



CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: August 10, 2022

[REDACTED]  
Hotel Lebanon Corporation  
23-25 South Ninth Street  
Lebanon, Pennsylvania 17042

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

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on November 22-23, 2021, January 26, 2022, February 24-25, 2022, March 10, 2022 and June 1, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summaries (LISs) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (333040) dated October 2, 2021 to October 2, 2022 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(1); (2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 10, 2022 to February 10, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jeanne Parisi, Director  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

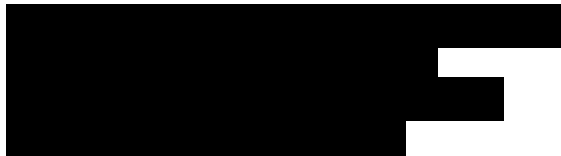
Sincerely,



Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:



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: *10/02/2022*  
Address: *23-25 SOUTH NINTH STREET, LEBANON, PA 17042*  
County: *LEBANON* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: *7172726678* Email: [REDACTED]

**Legal Entity**

Name: *HOTEL LEBANON CORPORATION*  
Address: *23-25 SOUTH NINTH STREET, LEBANON, PA, 17042*  
Phone: *7172726678* Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *70* Waking Staff: *53*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *03/10/2022*

**Inspection Dates and Department Representative**

02/24/2022 - On-Site: [REDACTED]  
02/25/2022 - On-Site: [REDACTED]  
03/10/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *74* Residents Served: *70*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *39* Are 60 Years of Age or Older: *37*  
Diagnosed with Mental Illness: *61* Diagnosed with Intellectual Disability: *7*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**02/24/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/21/2022*

Inspections / Reviews (*continued*)

06/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/20/2022*

07/27/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Exception* Follow-Up Date:

## 15a - Resident Abuse Report

## 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

## Description of Violation

On [REDACTED]/2022 at approximately [REDACTED] PM, Resident #1 approached Resident #3 on the back smoking porch. Resident #1 called Resident #3 a name, pulled off [REDACTED] hat, and struck Resident #3 in the face. The incident was not reported to the local area agency on aging.

## Plan of Correction

Accept

4/21/2022 – The Administrator was re-educated on mandatory suspected abuse reporting requirements under the Older Adult Protective Service Act (OAPSA), at the time of the inspection.

Immediately - Any allegations of abuse or suspected abuse shall be reported in accordance with OAPSA and Chapter 2600

4/29/2022 – The Administrator will hold an in-service for all staff on reporting suspected abuse in accordance with OAPSA and Chapter 2600. Documentation shall be kept.

5/13/2022 – All staff will be trained on managing difficult behaviors and de-escalation techniques. Documentation shall be kept.

5/31/2022 – The home will set up a meeting with resident #1s formal supports to discuss residents plan of care, including and up to issuing a 30 day notice if the resident.

Ongoing – All staff members will be trained in mandatory suspected abuse reporting at time of hire and annually thereafter.

Ongoing – The home will work collaboratively with all resident formal supports/healthcare professionals to identify and reduce aggressive behavioral expressions.

Completion Date: 05/31/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED]/2022 at approximately [REDACTED] pm, Resident #1 physically assaulted Resident #2, who then fell to the ground. Police were called and responded to the home. This incident was not reported to the Department by the home.

On [REDACTED]/2022 at approximately [REDACTED] pm, Resident #1 approached Resident #3 on the back smoking porch. Resident #1 called Resident #3 a name, pulled off [REDACTED] hat, and struck Resident #3 in the face. A report was not received by the Department.

There are multiple incidents of Resident #1 missing medications, including the 7am doses on 2/1, 2/5, 2/10, 2/13, 2/17/2022 of the following medications: Lisinopril 2.5mg, Januvia 50mg, Nicotine patch, and Levetiracetam 500mg, [REDACTED]

**16c - Written Incident Report (continued)**

None of these medication errors were reported to the Department as medication errors.

There are multiple incidents of Resident #13 missing medications, including the 7am doses on 2/22 & 2/23/2022 of the following medications: Atorvastatin 20mg, Metoprolol 25mg, Benztropine 1mg, Eliquis 5mg, and both Latuda 80mg and Divalproex 500er. None of these medication errors were reported to the Department as medication errors.

