



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 28 2018

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' annual licensing inspection on November 28, 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.

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](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 - 11/28/2017 - OPaka, Hope  
 PCH Name: AMERICAN HOUSE T A HOTEL I EBANON

1. REGULATION 85 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  
 Residents #1 and #2 have not received a quarterly account of financial transactions since May 2017.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Includes 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.

All residents for whom we handle any monies have completed quarterly financial statements up to date. Each resident has had opportunity to review their financial information and have been given the option of receiving a copy. They have all documented their review and receipt of a copy or declination of a copy.

To prevent this from happening again, the utilized forms will updated for 2018 pre-filled w/ financial information to reflect all 4 quarters. Administration will allot time specifically for quarterly reports to be completed each month.

Repeat Violation: Yes | Date(s) of Previous Violation(s): 12/06/2016

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 12/14/17

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

The above plan of correction is approved as of 1-26-18  
 (Date)

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

Plan of correction implementation status as of 1-26-18  
 (Date)

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

*Melissa Young MRS*

Violation Report: 34404 - 11/28/2017 - OPaka, Hope  
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On November 28, 2017 at 2:20 PM, the water temperature at the common handicapped accessible sink across from Room #105 measured 132.4 degrees Fahrenheit.

On November 28, 2017 at 2:25 PM, the water temperature at the common shower and bathroom sink across from Room #105 measured 134.8 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.

The hot water temperature measurements during inspection exceeded 120F in multiple locations.

The maintenance man slightly adjusted the temperature gauge on our triple boilers. No immediate correction of temperature could be recorded due to the time needed for remediation.

There is multiple variances that factor into play when attempting to correct this violation. Some factors would be the age of the building, the time of day, the water usage at that moment the temperature is taken, the water usage within the previous hour from when temperature is taken, the distance from the boilers to the faucet/shower where temperature is taken, etc...

Ongoing daily monitoring by maintenance of water temperatures throughout the building will be recorded 3 times a day for the next month to pinpoint time of day that temperature is out of range. When that is accomplished, we will work with our water heating/cooling company to install another regulator if needed.

The hot water temperature will be adjusted such that it does not exceed 120°F in any area accessible to residents. - *BE*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/06/2016
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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 *12/14/17*

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*Melissa R Young* *Melissa R Young*

Violation Report: 34404 - 11/28/2017 - O'Pake, Hope  
 PCH Name: AMERICAN HOUSE TA HOTEL LEBANON

**1. REGULATION 55 Pa.Code §2606**

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**2a. DESCRIPTION OF VIOLATION**

The home's emergency procedures have not been reviewed, updated or submitted to the local municipality within the past 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.*

The emergency procedures were reviewed by administrators during the day of inspection. Our local EMA has our procedures on file and we will resubmit to them if and when any changes to our plan would need to be made.

To prevent this from reoccurring again, we will incorporate our review and documenting of the review during our quality management meeting yearly.

Repeat Violation: No      Date(s) of Previous Violation(s):

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 *12/14/17*

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 (Initials)

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*Melissa R Young* <sup>MLY</sup> *Melissa R Young*  
 administrator

Violation Report: 34404 - 11/28/2017 - OPake, Hope  
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

**1. REGULATION 55 Pa.Code §2606**

2606.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The medication administration record (MAR) for Resident #1 does not include the number of units of sliding scale insulin administered during the supper administration on November 24, 26 and 27, 2017.

**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.*

All medication staff have been retrained on insulin documentation when a sliding scale dose is added to straight order dosing.  
 Med trainer will monitor insulin documentation sheets weekly to ensure all staff are continuing to accurately document insulin given. Medication charge person will monitor daily that all staff giving insulin are documenting both the sliding scale amounts and the straight order amounts.  
 see attached

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Melina Young*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Melina Young, Administrator*      Date *12/14/17*

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*Melina Young* <sup>MPG</sup> administrator  
*Melina Young* administrator

Violation Report: 34404 - 11/28/2017 - OPaka, Hope  
PCH Name: AMERICAN HOUSE TA HOTEL LEBANON

1. REGULATION 58 Pa.Code §2600.2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
On November 20, 24 and 26, 2017, Resident #4's Simvastatin, Colace, and Haloperidol were administered at 8:00 PM. Staff initials were not entered on the resident's medication administration record (MAR).

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.*

All med staff were retrained on medication documentation  
Med trainer will monitor weekly all MAR's to ensure compliance and accuracy.  
Medication charge person will review MAR's daily for compliance and accuracy.

Any med staff person not correctly documenting medication administration documentation will be removed from that role until they complete further medication administration training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Melissa R Young Administrator Date 12/14/17

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Melissa R Young  
Administrator

Violation Report: 34404 - 11/28/2017 - O'Pake, Hope  
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

**1. REGULATION 55 Pa.Code §2800**  
 2800.225(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**  
 Resident #5 was admitted on [redacted] 2017. The home has not completed an initial assessment.

**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 completed the initial assessment on Resident #5 during the inspection visit.  
 In the future, administration will be more prudent to complete required written initial assessment of resident within 15 days of admission.

*Administration will audit new admissions to ensure timelines are met as required. The result of the audit will be included in the home's periodic quality management reviews. -BE*

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 *12/14/17*

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*Melissa Young*  
*Melissa Young* administrator