



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 04 2019

Ms. Melissa R. Young
Vice President, Administrator
Hotel Lebanon Corporation
23-25 South Ninth Street
Lebanon, Pennsylvania 17042

RE: American House T/A Hotel Lebanon
Certificate #: 344040

Dear Ms. Young:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 1, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 34404 - 11/01/2018 - Hoover, Douglas

PCH Name: AMERICAN HOUSE TA HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There are multiple video cameras throughout the interior of the home. There are no posted signs notifying residents of areas under video surveillance.

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.

Signs have been posted notifying residents and visitors of areas under video surveillance.

The Administrator or designee will complete a walk-through of the building on a weekly basis to ensure that signs remain in place. - GE

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa R Young* Date *1/8/19*

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

The above plan of correction is approved as of 1/29/19
 (Date)

Plan of correction implementation status as of 1/29/19
 (Date)

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

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

Violation Report: 34404 - 11/01/2018 - Hoover, Douglas

PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

There was no record that ancillary Staff Member A, hired 8/20/18, received orientation training in her specific job duties as a cook.

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.

Specific job duties have been created and added to orientation training for ancillary staff. Staff member A is no longer an employee here however, the new staff person has received the training specific to job duties as a cook during his orientation period and a signed copy has been added to his file. Other ancillary staff persons, housekeeping and maintenance, have had job specific duties added to their orientation training packets. Current employees in these roles have had opportunity to assist with creating the training the specific job duties.

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) <i>Melissa R. Young</i>	Date <i>1/29/19</i>
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The above plan of correction is approved as of <u>1/29/19</u> (Date)	Plan of correction implementation status as of <u>1/29/19</u> (Date)
The above plan of correction was approved by <u>GE</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 - 11/01/2018 - Hoover, Douglas
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600

2600.102(e) - Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

2a. DESCRIPTION OF VIOLATION

Shared bathrooms for Room #206 and Room #209 are missing locks from toilet stall doors. In addition, the lock for the lower level resident bathroom door is broken which denies privacy for 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 shared bathroom doors for room #206 and room #209 have had new door knobs installed with push button locks. These door knobs have the capability to lock from the inside but also the capability for maintenance to unlock with a tool in the case of an emergency.

The lower level resident bathroom (basement) has had a new push button door knob replaced by maintenance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Melissa P. Young*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa P. Young*

Date *1/5/19*

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Violation Report: 34404 - 11/01/2018 - Hoover, Douglas
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600

2600.187(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 blood sugar reading of 115 for Resident #1 required 3 units of insulin on 11/1/18 at 6:30 am. The medication administration record (MAR) did not include the units of insulin given to Resident #1 on 11/1/18.

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 is on a sliding scale for insulin twice a day. On 11/1/2018, med staff neglected to document the administration of 3 units per sliding scale order to Resident #1.

Med staff have been reeducated on importance of documenting number of units of Insulin administered when indicated. Reviewed individually with each med staff steps to take when documenting sliding scale insulin and blood sugars. A separate sheet is utilized for this documentation.

Med trainer will review documentation weekly for all diabetics to ensure accuracy. The results of the weekly audits will be included in the home's next quality management review. - GE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/28/2017		
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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* Date *1/9/19*

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Violation Report: 34404 - 11/01/2018 - Hoover, Douglas

PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

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 home did not do an initial assessment for Resident #3 who was admitted on 9/4/18.

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 #3 was originally placed here on a 2 week trial basis from a state hospital. The trial period ended and resident was officially admitted to the home. The initial assessment was overlooked due to waiting for the trial period to be over.

An assessment and support plan has been created for resident #3.

In future with potential residents here on trial basis, an initial assessment will be completed during the trial period.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/28/2018

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

Date 1/29/19

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Violation Report: 34404 - 11/01/2018 - Hoover, Douglas
 PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 The 3/28/18 support plan was not signed by Resident #2 and there was no notation of refusal or inability to sign.

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 #2 did not participate in the development of the support plan therefore he did not sign the plan. Administration neglected to make a note that the resident did not have any interest in the support plan and did not document that he neither refused nor had the inability to sign. A notation has been added to resident #2 plan to indicate as above.

Moving forward, all support plans will be signed and dated by the individuals who participate, or if there is an inability or unwillingness to sign, it will be noted on the support plan. - GE

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 (Required on EVERY Page) *Melissa R. Young*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa R. Young</i>	Date <i>1/9/19</i>
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