There are multiple incidents of Resident #14 missing medications, including all medications from 2/10 - 2/17/2022, including the 7am & or 8 pm doses of: Benztropine 1mg, Olanzapine 25mg, Divalproex 500er, Fenofibrate 48mg and Vitamin D-3 1000iu. None of these medication errors were reported to the Department as medication errors.

**Plan of Correction****Accept**

4/22/2022 – The administrator was re-educated on the incident reporting requirements under chapter 2600 at the time of the inspection.

Immediately – All incidents that require reporting will be reported in accordance with Chapter 2600

4/29/2022 – The administrator will review the home's incident reporting policy, update if needed, and provide an in-service to all staff on incident reporting in accordance with chapter 2600. Documentation shall be kept.

Ongoing – All staff members will be trained in incident reporting at time of hire and annually thereafter and in accordance with Chapter 2600.

Ongoing - If the home is unsure of whether an incident requires reporting we will consult the RCG or call the Departments hotline to inquire

**Completion Date:** 04/29/2022

Licensee's Proposed Date for POC Implementation

Not Implemented 7.28.22

**42b - Abuse****1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On /2022 at approximately pm, Resident #1 physically assaulted Resident #2, who then fell to the ground. Police were called and responded to the home. This incident resulted in intimidation and infliction of injury to Resident #2.

On /2022 at approximately pm, Resident #1 approached Resident #3 on the back smoking porch. Resident #1 called Resident #3 a name, pulled off hat, and struck Resident #3 in the face multiple times. This incident resulted in intimidation and infliction of injury to Resident #3.

## 42b - Abuse (continued)

**Plan of Correction****Directed**

05/11/2022- Management and staff are receiving training on the proper way to file a report when there is suspected abuse.

Ongoing- Staff is to report within 24 hours of an abuse incident and fill out proper reports.

(Directed)

The administrator will provide written notice to all residents that physical violence is prohibited and ongoing occurrences may result in the issuance of a 30-day notice or immediate discharge from the home. This notice will be provided to each resident by 6/15/22 and shall be kept in each resident's record.

The administrator will develop and implement a supervision plan for each resident who has used physical violence since the new legal entity began operating the home. These plans shall be developed and all staff shall be trained on them by 6/15/22.

The administrator will review these supervision plans as part of the quality management plan on a quarterly basis, beginning 6/30/22. Updates shall be made as appropriate and the reviews shall be documented by the home. - NSC 6/8/22

**Completion Date:** 05/11/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

## 51 - Criminal Background Check

**1. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

Staff Persons A and B, both with a hire date of [REDACTED]/2022, do not have the required background checks documented in their files in accordance with the Older Adult Protective Services Act (OAPSA).

**Plan of Correction****Accept**

4/22/22 – The home completed Criminal History Background checks on Staff Persons A and B but both staff are currently not employed.

5/6/2022– The administrator will create and implement a Employee File Checklist, including, but not limited to Criminal History Back ground checks.

5/13/2022 – The Administrator or designee shall audit all employee files for compliance with this regulation. Documentation shall be kept.

Ongoing – All staff members will have a Criminal history background check completed 1 year prior to 30 days after employment date.

**Completion Date:** 05/13/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

## 52 - Hiring Staff

## 1. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

## Description of Violation

*Staff Person C, with a hire date of 05/24/2021, did not have a criminal check performed until 09/29/2021, falling outside of the required timeframes under the Older Adult Protective Services Act.*

## Plan of Correction

**Accept**

*5/6/2022– The administrator will create and implement a Employee File Checklist, including, but not limited to Criminal History Back ground checks.*

*5/13/2022 – The Administrator or designee shall audit all employee files for compliance with this regulation. Documentation shall be kept.*

*Ongoing – All staff members will have a Criminal history background check completed 1 year prior to 30 days after employment date.*

*Ongoing – The administrator or designee shall complete a monthly employee file audit of all new employees hired that month to ensure compliance with this regulation.*

