

Department of Human Services
Bureau of Human Service Licensing

May 5, 2022

LUIS HERNANDEZ, OWNER
HOTEL LEBANON CORPORATION
23-25 SOUTH NINTH STREET
LEBANON, PA, 17042

RE: AMERICAN HOUSE T/A HOTEL
LEBANON
23-25 SOUTH NINTH STREET
LEBANON, PA, 17042
LICENSE/COC#: 34404

Dear Mr. Luis Hernandez,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 11/22/2021, 11/23/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Gloria Emick

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *AMERICAN HOUSE T/A HOTEL LEBANON* License #: *34404* License Expiration: *10/02/2021*
 Address: *23-25 SOUTH NINTH STREET, LEBANON, PA 17042*
 County: *LEBANON* Region: *CENTRAL*

Administrator

Name: *David Hernandez* Phone: *7172726678* Email: *info@americanhousepc.com*

Legal Entity

Name: *HOTEL LEBANON CORPORATION*
 Address: *23-25 SOUTH NINTH STREET, LEBANON, PA, 17042*
 Phone: *7172726678* Email: *INFO@AMERICANHOUSEPC.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/15/1987* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/23/2021*

Inspection Dates and Department Representative

11/22/2021 - On-Site: Jason McCloskey, Genevieve Riche-Turenne
11/23/2021 - On-Site: Jason McCloskey, Genevieve Riche-Turenne

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* Residents Served: *66*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *40* Are 60 Years of Age or Older: *38*
 Diagnosed with Mental Illness: *61* Diagnosed with Intellectual Disability: *7*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

11/22/2021 - Full

Lead Inspector: *Jason McCloskey* Follow-Up Type: *POC Submission* Follow-Up Date: *12/24/2021*

Inspections / Reviews (*continued*)**03/15/2022 - POC Submission**Reviewer: *Gloria Emick*Follow-Up Type: *POC Submission*Follow-Up Date: *03/22/2022***05/05/2022 - POC Submission**Reviewer: *Gloria Emick*Follow-Up Type: *Document Submission*Follow-Up Date: *06/03/2022*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 11/22/21, the home's license inspection summary, dated 9/12/19, was not posted in a conspicuous and public place in the home.

Plan of Correction

Directed

This violation was regarding not having the homes license inspection summary posted in a conspicuous and public place in the personal care home. This violation occurred because Administration was not aware of this specific policy. The violation was immediately addressed, and the previous inspection summary has been printed out and posted on 2 separate bulletin boards, in a visible public area. Going forward, management will be reviewing bulletin boards monthly to ensure that everything is still there and up to date.

(Directed) -

The home's Licensing Inspection Summary was posted on 11/23/21 by the Administrator on 2 separate bulletin boards in a visible public area. The Administrator will ensure that the current license and a copy of all licensing inspection summaries are available for review during weekly walk-throughs of the facility, beginning 5/9/22. If any required postings are found missing, the Administrator will replace the documents. GE, 5/3/22

Completion Date: 11/22/2021

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Standards Act requires that a carbon monoxide alarm be placed in close proximity but no closer than 15 feet from any fossil-fuel burning appliance. There is no carbon monoxide alarm in the kitchen or on the first floor of the home where the gas stove is located.

Plan of Correction

Directed

This violation pertained to the omission of carbon monoxide alarm in the kitchen area where gas stoves are located. This violation was immediately addressed the same day of inspection. Administration was not aware of the missing carbon monoxide alarm was needed in the kitchen and now compliant with the regulation. Going forward, we will be reviewing more closely the regulations and laws to be up to date with protocol. For the health and safety of our residents and staff on site.

(Directed) -

The carbon monoxide alarm was installed in the home's kitchen on 11/23/21 by the maintenance staff. Maintenance staff will follow manufacturer's specifications for battery replacement, etc. to ensure the detector(s) remain operational, Maintenance staff will check detector(s) on a quarterly basis. GE, 5/3/22

Completion Date: 11/22/2021

20b6 - Interest Bearing Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home keeps all resident funds in one account, according to Staff Person A. Staff states interest is not paid to residents and a system to distribute interest isn't in place. The home has held more than \$1500 for Resident 3 since August 2021 and more than \$2500 for Resident 4 since June 2021.

