



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HOTEL LEBANON CORPORATION
LEGAL ENTITY

To operate AMERICAN HOUSE T/A HOTEL LEBANON
NAME OF FACILITY OR AGENCY

Located at 23-25 SOUTH NINTH STREET, LEBANON, PA 17042
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 74
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 2, 2019 until October 2, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **344040**

Robert E. Robinson
ISSUING OFFICER

[Signature]
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



October 2, 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 Lebanon
License #: 344040

Dear Ms. Young:

As a result of the Department's Bureau of Human Services Licensing inspection on September 12, 2019 and September 13, 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 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.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

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.

Ms. Melissa R. Young

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 "Kevin Hancock", written over a horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
License
Violation Report

Violation Report

Facility Information

Name: AMERICAN HOUSE T/A HOTEL LEBANON

License Number: 34404

Address: 23-25 SOUTH NINTH STREET,, LEBANON, PA 17042

County: LEBANON

Region: CENTRAL

Administrator

Name: Cindy Simpson

Phone: 7172726678

Email:

Legal Entity

Name: HOTEL LEBANON CORPORATION

Address: 23-25 SOUTH NINTH STREET, LEBANON, PA, 17042

Certificate(s) of Occupancy

Type: C-2 LP

Date: 05/15/1987

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 65

Waking Staff: 49

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

09/12/2019 - On-Site: Israel Springs, Michael Showers

09/13/2019 - On-Site: Israel Springs, Michael Showers

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74

Residents Served: 65

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 44

Are 60 Years of Age or Older: 39

Diagnosed with Mental Illness: 54

Diagnosed with Intellectual Disability: 9

Have Mobility Need: 0

Have Physical Disability: 0

Myoung 9/23/19

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 has a prescription for Tylenol with Codine. The total number of pills on On 9/13/2019, the actual pill count for this medication was 92 pills. However, the narcotic count sheet incorrectly documented that 107 pills were remaining.

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.)

Immediately the narcotic count was corrected. This was an addition error on the part of the outgoing 3rd shift med staff and the incoming first shift med staff. A new card of Tylenol #3 was added to the count incorrectly as the new card was a partially filled card (45) from the pharmacy and not the typical full card (60). The resident was not affected by this addition error.

Ongoing, the home has storage procedures and policy already being implemented. This procedure was reviewed on a one-to-one meeting from the med trainer directly with all medication staff who would be accessing and distributing new controlled substance cards. The errant medication sheet was utilized as a teaching tool for the med staff.

Ongoing, the med trainer will review the count sheet on a weekly basis to ensure accuracy and compliance with the procedures.

Legal Entity Representative

Melissa Young
Signature

Melissa Young administrator
Printed Name and Title

9/23/2019
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/24/2019 Plan of correction implementation status as of 9/30/2019
(Date) (Date)

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

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

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 9/12/2019 at 3:37pm, Resident #2, was administered 30 units of insulin. The correct dosage to be administered was 32 units based upon the standard 30 units for this time period plus an additional two units for a blood sugar measurement of 226.

On 9/12/2019 at 11:01am on 9/12/2019, Resident #2, was administered 19 units of insulin. The correct dosage to be administered was 24 units based upon the standard 20 units for this time period plus an additional four units for a blood sugar measurement of 261.

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 sliding scale for Resident #2 was immediately reviewed by the med trainer to ensure both the MAR's and the physician orders matched.

Also the sliding scale documentation sheet was reviewed for accuracy of the original order and for neatness of documentation.

The order appeared confusing as written on the MAR's and has been rewritten on a separate sheet.

This has improved the clarity of the instructions. The med trainer met individually with each med staff person who administers insulin and works with sliding scales. Reviewed resident #2 sliding scale order and reviewed all the sliding scale orders for other residents as they are all unique. Med trainer gave mock blood sugar results and quizzed med staff on sliding scaled additions to straight orders. Med trainer stressed attention to detail and need for neatness in documentation.

Med staff trainer will check the blood sugar results with the sliding scales and insulin administrations by med staff for all diabetics weekly starting 9/16/2019 and continue for 4 weeks. All med staff are scheduled for yearly diabetic training with certified diabetic educator in November 2019.

Legal Entity Representative

Melissa Young
Signature

Melissa Young , administrator
Printed Name and Title

9/23/2019
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/24/2019 Plan of correction implementation status as of 9/30/2019
(Date) (Date)

The above plan of correction was approved by BAS Partially Implemented - Adequate Progress
(Initials) Fully Implemented
 Partially Implemented - Inadequate Progress
 Not Implemented