**Completion Date:** 05/13/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

## 54a - Direct Care Staff

## 1. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

## Description of Violation

*Direct Care Staff Persons A, B, D and E do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

## Plan of Correction

**Accept**

*4/22/2022– The home obtained copies Staff persons A, B, D and E's required education documentation.*

*4/22/2022 – The home shall obtain copies of a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry prior to first day of employment as a direct care staff member.*

*4/29/2022 – The home shall review all employee files to ensure this regulation is met. Documentation shall be kept.*

**Completion Date:** 04/29/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

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 the following dates and times, more than 50 residents were in the home. However, only one staff person certified in CPR and First Aid was present:

02/15/2022 - from 10:30 pm to 6:00 am

02/16/2022 - from 5:30 pm to 10:00 pm and from 10:30 pm to 6:00 am

02/17/2022 - from 10:30 pm to 6:00 am

02/22/2022 - from 10:30 pm to 6:00 am

02/23/2022 - from 5:30 pm to 10:00 pm

02/24/2022 - from 5:30 pm to 10:00 pm

02/25/2022 - from 5:00 pm to 10:00 pm

Plan of Correction

Accept

5/13/2022 - The home will hold a First Aid and CPR training for any staff who have not been trained.

Ongoing – The home will continue to recruit new associates and train them in First Aid and CPR.

Ongoing – All staff members will be required to hold current certification in first aid and CPR.

Ongoing – The Home will create and keep a log of first aid and CPR expiration dates for all associates and schedule training prior to their expiration.

Completion Date: 05/13/2022

Licensee’s Proposed Date for POC Implementation

Implemented AS 7.28.22

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

**65a - FS Orientation 1st Day (continued)**

4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

Staff persons A, B, and F (date of hire, [REDACTED]/22) and Staff person E (date of hire, [REDACTED]/21), did not receive orientation in general fire safety and emergency preparedness on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills.
3. The designated meeting place outside the building.
4. Smoking safety procedures, the home's smoking policy, and location of smoking areas.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Plan of Correction****Accept**

4/29/2022- All current staff is receiving the proper training on general fire safety and emergency preparedness procedures.

By 7/1/22, a staff onboarding checklist will be made to ensure that employees are receiving all proper training.

**Completion Date:** 04/29/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

**65b - Rights/Abuse 40 Hours****1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

Staff persons A, B, and F (date of hire, [REDACTED]/22) and Staff person E (date of hire, [REDACTED]/21), have completed more than 40 working hours. However, these staff persons did not complete training in the following topics:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (OAPSA)
4. Reporting of reportable incidents and conditions.

**Plan of Correction****Directed**

These employees are currently not employed at our facility but the training was done the paperwork was filled out correctly.

By 6/15/22, the administrator will develop and implement a new hire training check list to ensure compliance

Ongoing -The Administrator or assigned designed shall review all new hire paperwork to verify compliance prior to filing.

**65b - Rights/Abuse 40 Hours (continued)****Completion Date:** 05/02/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

**65d - Initial Direct Care Training****1. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

**Description of Violation**

Direct Care Staff Person A, hired on [REDACTED] 2022, provided unsupervised ADL services. However, the staff person did not complete the Department-approved direct care training course and pass the competency test.

**Plan of Correction****Accept**

2/25/2022- Staff person was taken off the schedule as direct care staff due to non-qualifications.

6/15/22 - The Home will create and keep a log of first aid and CPR expiration dates for all associates and schedule training prior to their expiration.

**Completion Date:** 02/25/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

**82a - Poisonous Materials****1. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

**Description of Violation**

At approximately 1:55 pm on 3/10/2022, a generic spray bottle of purple liquid was on a kitchen table in the dining room. Staff person G states that it is Fabulosa household cleaner and the original bottle (found in the medication office) has a label stating to call poison control if ingested or in eyes.

**Plan of Correction****Directed**

4/22/2022 - The generic spray bottles was discarded.

4/22/2022 - The home will secure all poisonous materials.

4/27/2022 - The Administrator or designee will conduct an in-service with all staff on proper chemical dispensing, labeling and storage. Documentation shall be kept.

