



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 31, 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
Certificate #: 344040

Dear Ms. Young:

As a result of the Department of Human Services' licensing inspection on March 9, 2017 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,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 34404 - 02/21/2017 - Hoover, Douglas
PCH Name: AMERICAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for Resident #1, dated [redacted] 16, does not indicate whether the home can meet the resident's needs.

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 had the preadmission screen completed prior to admission and it was determined at that time the home could meet [redacted] needs.

The area on the form that indicate if the home can meet the residents needs was inadvertently left blank. In the future, to prevent technical oversights, all licensing required forms will be reviewed by the 2nd administrator prior to adding it to a resident file.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Melissa Young

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Melissa Young - Administrator

Date 5/18/2017

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

The above plan of correction is approved as of

5-30-17
(Date)

Plan of correction implementation status as of

5-31-17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 34404 - 02/21/2017 - Hoover, Douglas

PCH Name: AMERICAN HOUSE

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 assessment was completed on [redacted] 16 for Resident #1 who was admitted on [redacted] 16.

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 initial assessment was completed however, it was 5 days outside of the time frame permissible by licensing.

Administration is responsible for completing all licensing forms.

Ongoing, all forms required by licensing will be reviewed for completion and for time frame requirements by the second administrator.

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 5/8/2017

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

The above plan of correction is approved as of 5-30-17 (Date)

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

Plan of correction implementation status as of 5-30-17 (Date)

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