



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.

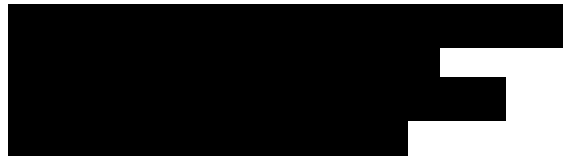
Sincerely,



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 and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *06/01/2022*

Inspection Dates and Department Representative

06/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* Residents Served: *64*

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

06/01/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/22/2022*

07/14/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/15/2022*

07/27/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Exception* Follow-Up Date:

20b3 - Written Receipts

1. Requirements

2600.

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

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

Multiple cash disbursements were made to Resident 1 including \$35 on 6/1/22; \$16.30 on 4/21; \$50 on 4/18/22; and \$15.94 on 4/14/22. The home did not obtain the resident's signature for the receipt of the disbursements.

On 6/1/22, a cash disbursement of \$10 was made to Resident 2, however, the home did not obtain the resident's signature for the receipt of the disbursement.

Plan of Correction

Accept

6/1/2022 – The home's administrator will ensure that all cash disbursements are signed by all required parties at the time of disbursement.

6/3/2022 – The home's administrator will secure signatures for the identified cash disbursements for residents 1 and 2

6/15/2022 – The home's administrator or assigned designee will review all resident cash disbursement logs to ensure that all signatures were obtained and secure any that were not.

7/17/2022 – The home's administrator will review the cash disbursement log at the end of each week to ensure all signatures were obtained. Documentation of weekly review shall be kept for one month after each review.

Completion Date: 06/15/2022

Licensee's Proposed Date for POC Implementation

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 5/15/22, from 10:00 pm to 6:00 am, more than 50 residents were present in the home. During this time, 1 staff person was present in the home who was certified in first aid and CPR.

63a - First Aid/CPR Training (continued)

On 5/21/22, from 2 pm to 6:30 am, more than 50 residents were present in the home. During this time, there was 1 staff person in the home who was certified in first aid and CPR.

On Sunday 5/28/22, from 10 pm to 6:30 am, more than 50 residents were present in the home. During this time, there was 1 staff person in the home who was certified in first aid and CPR.

Plan of Correction**Accept**

6/1/2022 – Schedules were revised when this was mentioned to have enough staff.

6/10/2022 – Staff has been hired to have enough CPR caregivers.

7/30/2022 – CPR has been scheduled for new caregivers

Completion Date: 06/10/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

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 were observed including in the basement lounge area, the basement food storage room, and in the kitchen on the main floor.

Plan of Correction**Accept**

6/1/2022 – Housekeeping services cleaned up the areas that were identified and inspected the entire community for signs of infestation. The evidence of dead roaches was a result of the success of our extermination services.

6/1/2022 – The homes maintenance department will continue extermination on a routine basis.

6/7/2022 and ongoing – The home's housekeeping staff will look for signs of any infestation, clean areas with dead insects and report all findings to the Maintenance supervisor.

Completion Date: 06/07/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

102f - Towel/Washcloth/Soap**1. Requirements**

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

102f - Towel/Washcloth/Soap (continued)

Description of Violation

On 6/01/22, the shared [REDACTED] bathroom shower on the third floor contained multiple washcloths with no labeling or separation to determine which one was being used by whom.

Plan of Correction**Accept**

6/1/2022 – All washcloths were removed from all bathrooms that do not have storage area that are individually labeled. Common wash clothes were not and shall not be used.

6/15/2022 – The maintenance supervisor will check all bathrooms, add and label storage bars so that each resident has a space to store their towel and wash cloths.

6/30/2022 – The administrator will inspect all bathrooms to ensure the towel bars are installed and individually labeled.

7/30/2022 – The administrator will inspect the bathrooms again in 30 days to ensure ongoing compliance.

Completion Date: 06/15/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

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.

Description of Violation

There were no thermometers in the basement freezers labeled 1 and 4.

Plan of Correction**Accept**

6/2/2022 – Thermometers were purchased and placed in freezers 1 and 4.

6/2/2022 – The homes dietary supervisor will inspect all freezers for thermometer presence and require temperature.

6/2/2022 – The home's dietary supervisor will notify maintenance of any temperature that is out of compliance.

6/15/2022 – The homes dietary supervisor will institute a daily weekly temperature check list for all fridges and freezers. The log shall be kept for 30 days.

Completion Date: 06/15/2022

Document Submission**Implemented**

6/2/2022 – Thermometers were purchased and placed in freezers 1 and 4.

6/2/2022 – The homes dietary supervisor will inspect all freezers for thermometer presence and require temperature.

6/2/2022 – The home's dietary supervisor will notify maintenance of any temperature that is out of compliance.

6/15/2022 – The homes dietary supervisor will institute a daily weekly temperature check list for all fridges and

103f - Refrigerator/Freezer Temps (continued)

freezers. The log shall be kept for 30 days.

2. 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.

Description of Violation

On 6/1/22 at approximately 10:00 am and at 4:00 pm the temperature in the walk-in basement freezer measured 20 degree Fahrenheit.

Plan of Correction**Accept**

6/1/2022 – Maintenance was called to check freezer

6/15/2022 – The homes dietary supervisor will institute a daily weekly temperature check list for all fridges and freezers. The log shall be kept for 30 days.

6/2/2022 – The home's dietary supervisor will notify maintenance of any temperature that is out of compliance

Completion Date: 06/02/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

103g - Storing Food**1. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of stuffing observed in the walk-in freezer was open and unsealed with stuffing overflowing onto the storage shelf.

