



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 18, 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 August 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,

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 34404 - 08/09/2017 - Cargile, Kelle
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2800
 2800.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION
 Two live bed bugs were observed on the linoleum flooring in the common area of the second 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.

This building has been on a twice monthly maintenance plan with pest control company for 20+ years. The treatment plan has been modified to include bed bug control pro-actively 8 years ago.

Attached are the last 2 summary of service from the PCO, from 8/7/17 to 8/21/17. -BE

All the residents and staff have been endlessly educated on bed bugs and are aware of when to report activity to maintenance.

Administration is constantly speaking to residents about how bed bugs travel and ask that any items brought to facility be first checked by maintenance. Administrator or designee will address progress/issues during periodic Quality Management Reviews. -BE

However, this is an ongoing issue and will remain an issue not only in our facility but everywhere until a true solution for extermination exists.

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, VP* Date *09/01/17*

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

The above plan of correction is approved as of <u>9-18-17</u> (Date)	Plan of correction implementation status as of <u>9-18-17</u> (Date)
The above plan of correction was approved by <u>BE</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 - 08/09/2017 - Cargile, Kellie
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On August 9, 2017, the door to the nursing office was open and unlocked, leaving two unlocked medication carts accessible to residents.

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 medication room door was immediately closed. The med staff person who was actually present in the room at the time but was behind a half wall was made aware of the fact that the medication carts were unlocked and the door was open. She had answered the phone in the med room while working on medication drawers and did not close the door. She has been re-educated on keeping medication carts locked whenever not in use and the medication room door closed/locked whenever they are unattended by medication staff.

Administration will monitor improvement on this multiple times daily as the medication room in our building is very present and constantly in use.

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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, VP Date 09/01/17

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Plan of correction implementation status as of 9-18-17
 (Date)

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