our diabetic educator for their yearly review and recertification on December 16th at the Lebanon VA.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Lindy Simpson</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
CLUDY SIMPSON ADMINISTRATOR	12-29-2016

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Violation Report: 34404 - 12/06/2016 - Bomberger, Cybil
 PCH Name: AMERICAN HOUSE T/A HOTEL LEBANON

1. REGULATION 35 Pa.Code §2800

2800.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan (RASP) for resident #1, dated 5/8/16, was not signed by the resident.
 The support plan (RASP) for resident #4, dated 4/22/16, was not signed by 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 #1 was called to the office in the presence of the inspector to sign her RASP on the day of inspection.

Resident #4 signed her RASP later on the day of inspection.

In the future, administration will be more prudent in having the resident sign on the day of completion.

Administration shall complete an audit of all current RASPs for residents of the home to ensure there is proper documentation of signatures. Audit shall be completed by 1/25/2017

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Clindy Simpson</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>CLINDY SIMPSON</i>	<i>12-29-2016</i>

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