(Directed)

Beginning 6/15/22, the administrator will conduct a walkthrough of the home once per day to ensure poisonous materials are stored and labeled properly. NSC 6/8/22

**Completion Date:** 04/29/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

**82a - Poisonous Materials (continued)****85b - Infestation****1. Requirements**

2600.

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

**Description of Violation**

*On 2/25/2022 in the afternoon, a roach was found crawling up the wall in the kitchen above the sinks, to the left of the stovetop.*

*On 3/10/2022, in the morning, a small roach was found crawling on the top of the trash can in the basement lounge.*

**Plan of Correction****Accept**

*4/22/2022- Maintenance went around the whole building and sprayed the whole facility. Also staff members cleaned out rooms, kitchen, and common areas.*

*4/29/2022- Extermination company has been contracted to help stop and prevent infestations in the home.*

*By 6/15/2022 and ongoing- An extermination company will be coming in to be checking up facility and doing necessary extermination.*

**Completion Date:** 04/29/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

**85e - Trash Outside Home****1. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*The lid to the rear dumpster outside of the smoking porch was found open on 2/25/2022, and was also open on 3/10/2022.*

**Plan of Correction****Directed**

*4/22/2022 - The lid to the dumpster was closed.*

*Ongoing- The home is looking into possibly getting a new dumpster with side access to facilitate easier and door closing.*

**85e - Trash Outside Home (continued)***(Directed)**The administrator will check the dumpster once per day beginning 6/15/22 to ensure that it is closed. NSC 6/8/22***Completion Date:** 03/10/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

**101j3 - Bed/Linens/Pillows/Blankets****1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

**Description of Violation***The bed for Resident #4 has ill-fitting linens that do not stay on the mattress. On 2/24/2022, there were no sheets on the bed, and on 3/10/2022, the sheets were not attached properly, leaving the resident to sleep directly on the plastic mattress cover.***Plan of Correction****Accept***4/22/22 – Resident #4s bed was made with correct fitting sheets.**4/21/2022- Home will purchase new sheets and bed linens in various sizes to fit all of the slightly different beds sizes.**4/29/2022- All staff will be trained on ensuring that the bed linens fit the bed correctly before completing their next task.**Ongoing – The Administrator and designee will solicit feedback from staff on how often to purchase additional supplies.***Completion Date:** 04/29/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

**103c - Food Protected****1. Requirements**

2600.

**103c - Food Protected (continued)**

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

**Description of Violation**

*On 2/25/2022 at approximately 12:15 pm, there was an opened fifty (50) pound bag of white rice stored under the prep counter area in the kitchen which was open to the air. There was approximately 15% of rice left in the bag which was completely unsealed and unprotected from contamination.*

**Plan of Correction****Directed**

*4/22/2022- The rice bag was disposed of the same day.*

*4/28/2022- The rice will be stored in a closable bin in the kitchen for secure storage.*

*Ongoing – All food shall be properly stored, sealed and protected from contamination.*

*(Directed)*

*The administrator will check the kitchen and pantry once per day beginning 6/15/22 to ensure food is stored properly. NSC 6/8/22*

**Completion Date:** 04/28/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

**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**

*On 2/25/2022 at approximately 12:15 pm, there were four pieces of pizza in an unsealed, unlabeled and undated Papa John's pizza box in the refrigerator in the kitchen. There was also what appeared to be a chicken sandwich and French fries in an unlabeled, undated container in the refrigerator in the kitchen.*

**Plan of Correction****Accept**

*4/22/2022 – The pizza, chicken sandwich and fries were discarded.*

*4/21/2022– Staff food shall have a designated area in the fridge that also need to be dated and labeled.*

*5/02/2022- Staff training will be done on proper storage, labeling, and dating of food in the fridge*

**103e - Left Overs (continued)**

Ongoing – All leftover food shall be labeled and dated.