Plan of Correction

Directed

This regulation we were not aware of resident accounts having to be separate due to how the previous ownership had it set up. Management team with the owner have been working with the bank to work on getting these accounts but it has been a bit of a hassle. We have been pressuring the bank that this is something that needs to get done by state regulations. So, the interest bearing accounts are still in process.

(Directed) -

The Administrator will meet with all residents for whom the home is holding \$200 or more by 5/24/22 . Residents will be offered assistance in establishing an interest-bearing account. If the resident requests assistance, it will be provided within 7 business days. Documentation of acceptance or refusal will be kept, including a statement acknowledging the discussion signed by both Administrator and resident. The Administrator will audit the home's financial records monthly. Documentation of the monthly audits of financial records will be kept by the home. Any resident who accumulates \$200 or more and has not previously declined assistance will be offered assistance as described above. GE, 5/3/22

Completion Date: 12/13/2021

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

The contract for Resident 1, admitted 9/14/21, is not complete as it does not contain the resident's name.

Plan of Correction

Directed

This violation was due to the lack of knowledge and experience by our management team on how a resident contract should be completed. Our management team now understands the importance of having a resident file completed within the 24 hours of a new resident's arrival. We have review the residents file and filling in any missing information that is in our reach. As a facility we are taking on a new program in the beginning of April to help organize resident charts and paperwork.

(Directed) -

25a - Written Contract and Review (continued)

The contract for the identified resident was amended by the Administrator on 11/29/21. The Administrator will complete an audit on all resident records to ensure that each resident has a current signed contract in place. Any contract without the required signatures will be corrected. The audit and correction of all contracts will be done by 5/31/22. GE, 5/3/22

Completion Date: 11/29/2021

57b - 1 Hour/Day**1. Requirements**

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 11/8/21, there were 65 residents in the home, requiring a minimum of 65 hours of direct care service. On this day, only 54.25 hours of direct care staffing was provided.

On 11/10/21, there were 65 residents in the home, requiring a minimum of 65 hours of direct care service. On this day, only 64.25 hours of direct care staffing was provided.

On 11/13/21, there were 65 residents in the home, requiring a minimum of 65 hours of direct care service. On this day, only 40 hours of direct care staffing was provided.

Plan of Correction**Directed**

One hour per day of personal care services will be provided by direct care staff persons to each mobile resident. Since our unannounced inspection on 11/22/2021, we have been able to add more staff members to the team. This has helped us to become complaint. We are still seeking additional staff members to make sure residents needs are being taken care of. Job postings have been created on facebook jobs as wells as other social media sites. We are also ensuring we are scheduling the correct shift job types in our scheduling system now, which will also help us to remain complaint.

(Directed) -

The administrator will ensure that there are sufficient staff persons on duty each day to meet the requirements of 2600.57a-57d, utilizing appropriate staffing calculations in response to meeting residents' personal care needs. Staffing requirements will be discussed by Management at the home's periodic quality management reviews; the first of which will be held by 6/3/22. GE, 5/3/22

Completion Date: 12/01/2021

57d - Waking Hours**1. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

57d - Waking Hours (*continued*)**Description of Violation**

On 11/8/21, a total of 65 hours of direct care was required. However, only 40.25 of the required hours, or 62 percent, were provided during waking hours.

On 11/10/21, a total of 65 hours of direct care was required. However, only 42.25 of the required hours, or 65 percent, were provided during waking hours.

On 11/8/21, a total of 65 hours of direct care was required. However, only 32 of the required hours, or 49 percent, were provided during waking hours.

Plan of Correction**Directed**

This violation was in regard to the home having less than 75% of the personal care time during resident waking hours. Since the unannounced inspection on 11/22/2021, we have been able to acquire more staff members to become compliant with state regulation. With the new addition to our team at American House we have been able to become compliant with the 75% that is required by regulation 57d. We are still seeking new staff member through social media platforms and hiring platforms as well. We are also ensuring we are scheduling the correct shift types in our scheduling system now which will also help us to remain compliant.

