



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 17, 2019

Ms. Melissa R. Young
Vice President; Administrator
Hotel Lebanon Corporation
23-25 South 9th Street
Lebanon, Pennsylvania 17042

RE: American House T/A Hotel
License #: 344040

Dear Ms. Young:

As a result of the Department's Bureau of Human Services Licensing inspection on January 16, 2019 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 violations cited 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.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 34404 - 01/16/2019 - Swanger, Brett
PCH Name: AMERICAN HOUSE T A HOTEL LEBANON

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment completed for Resident #1 on 3/28/18 was not updated to reflect the resident's ability to be quickly agitated, his physically aggressive behaviors towards other residents, and level of irritability after an incident on between resident #1 and another resident of the home on 10/26/18.

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.

Administration will be more diligent in updating the assessment of a resident when there is a significant change in their typical behavior.

In this situation, resident #1 no longer resides at our facility so we are unable to update this assessment.

*The administration will complete an audit of the most recent assessments for the current residents of the home to ensure that the assessment accurately documents the current behaviors, needs, and abilities of each resident. The audit and completion of any updates to the assessments shall be completed within 20 days from the date this plan is received.

BAS 1/17/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melina Youngs Administration* Date *1/17/19*

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

The above plan of correction is approved as of <u>1/17/19</u> (Date)	Plan of correction implementation status as of <u>1/17/19</u> (Date)
The above plan of correction was approved by <u>BAS</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