**Completion Date:** 05/02/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

**103i - Outdated Food****1. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*On the afternoon of 2/25/2022, there were at least thirteen (13) dented cans stored in the dry pantry. These cans were severely dented, showing rust marks. Two of the cans had a label indicating, "return to vendor - do not consume." Discussion with staff indicated that they were intended for use.*

*The dented cans included the following:*

*Three (3) six pound cans of apple sauce*

*One (1) six pound can of pineapple tidbits*

*One (1) can of water chestnuts*

*Two (2) six pound cans of fancy shredded sauerkraut*

*Two (2) six pound cans of great northern beans*

*Two (2) six pound cans of pinto beans*

*One (1) six pound can of garbanzo beans*

*One (1) 5.5 pound can of red peppers*

**Plan of Correction**

**Directed**

*4/22/2022 – The cans were discarded.*

*4/22/2022 – The home shall not purchase or use dented cans.*

*5/04/2022 – All dietary staff will be trained in safe food handling, including, but not limited to canned goods, preserved foods, raw food and produce.*

*(Directed)*

*Beginning 6/15/2022 – Administrator will inspect the pantry once per week to ensure dented cans are removed. NSC  
6/8/22*

**Completion Date:** 05/04/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

## 103i - Outdated Food (continued)

## 127a - Portable Space Heaters

## 1. Requirements

2600.

127.a. Portable space heaters are prohibited.

**Description of Violation**

*On 2/24/2022 at approximately 3:00 pm, a black LASKO brand portable space heater was plugged into the wall in the second floor management office. Staff confirmed that it was in use prior that afternoon as there is no heat in the office.*

**Plan of Correction****Accept**

*4/22/2022 – The portable space heater was removed from the office.*

*4/22/2022 – The Administrator will inspect the home for any other portable space heaters.*

*4/22/2022 – The Administrator will inform all staff of the prohibition on portable space heaters.*

*6/15/2022 and ongoing – The home shall monitor the community for any portable space heaters and remove immediately.*

*The home will examine a permanent heater installation in the office for the fall and winter of 2022/2023*

**Completion Date:** 02/24/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

## 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 #1, admitted [REDACTED]/2021, did not have a medical evaluation documented on a form specified by the Department, completed within 60 days prior to admission or within 30 days after admission of the resident.*

141a - Medical Evaluation (continued)

Plan of Correction

Accept

2/24/2022- The home requested a medical evaluation from the resident's PCP. This resident was an ongoing situation due to paperwork not being sent over by providers.

5/02/2022- The Administrator or designee shall audit all records

Completion Date: 05/02/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

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

The medical evaluation for Resident #16, dated [redacted]/2022, did not include the date the resident was evaluated, the immunization history, nor the medical professional's name.

Plan of Correction

Accept

4/22/2022 – Resident #16s DME form was updated to correct the identified errors.

5/02/2022– The home shall review all resident DMEs to ensure they contain the required information

6/15/2022 and Ongoing – All new, annual and significant change DMEs shall be reviewed by an assigned designee upon receipt from a physician.

Completion Date: 05/02/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

The following residents did not have a medical evaluation within the past 12 months:

- Resident #3's most recent medical evaluation was completed on [redacted]/2020.
- Resident #5's most recent medical evaluation was completed on [redacted]/2019.
- Resident #6's most recent medical evaluation was completed on [redacted]/2019.
- Resident #8's most recent medical evaluation was completed on [redacted]/2020.

## 141b1 - Annual Medical Evaluation (continued)

Resident #4's most recent medical evaluation was completed on [REDACTED]/2022. The most recent previous medical evaluation was completed on [REDACTED]/2019.

Resident #7's most recent medical evaluation was completed on [REDACTED]/2022. The most recent previous medical evaluation was completed on [REDACTED]/2019.

**Plan of Correction****Accept**

4/22/2022 – The home reached out to the physicians' of the identified residents to schedule their annual medical evaluation.

05/02/2022 – The Administrator or designee will create a calendar that include the due dates for all resident DMEs.

Ongoing – The Administrator or designee will use this calendar to schedule all future medical evaluations ensuring adequate time for completion.

**Completion Date:** 05/02/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

## 162c - Menus Posted

**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

On 2/24/2022, the home's menu for the week was not posted in a conspicuous and public place in the home.

**Plan of Correction****Accept**

4/22/2022- Menus were posted up on the bulletin board for residents to review.

4/04/2022- An excel sheet was made with a set of menus to make easier just to print out and rotate the menus.