(Directed) -

The administrator will ensure that there are sufficient staff persons on duty each day to meet the requirements of 2600.57a-57d, utilizing appropriate staffing calculations in response to meeting residents' personal care needs. Staffing requirements will be discussed by Management at the home's periodic quality management reviews; the first of which will be held by 6/3/22. GE, 5/3/22

Completion Date: 12/01/2021

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 11/8/21, 11/10/21 and 11/13/21, there were 65 residents present in the home requiring at least two staff with current training in First Aid and CPR. Only one staff person has current certification in First Aid and CPR.

Plan of Correction**Accept**

All current staff members have been First Aid and CPR certified. We have two staff members on each shift that have their certification and are prepared for any emergencies that occur. Going forward, all staff members will be First Aid and CPR certified.

Completion Date: 12/01/2021

83a - Indoor Temperature

1. Requirements

83a - Indoor Temperature (continued)

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 11/23/21 at 11:30 am, when residents were present in the home, the temperature in the basement lounge used by the residents was 66.5 degrees Fahrenheit.

Plan of Correction**Accept**

This violation was mentioned by inspectors at the time of inspection and was addressed right at that time. It was corrected immediately. The temperature is now monitored to ensure that it is correct.

Completion Date: 11/23/2021

85b - Infestation**1. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

Several dead roaches and a live bedbug were seen in Bedroom 105. A small, live roach was seen on a table in the basement lounge.

Plan of Correction**Accept**

The insects and rodents have been an issue for a while since the previous owners were here. Maintenance has been spraying all rooms that have an issue and also documenting when those rooms are being sprayed. This situation has been decreased tremendously. All rooms will be sprayed now on a monthly basis or every 2 weeks if it is bad. Staff members have been asked to pay special attention to this matter as well and report any possible issues immediately to supervisors.

Completion Date: 11/25/2021

86b - Bathroom**1. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The third floor bathroom to the right of the stairwell has no ventilation fan and the window is sealed shut. The bathroom on the left has a ventilation fan that is covered with a thick layer of dust that impedes the flow of air.

Plan of Correction**Accept**

A new ventilation fan has been installed in the bathroom that had a sealed window and the other fan has been cleaned. The ventilation fan will be cleaned going forward on a bi-weekly basis and inspected by management and staff during cleaning.

Completion Date: 12/06/2021

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 11/23/21, the pantry near the kitchen had boxes of canned food which were stored on the floor.

Plan of Correction

Directed

This violation was in regarding food that was stored on the floor in the pantry room. This violation occurred due to not enough room for donations that are received by the community. At that time staff members were asked to remove all food from the floor and place it in a new storage area. This violation will be prevented by having enough storage are for donations and or food being purchased. All staff members received a training [11/25/21] on how to keep foods off the floor and the locations it should be stored. This task is being checked daily. This violation will be prevented from happening again because it will be reviewed daily and mentioned in staff meetings.

(Directed) -

The Administrator will ensure that staff of the home monitor the food storage areas through daily walk-throughs, beginning 5/9/22. Any food items and their original packaging found to be in direct contact with the floor will be assessed for contamination. Unprotected food will be discarded. GE, 5/3/22

Completion Date: 11/25/2021

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were four pitchers of powdered milk stored in the refrigerator. The pitchers were not labeled or dated as to when the milk had been prepared or stored.

Plan of Correction

Accept

All food items that are stored in the refrigerators and the temperatures are logged. To fix this issue we spoke and are training caregivers on proper ways to store food. Leftover and prepared food are now being labeled and dated correctly. Either kitchen staff or Administrator staff is reviewing fridge content to check if everything is labeled and dated.

Completion Date: 11/24/2021

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f - Refrigerator/Freezer Temps (continued)**Description of Violation**

There was no thermometer in one of the basement freezers.

Plan of Correction**Accept**

This issue of having thermometers placed in the freezers was addressed while inspectors were here. New thermometers have been installed in the freezers. Freezer temperature checks are now being done daily and recorded and initialed off on by inspecting staff member.

Completion Date: 11/24/2021

105g - Lint Removal and Duct Cleaning**1. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 11/22/21, there was a thick accumulation of lint in the lint traps of two of the home's four dryers. There were no clothes in the dryers at the time.