Ongoing- Administration and staff will be reviewing bulletin boards weekly to ensure everything is up to date.

**Completion Date:** 04/04/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

## 171b4 - Staff Training

**1. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

**Description of Violation**

On [REDACTED]/2022 at approximately [REDACTED] pm, Staff Person H transported two residents to a medical appointment. However, Staff Person H has not completed the direct care staff person training as required under this regulation.

**Plan of Correction****Directed**

4/22/2022- Staff member took the direct care training test and passed.

Ongoing- All staff members will be taking their direct care staff exam on the first day of employment.

(Directed)

The administrator will develop and implement a new hire checklist by 6/15/22 that will include the direct care training test. NSC 6/8/22

**Completion Date:** 03/10/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

**182b - Prescription Medication****1. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

On 2/19/2022 between 2 pm and 10:30 pm, Staff Person G administered medications to Resident #17 to include the following; 2 pm dose of Quetiapine 50mg and the 8 pm doses of Simvastatin 40mg, Quetiapine 300mg, Terazosin 5mg and Divalproex Sod Er 250mg. Staff Person G has not successfully completed the required medication administration training.

On 2/19/2022 between 2 pm and 10:30 pm, Staff Person G administered medications to Resident #13 to include the following; 5 pm doses of Fluticasone Prop 50mcg, and Polyethylene Glycol 3350 oral powder and the 8 pm doses of Levothyroxine 25 mcg. Staff Person G has not successfully completed the required medication administration training.

Staff Person E administered the following medications to Resident #15: 7 am dose of Lamotrigine 200mg, Aripiprazole 20mg and Amlodipine 5mg on 2/9, 2/10, 2/14, 2/16, 2/17 & 2/23/2022. Staff Person E has not successfully completed the Department-approved medications administration course.

## 182b - Prescription Medication (continued)

**Plan of Correction****Accept**

4/22/2022 – Only staff who have completed the department approved medication training course will administer medications

5/06/2022-The home will train all staff who have been administering medications.

Ongoing – The home will actively recruit staff who have been trained to administer medication until the designated person is trained.

**Completion Date:** 05/06/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

## 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**

On 2/25/2022 in the afternoon, a 100 caplet bottle of Aleve was unlocked, unattended, and accessible on the windowsill in the room of Resident #9. An Albuterol inhaler was also found unlocked, unattended, and accessible on the nightstand in the room of Residents #3 and #6. Also, a bottle of DG (Dollar General) antacid relief was found on a windowsill unlocked, unattended and accessible in the room of Residents #5 and #11.

On 3/10/2022, at approximately 1:45 pm, a green and white capsule was found lying on the floor of the first floor lounge next to Bedroom 103. The pill is marked E91.

On 3/10/2022 at approximately 1:55 pm, in the medication room, two small green pills were found on the floor by the sink; they are labeled I on one side and 153 on the other. There was also a purple and white capsule lying on the floor that says Omeprazole 20mg.

**Plan of Correction****Accept**

4/22/2022 – The home removed all medication for the identified rooms.

3/07/2022 – The home will ensure that all residents who want to self-administer medications have been assessed

**183b - Meds and Syringes Locked (continued)**

*to safely administer and store their medication and have a mechanism to securely store it.*

*6/15/2022 and Ongoing- The home will inspect the medication room and resident rooms weekly to ensure no unprescribed medications are in the room as well as medications are in a secure location.*

**Completion Date:** 03/07/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

**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 #13 is prescribed Lorazepam 0.5mg and has several tablets on-hand. Staff is unaware that this is a schedule IV controlled substance and these tablets are not counted or monitored; therefore, the home has not implemented procedures for the safe storage, access, security, distribution and use of this medication.*

*Resident #12's glucometer is dated and timed correctly. However, on 2/24/2022, the 12:00 pm reading is recorded as 156 on the Medication Administration Record (MAR), however the meter shows a reading of 176.*

**Plan of Correction****Accept**

*4/22/2022 -All medication carts and charts were reviewed for correct medication also glucometer readings.*

*05/08/2022- The home has switched pharmacies and will be implementing an EMAR system.*

*5/13/2022- The new pharmacy will hold an Inservice with all staff who administer medication to ensure they understand scheduled prescriptions and safe storage, access, security, distribution and use of all medications.*

**Completion Date:** 05/13/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

**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:

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

**187a - Medication Record (continued)****Description of Violation**

Resident #14 is prescribed Divalproex Sod 500ER; Olanzapine 20mg; and Benztrapine MES 1mg. However, Resident's Medication Administration Record (MAR) does not indicate a diagnosis or purpose.