Plan of Correction**Accept**

Personal care aids were trained and advised on the dangers of lint accumulation. Also, the importance of cleaning out the lint. Signs were placed on the dryer to remind personal care aids of cleaning out the lint traps. Management to conduct spot inspection checks as well to ensure all lint is being removed from dries after each use.

Completion Date: 11/29/2021

125b - Combustible Restrictions**1. Requirements**

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 11/22/21, a one-gallon can of Jasco Professional Strength paint thinner was unlocked, unattended and accessible to residents in the unfinished walk-in cooler in the basement lounge.

Plan of Correction**Directed**

This violation was due to a one gallon can of Jasco professional paint thinner being in an area that is accessible to residents. Immediate action [on 11/22/21] was taken to remove the can and placed in a secure location where it is locked only accessible to staff members. To prevent this again we have advised staff member the importance of proper storage of hazardous material such as cleaning products or combustibles in a secure area not accessible to residents.

(Directed) -

The Administrator will provide training to all staff persons regarding hazardous materials and storage by 5/24/22. Administrator or Maintenance Staff Person will conduct daily walk-throughs of the facility, beginning 5/9/22, checking for combustible/hazardous materials. If any materials are found, they will be secured. GE, 5/3/22

Completion Date: 11/25/2021

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident 2 was admitted on 8/16/21. The medical evaluation for Resident 2 was not completed within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept

Violation was in regards to medical evaluation not being complete within 60 days prior to admission or with in 30 days after admission of the resident. This violation occurred due to management/administration error and has been immediately addressed [3/29/22]. Going forward a calendar system will be utilized [by the Administrator] which will contain resident admission date or a 30 day reminder to complete the medical evaluations, if not provided to the home at intake (with in the 60 day required period). All residents have been scheduled at this time for appointments and the medical evaluations will be completed the day of appointment.

Completion Date: 12/02/2021

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1's medical evaluation, completed 8/17/21, does not contain medical diagnosis, physical or mental health information or treatment.

Resident 2's medical evaluation, completed 9/2/20, contained a list of medication but not the regime including the dosages, frequency, or time of administration.

Plan of Correction

Directed

This violation was in regard to a medical diagnosis, physical or mental health information as well as missing information on medical regime including dosage, frequency, or time of administration. This error was caused by oversight of Administration and not having a system in place to double check medical evaluation records. This was corrected by management reviewing patient files and fixing errors notated. to prevent from happening again, Administration has implemented a "double check" policy where a second person of management staff is to conduct a second review of the files. Going forward DME's will be completed at the beginning of intake and will be placed on

141a 1-10 Medical Evaluation Information (continued)

the calendar. Also, a reminder of 30 days of admission will be put on a calendar to ensure that everything necessary in the resident's file has been completed.

(Directed) -

The Administrator/Management staff will audit all resident records to ensure that each resident has a current medical evaluation and the associated Documentation of Medical Evaluation form (DME) has been completed in full. Any DME that is incomplete will be corrected within 30 days from the date it was reviewed. The audit of these DMEs will be completed by 5/31/22. The results of the audit of DMEs will be discussed by Management at the home's periodic quality management reviews; the first of which will be held by 6/3/22. GE, 5/3/22

Completion Date: 11/29/2021

141b1 - Annual Medical Evaluation**1. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 3's most recent medical evaluation was completed on 4/15/19.

Resident 4's most recent medical evaluation was completed on 6/29/20.

Resident 5's most recent medical evaluation was completed on 9/9/19.

Plan of Correction**Directed**

This violation was in regard to residents missing annual medical evaluations. This error occurred due to not having a process or plan in place to ensure all residents are receiving annual medical evaluations. To fix the issue immediately, management has set appointments for all residents that have missed their annual medical evaluations. To prevent this from happening again, administration has begun to utilize a calendar to record, dates that residents will need to have their annual medical evaluation completed by. This will prevent the issue from happening again by have a system in place to remain mindful of setting necessary appointments for residents as well as obtaining their annual medical evaluation.

(Directed) -

The administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter. The Administrator will complete the audit of medical evaluations by 5/31/22. The results of the DMEs will be discussed by Management at the home's periodic quality management reviews; the first of which will be held by 6/3/22. GE, 5/3/22

Completion Date: 12/01/2021

142d - Secure Preventative Care**1. Requirements**

2600.

142.d. The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

142d - Secure Preventative Care (continued)

Description of Violation

Resident 2 was admitted 8/16/21. On 11/23/21, the resident complained of not receiving medications and described several which had been taken in the past. Although the resident's record included a list of prescription medications, it was attached to an outdated medical evaluation and did not include the medication regime including the dose, frequency, or time of administration. Staff person B stated the resident came to the home with medication and received medication through the beginning of November. However at the time of the inspection, the home was unable to present a current list of prescribed medications or evidence that medication had been administered. The home has not secured medical advice as to the resident's current medical diagnosis, treatment, or medication regime.

Plan of Correction**Directed**

This violation is in regard to a resident not having their current medication here at the facility. The resident receives her medication from an outside pharmacy and not our in-house pharmacy which is Hershey Care. [As of 11/25/21, the resident received the prescribed medication from their doctor. The resident's MARs were created appropriately]. The medicine office supervisor reviewed her medications to get them up to date. Contacted the pharmacy and refilled the medication. This resident receives a 4-week supply of medications that she receives. Going forward medication carts are checked twice weekly [by the medicine office supervisor] to ensure all medications are up to date and available for the resident.

(Directed) -

The results of the medication cart checks will be reviewed at the home's next quality management review, to be held no later than 6/3/22. GE, 5/3/22

Completion Date: 11/25/2021

183b - Meds and Syringes Locked

1. Requirements

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.

Description of Violation

Resident 7's bedroom contained bottles of Aleve and Tylenol. Resident 7 is not assessed to self-administer medications.

Plan of Correction**Directed**

All resident rooms have been checked for over the counter medication or syringes [by 11/29/21]. If medication was found, it was discarded and advised to the resident. Residents that are self-administered have their medication safely secured in their rooms.

This violation was the direct result of residents purchasing and bringing into the home OTC medications. The violation was regarding a bottle of Aleve and a bottle of Tylenol in a residents bedroom. This violation occurred due to the current staff being unaware that residents could not have over the counter medication in their possession if they are not assessed as self-administration capable. Immediate action taken was to remove and discard any and all OTC medication found in residents rooms. Entire facility has been inspected for additional OTC's and residents have been advised on this policy [as of 3/29/22]. Going forward, all staff member have thus been coached [as of 3/29/22] and are aware they must remain diligent in checking residents rooms for such medication.

183b - Meds and Syringes Locked (continued)

(Directed) -

The Administrator will create a system whereby resident rooms are checked on a weekly basis and appropriate follow up will occur. Staff training needs will be discussed at the home's next quality management review, to be held by 6/3/22, GE, 5/3/22

Completion Date: 11/29/2021

183d - Prescription Current**1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/23/21, a bottle of B12 tablets for Resident 2 was stored in the home's medication cart. This medication, per Staff Person C, was brought by the resident at the time of admission and no current order for it exists.

A bottle of Nyamyc 100,000 USP, stored in the home's medication cart, expired 6/2021.

Plan of Correction**Directed**

Violation was due to B12 tablets being stored in the homes medication cart as well as a bottle of Nyamyc stored in the homes medication cart which was expired. This error is the direct result of staffs experience level/lack thereof on checking expirations dates and ensuring proper labeling on RX medication. Immediate action was taken to discard expired medication as well as any unlabeled medication from the homes medication carts [on 11/23/21]. All medication administration staff have been made aware on what can and cannot be in the medication carts, which include removing any and all expired medication as well as improperly labelled RX medication. Preventative action is for administration to check med carts on Monday mornings by 10:00 a.m. to ensure compliance [beginning 3/29/22]. Additionally, the American House is seeking a full time medication room supervisor to help manage this critical function of he home.

(Directed) -

The medication cart audits, conducted each Monday morning at 10:00 am will ensure that only current prescriptions for all residents are maintained in the cart. Any expired or discontinued medications will be immediately removed and properly destroyed. The results of the weekly audits will be discussed at the home's next quality management review, to be held no later than 6/3/22. GE, 5/3/22

Completion Date: 11/30/2021

183e - Storing Medications**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (*continued*)**Description of Violation**

The home has two medication carts. Each cart contained multiple loose pills including:

Cart 1: 2 small, round, white pills; a small, white, oval pill; a sealed, foil-wrapped tablet with no name on it.