Resident #15 is prescribed Quetiapine ER 300mg and Clonazepam 0.5mg. However, Resident's MAR does not indicate a diagnosis or purpose.

**Plan of Correction****Accept**

4/22/2022 – The Administrator or designee will review all MARs to ensure they include the required information

6/15/2022 and ongoing- The home will work with the pharmacy to update all of the preprinted MARs to ensure they include the required information.

6/15/2022 and ongoing – The lead med tech will review the MARs at each cycle change to ensure the information is included.

6/15/2022 and ongoing – The lead tech will create a sample template for any medication that has to be handwritten into the MAR

5/08/2022- The home is implementing EMAR which will include all the required information for all medication.

**Completion Date:** 05/08/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

**187d - Follow Prescriber's Orders****1. Requirements**

2600.

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

**Description of Violation**

Resident #1 has multiple missed medications for 7am doses including Lisinopril 2.5mg [REDACTED], Januvia 50mg for [REDACTED] and Levetiracetam 500mg, [REDACTED] on 2/1, 2/5, 2/10, 2/13, 2/17, 2/18 and 2/23/2022.

Resident #14 has multiple missed medications including 8 pm doses of Benztrapine MED 1mg; Olanzapine 20mg; Divalproex SOD 500ER; Fenofibrate 48mg from 2/10 through 2/16/2022 inclusive.

Resident #13 has multiple missed medications including: 8 pm doses of Eliquis 5mg tablet, Divalproex Sodium 500mg tablet, Benztrapine 1mg tablet, and Levothyroxine 25mcg tablet on 2/17 and 2/18/2022.

Resident #15 has multiple missed medications including: 7 am doses of Thiamine HCL 100mg and Aripiprazole 20mg on 2/18/2022.

Repeated Violation - 9/12/19

**Plan of Correction****Accept**

4/22/2022 – The home will amend or develop and implement the medication administration policy.

**187d - Follow Prescriber's Orders (continued)**

4/22/2022 – All missed medication, for any reason, will be reported to the Administrator or designee immediately upon discovery.

6/15/2022 and ongoing- There is a designated med supervisor that is to check the charts multiple times weekly for any errors.

4/22/2022 – The Administrator will investigate, report if it creates a medication error, and rectify the situation as quickly as possible.

5/08/2022- The home is transitioning to EMAR which will help reduce medication errors.

**Completion Date:** 05/08/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

**188b - Medication Error Reporting****1. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**Description of Violation**

*Resident #1 has multiple missed medications for 7am doses including Lisinopril 2.5mg, Januvia 50mg, and Levetiracetam 500mg on 2/1, 2/5, 2/10, 2/13, 2/17, 2/18 and 2/23/2022. These medication errors were not reported to the prescriber.*

*Resident #14 has multiple missed medications including 8 pm doses of Benztropine MED 1mg; Olanzapine 20mg; Divalproex SOD 500ER; Fenofibrate 48mg from 2/10 through 2/16/2022 inclusive. These medication errors were not reported to the prescriber.*

*Resident #13 has multiple missed medications including: 8 pm doses of Eliquis 5mg tablet, Divalproex Sodium 500mg tablet, Benztropine 1mg tablet, and Levothyroxine 25mcg tablet on 2/17 and 2/18/2022. These medication errors were not reported to the prescriber.*

*Resident #15 has multiple missed medications including: 7 am doses of Thiamine HCL 100mg and Aripiprazole 20mg on 2/18/2022. These medication errors were not reported to the prescriber.*

## 188b - Medication Error Reporting (continued)

**Plan of Correction****Accept**

4/22/2022 – All medication errors shall be reported to the to the resident, the resident's designated person and the prescriber.