Cart 2: 3 white, round pills; 1 blue capsule, 2 large, white capsules, 2 green tablets.

Plan of Correction**Accept**

Medication carts are checked after every medication pass and a form has been made for med tech to sign. Med techs must make sure that no med errors have occurred, and no pills have fallen in the cart.

Completion Date: 11/30/2021

184b - Resident's Meds Labeled

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

An unlabeled bottle of B12 tablets was stored in the home's medication cart. This medication, per Staff Person C, belongs to Resident 2.

A bottle of Nyamyc 100,000 USP, stored in the home's medication cart, has a prescription label that is damaged and missing the resident's name.

Plan of Correction**Directed**

This specific violation was in regards to an unlabeled OTC vitamin being present in medication cart, as well as a label on another medication missing/label damaged with the residents name. This error was due to the lack of knowledge of staff that OTC medications could not be present in the residents medication cart. Staff were also not being diligent in ensuring all labels were on medications and not damaged and/or missing any important information. Steps to prevent going forward: All medication administration staff members have been re-trained [by 3/29/22] to inspect labels and med cart going forward as a part of their medication administration pass duties. American House administration to conduct weekly checks of medication carts to ensure labels are well maintained and documented. This check will be completed every Monday morning by 10:00 a.m.

(Directed) -

The results of the medication cart audits, conducted each Monday morning at 10:00 am will be discussed at the home's next quality management review, to be held no later than 6/3/22. GE, 5/3/22

Completion Date: 11/29/2021

185a - Implement Storage Procedures

1. Requirements

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 3's Freestyle Lite glucometer was dated but not timed correctly. At approximately 7 am, the meter read 2:46.

A reading of 347, stored on Resident 3's glucometer for 11/22 at supertime, was not recorded on the medication administration record (MAR); a reading of 164 on 11/21/21 at 12:35 pm was not recorded on the MAR.

Several readings stored on Resident 6's glucometer were not recorded (or were recorded incorrectly) on the resident's MAR including: 11/23/21, the meter read 242 but 248 was recorded. On 11/21/21 at 2:41 pm a reading of 309 was not recorded on the MAR. On 11/20/21, a reading of 246 was not recorded on the MAR.

Plan of Correction**Directed**

All glucometers were updated with the correct time and date on 11/24/2021.

This violation was a result of lack of communication and documentation. The reason this violation happened was because the med tech supervisor at the time felt the need to not prepare a MARS for this residents medication. This resident has a different pharmacy than others and lacked the knowledge of preparing a blank MARS with the correct information needed at the time. This violation has been corrected and a new MARS has been written out with the medication that has been prescribed to the resident by their physician. This violation can be prevented in the future by reviewing all residents medication at the time of admission and making sure that the MARS are being completed. Management will review all MARS weekly to make sure everything is correct. Med tech meetings and a detailed step by step training on the importance of medication documentation will prevent this violation from happening again.

(Directed) -

All staff conducting blood sugar testing will re-educated on the use of glucometers, testing equipment and documenting accurate information on the MAR's by 5/31/22, as well as reviewing the home's policies regarding 2600.185a.

The Administrator or medicine office supervisor will conduct weekly audits of the actual readings on the residents' glucometers as compared with the documented readings on the MAR's for a period of 3 months. The results of the review of the glucometer and MAR readings, conducted each week will be discussed at the home's next quality management review, to be held no later than 6/3/22. GE, 5/3/22

Completion Date: 11/24/2021

187a - Medication Record**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

13. Date and time of medication administration.

Description of Violation

Resident 3's MAR does not include an explanation as to why Metoprolol Tart 25 mg was not administered on 11/5/21, 11/11/21, 11/15/21, 11/16/21 and 11/19/21.

187a - Medication Record (continued)

Resident 3's MAR does not include an explanation as to why Advair Diskus 100-50 was not given from 11/2/21 through 11/15/21.

Resident 6's is prescribed Levemir Flextouch 100, inject 10 units every morning and inject 22 units at bedtime. This medication is marked as given at 8 pm from 11/1/21 through 11/22/21 though it hasn't been available to be administered since October 2021.

Plan of Correction**Directed**

This violation was a direct result of not having proper documentation of why the medication was not given. The reason of this happening was lack of training and lack of follow up to ensure the MARS are documented correctly. To correct the violation immediately, all med tech certified employees received additional training [by 3/29/22] on proper documentation on missing medications. A code sheet has been printed out explaining how to document missed doses and is located in the med room above the medication carts. Management will conduct weekly spot checks of MARS documentation and this topic will also be mentioned in monthly med tech meetings.

(Directed) -

All staff that provide medication administration shall be re-educated on the required documentation required in the Medication Administration Record in accordance with regulation 2600.187(a). This education will be completed by 5/31/22.

The results of the weekly audits, conducted each Monday morning of all MARs by the Administrator or medicine office supervisor will ensure that there is proper documentation of medications. The results of the MAR audits will be discussed at the home's next quality management review, to be held no later than 6/3/22. GE, 5/3/22

Completion Date: 11/30/2021

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident 6 is prescribed FIASP 100 unit/ML Flex, inject 1 Unit subcutaneously 3 times daily with meals. The MAR does not indicate the diagnosis or purpose for this medication.

Resident 6 is prescribed Dicyclomine 10 mg, take 1 capsule 4 times daily before meals and at bedtime. The MAR does not include the diagnosis or purpose for this medication.

Plan of Correction**Directed**

This violation was the result of med tech staff members not being careful in properly listing the DX or checking to make sure the DX is including with the incoming prescriptions. Immediate action taken at the time [11/29/21] was to contact all physicians to verify the diagnosis and update their MARS accordingly. Management has also spoken to the physicians offices and pharmacy on the importance of including the DX so that the home can be compliant.

187a - Medication Record (continued)

Medication administration staff have been re-trained and coached in regards to this requirement. Management will review all new incoming medications to ensure dx are included and will conduct weekly spot checks on the current MARS folders to make sure all diagnosis are contained.

(Directed) -

All staff that provide medication administration shall be re-educated on the required documentation required in the Medication Administration Record in accordance with regulation 2600.187(a). This education will be completed by 5/31/22.

The results of the weekly audits, conducted each Monday morning of all MARs by the Administrator or medicine office supervisor will ensure that there is proper documentation of medications, including diagnoses. The results of the MAR audits will be discussed at the home's next quality management review, to be held no later than 6/3/22. GE, 5/3/22

Completion Date: 11/29/2021

188d - System to Document Medication Errors**1. Requirements**

2600.

188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation

The home does not have a system to identify and document medication errors and patterns of errors. Neither Staff Person A, the Administrator, or Staff Person B, who is responsible for medication administration, are able to describe such a system.

Plan of Correction**Directed**

This violation was in regards to the home not having a system to identify and document medication errors, including the homes pattern of error. This error occurred due to the lack of knowledge regarding this specific violation. To fix the violation immediately, a folder has been created and is being used to document all medication errors, which will also allow administration to identify patterns of errors. Additionally, the American House is seeking proposals from a different pharmacy that uses IT programs to better track and record medication administration. With the home utilizing these new programs, a med error log is also one of the items available for the American House to use. We expect to have proposals finalized and being using the new IT medication programs in Quarter 2 of 2022.

(Directed) -

In addition to the use of a folder to document all medication errors, and the proposed IT program, the Administrator will implement a system, by 5/9/22, to include, at a minimum, the following:

- 1. A weekly audit of the MAR to identify medication errors*
- 2. Training and/or discipline of the staff person or persons who made the error*
- 3. A monthly analysis of when the most medication errors occur, why they occur, and how to prevent them. The analysis will be discussed at the home's next quality management review, to be held no later than 6/3/22. GE, 5/3/22*

Completion Date: 11/30/2021

225c - Additional Assessment

1. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident 3's most recent assessment was completed on 8/7/20.

Resident 4's most recent assessment was completed on 6/29/20.

Plan of Correction**Accept**

All residents have been scheduled appointments for updated additional assessments that are needed. A semi-annual review will be conducted going forward to ensure all residents with additional assessments have been completed and scheduled in accordance with this requirement.