5/08/2022- The home is transitioning to EMAR which will help reduce medication errors.

6/15/2022 and ongoing- There is a designated med supervisor that is to check the charts multiple times weekly for any errors.

**Completion Date:** 05/08/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

## 224a - Preadmission Screen Form

**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident #1 was admitted to the home on [REDACTED] 021; however, the resident's preadmission screening form was never completed.

Resident #8 was admitted to the home on [REDACTED] /2020; however, the resident's preadmission screening form was never completed.

**Plan of Correction****Accept**

4/22/2022- The administrator or assigned designee will ensure that every resident referred to the Community will have a preadmission screen completed prior to or on the day of admission

5/20/2022 – The Administrator will create a move in checklist that includes completion of the prescreen, to be completed on the day of admission. Documentation of the checklist shall be kept in every new resident file for 30

**224a - Preadmission Screen Form (continued)**

days after admission.

6/15/2022 and ongoing – The administrator or designee shall review every new admission file on the day of admission to ensure completion of the prescreen using the checklist.

**Completion Date:** 05/20/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

**225a - Assessment 15 Days****1. Requirements**

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.

**Description of Violation**

An assessment was not completed for Resident #1, who was admitted to the home on [REDACTED]/2021.

An assessment was not completed for Resident #16, who was admitted to the home on [REDACTED]/2022.

An assessment was not completed for Resident #17, who was admitted to the home on [REDACTED]/2021.

**Plan of Correction**

**Accept**

4/22/2022 – The home shall complete RASPs for Resident #1, #16 and #17.

5/06/2022– An assigned designee shall review the resident records to ensure that all residents have a current RASP. The home shall complete a new RASP for anyone who does not have one.

5/06/2022 – The Administrator or designee will add RASP due dates to the calendar that will be created to track annual due dates.

6/15/2022 and ongoing – The Administrator or designee shall periodically audit resident records throughout the year to measure compliance.

**Completion Date:** 05/06/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

**225c - Additional Assessment****1. Requirements**

2600.

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

1. Annually.

**Description of Violation**

Resident #7's current assessment was completed on [REDACTED]/2022. However, there is no previous assessment for this resident.

Resident #3's current assessment was completed on [REDACTED]/2021. However, there is no previous assessment for this resident.

Resident #8's most recent assessment was completed on [REDACTED]/2020. There has not been an assessment completed within the last twelve months.

## 225c - Additional Assessment (continued)

**Plan of Correction****Accept**

4/22/2022 – The home shall complete an assessment for resident #8

5/06/2022 – An assigned designee shall review the resident records to ensure that all residents have a current RASP. The home shall complete a new RASP for anyone who does not have one.

6/15/2022 and ongoing – The Administrator or designee shall create a new admission checklist to ensure all required documents have been completed for all new admissions moving forward.

6/15/2022 and ongoing – The Administrator or designee shall periodically audit resident records throughout the year to measure compliance.

**Completion Date:** 05/06/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

## 227g -Support Plan Signatures

**1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident #5 participated in the development of [REDACTED] support plan on [REDACTED]/2021. However, the resident did not sign the support plan, nor is there a notation of inability or refusal to sign.

Resident #6 participated in the development of [REDACTED] support plan on [REDACTED] 2021. However, the resident did not sign the support plan, nor is there a notation of inability or refusal to sign.

Resident #18 participated in the development of [REDACTED] support plan on [REDACTED]/2021. However, the resident did not sign the support plan, nor is there a notation of inability or refusal to sign.

**Plan of Correction****Accept**

4/22/2022 – The Administrator or designee will meet with the identified residents to sign the RASPs.

5/06/2022– An appointed designee will review all resident files to ensure they have been signed or noted unable to sign by all participants.

6/15/2022 and ongoing – All RASPs shall be signed or otherwise noted at the time of execution.

6/15/2022 and ongoing – The Administrator or designee shall review every new, annual and significant change RASP to ensure they have been signed or noted unable to sign by all participants.

**Completion Date:** 05/06/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

*227g -Support Plan Signatures (continued)*