Completion Date: 11/26/2021

252 - Record Content

1. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident 1's record does not include race or identifying marks, if any.

Resident 6's record does not include eye color, religious affiliation, or identifying marks, if any.

Plan of Correction**Directed**

Violation was regarding content of residents records, specifically the omission of race, identifying marks, eye color, and religious affiliation. The error occurred due to missight of administration. Administration has immediately [12/7/21] corrected this violation. Going forward to prevent this violation from happening again, resident records will be completed on day one of intake and then will be reviewed by another member of management by end of day, day 2.

(Directed) -

The Administrator/administrative staff will initiate a review/ audit all resident records by 6/3/22, to ensure that all of the information required by this regulation is present. Missing information will be added. A review of all resident records will be conducted on an annual basis and be included in the home's quality management reviews, the first to be held no later than 6/3/22. GE, 5/3/22

Completion Date: 12/07/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 3 is prescribed Novolog Flexpen to be administered before meals according to a sliding scale. The resident's blood sugar measured 347 at supper time on 11/22/21, which per the prescriber's order, required 5 units of medication; however, none was given.

187d - Follow Prescriber's Orders (continued)

Resident 6 is prescribed Propranolol 40 mg tablet, 1 tablet by mouth three times daily. This medication was not given on 11/1/21 through 11/2/21 at 4:30 pm; 11/5/21 through 11/9/21 at 4:30 pm; or 11/18/21 at 4:30 pm.

Resident 6 is prescribed Dicyclomine 10 mg, take 1 capsule 4 times daily before meals and at bedtime. This medication was not given from 11/1/21 through 11/22/21.

Repeated Violation - 9/12/19

Plan of Correction**Directed**

This violation was the result of med tech staff not being diligent in their duties as employees who administer medications, which include the proper documenting and recording of medication administration. Since the violation, all med tech trained staff have had discussions with management around the importance of medication documentation and administration. This also included receiving additional on the spot training. Management going forward will be conducting weekly spot checks of MARS and the utilization of a med error book to help record errors and find patterns of mistakes. This will allow management to ensure residents are properly given their medication as well as make sure the home is both identifying patterns and correcting them immediately.

(Directed) -

All staff that provide medication administration shall be re-educated on proper medication administration. This education will be completed by 5/31/22.

The Administrator's weekly checks of all the residents' MARs will ensure all medications were administered as ordered. The results of the weekly audits, conducted each Monday morning of all MARs by the Administrator or medicine office supervisor will ensure that there is proper documentation of medications. The results of the MAR audits will be discussed at the home's next quality management review, to be held no later than 6/3/22. GE, 5/3/22

Completion Date: 12/01/2021

2. Requirements

2600.

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

Description of Violation

Resident 6 is prescribed Levemir Flextouch 100, inject 10 units every morning and 22 units at bedtime. This medication was not administered from 11/1/21 through 11/22/21 because it was not available in the home.

Repeated Violation - 9/12/19

Plan of Correction**Directed**

187 part d violation was the direct result of unknowledgeable and new staff to the med tech role and responsibilities. Immediate action was taken to contact the pharmacy to obtain the medication needed for the resident. Management also reviewed other residents MARS and med carts to make sure no other medication refills

187d - Follow Prescriber's Orders (continued)

were needed by any other residents. Medication administration staff have been coached and re-trained on the importance of not only following doctors orders for medication of residents but also on how to properly refill prescriptions. To prevent this error from happening in the future, the American House is seeking a full time Med Tech Supervisor which will be able to handle the administrative side of the medication administration processes. Currently, the home is having a member of management review the MARS and med carts to ensure no medication is needed for the clients and taking care of any re-fills needed.

(Directed) -

In addition to the home reviewing its procedures for ordering medications, changes will be implemented to ensure that prescriptions are ordered/reordered in a timely manner so that residents do not go without their medications, The Administrator and management staff will review the procedures by 5/31/22.

All staff that provide medication administration shall be re-educated on proper medication administration and ordering procedures. This education will be completed by 6/3/22. GE, 5/3/22

Completion Date: 12/01/2021