Plan of Correction**Accept**

6/1/2022 – The stuffing was discarded.

6/2/2022 – All food storage areas were inspected to ensure proper storage.

6/30/2022 – The homes dietary supervisor will hold an in service on proper food storage.

7/7/2022 – The homes Dietary Supervisor will inspect all food storage areas once per day for compliance.

Completion Date: 06/30/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22

123c - Evacuation Diagrams

1. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 64 residents. However, the emergency evacuation diagram on the third floor by the stairs does not include the location of fire extinguishers and pull signals.

Plan of Correction

Accept

6/2/2022 – A new diagram was created and posted on the third floor.

6/7/2022 – All floor plans/diagrams will be inspected for compliance.

6/30/2022 – Any corrections, changes or additions to the floor plans will be updated and posted.

Completion Date: 06/30/2022

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

The medical evaluation for Resident 3, admitted to the home on [REDACTED]/22, was completed on [REDACTED]/21.

Plan of Correction

Accept

Immediately- Pc was called to schedule a new appointment for resident 3

06/15/2022-Management discussed the importance of all new residents having an updated DME.

6/30/2022- Residents files will continue on being monitored

Completion Date: 06/30/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (*continued*)

- 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 4's medical evaluation, completed [REDACTED]/21 does not include information about body positioning or stimulation.

Plan of Correction**Accept**

6/2/2022 – The Resident Care Supervisor will schedule an appointment for the PCP to complete a new Medical evaluation for resident #4.

6/2/2022 – The Administrator will continue to review all DMEs for accuracy after completion

Completion Date: 06/02/2022

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

Resident 1's most recent medical evaluation was completed on [REDACTED] 19.

Resident 4's most recent medical evaluation was completed on [REDACTED]/21.

Plan of Correction**Accept**

Immediately - Management shall contact the PCPs for residents 1 and 4 to schedule their medical evaluations and completion of the DME.

6/30/2022 - Administration shall review all residents' files to make sure that all residents have current DMEs completed. A list of due dates shall be completed and monitored by a designee until EMR system goes live.

7/1/2022- Owner is procuring EMR systems that will have all forms available and will set a reminder when they are due.

Completion Date: 06/30/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

183b - Meds and Syringes Locked

1. Requirements

2600.

183b - Meds and Syringes Locked (continued)

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 6/1/22, a bottle of Fluticasone Propionate 250 / 50 mcg and an Albuterol Sulfate Inhaler, 90 mcg per inhalation, were stored in an unlocked and accessible nightstand in Resident 4's bedroom. Resident 4 is not assessed to self-administer medications.

Plan of Correction

Immediately- Meds were removed from residents 4 nightstand right away

06/03/2022- All residents room were checked for medication

06/15/2022- Rooms will be checked on a weekly basis

Completion Date: 06/15/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

Accept

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

Medications for Resident 5, including Fenofibrate 48 mg; HCTZ 12.5 mg; Lithium Carbonate 300 MG; and Loratodine 10 mg, are present in the home's second medication cart. Resident 5 left the home in [REDACTED] 2022.

The over-the-counter bin in the white cabinet in the medication room contains:

- 120 count bottle of Enteric-coated Bayer 81 mg aspirin with an expiration date of 2/2022

- 120 count bottle of Enteric-coated Bayer 81 mg aspirin belonging to Resident 6 who left the home over [REDACTED] months ago.

The bottle has an expiration date of 7/2021

Plan of Correction

6/1/2022 – All identified medications were discarded.

6/30/2022 – Med techs will go through every medication cart and reconcile all medications prior to change over.

7/1/2022 – A new pharmacy provider is taking over. All medication will be new and we will be utilizing an EMAR system to order and track all medications including OTC.

Completion Date: 06/30/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

Accept

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.

Description of Violation

On 6/1/22, the first medication cart in the office contained 2 loose pills – a large, round, white one marked "ARI" and

183e - Storing Medications (continued)

"30" and a small, oval, pink one marked "SS."

Plan of Correction**Accept**

This is a result of the blister packaging.

6/2/2022 - All medication carts were inspected and all loose pills discarded.

7/1/2022 – Home is transitioning to a new pharmacy that uses does packs instead of blister packs to supply medications. This will greatly reduce the amount of medications that accidentally break out of the blister packs after repeatedly taking them in and out of the cart.

7/1/2022 – Home will begin monthly audits of new medication storage system through new pharmacy

Completion Date: 07/01/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

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

On 6/1/22, the first medication cart in the office contained an unlabeled 100-count bottle of 500 mg Equate Pain Reliever tablets and 2 unlabeled bottles of 50 mcg Fluticasone Propionate Nasal Spray.

Plan of Correction**Accept**

6/2/2022 – The identified medication was labeled with the resident's name.

6/30/2022 – All medication will be audited for accuracy and labeling as part of our preparation for switching to a new pharmacy.

7/1/2022 – All medication including OTC will be ordered and filled through our new pharmacy provider to eliminate labeling errors.

Completion Date: 06/30/2022

Licensee's Proposed Date for POC Implementation

Not 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:

Description of Violation

Resident 2 is prescribed Novolog Insulin to be administered 3 times a day according to a sliding scale. On 6/1/22 at 7:00 am, Resident 2 received 4 units of Novolog Insulin, however, documentation of the administration had not been completed by staff person A.

Resident 1's medication administration records (MARs) have several days and times where the administration of medication has not been logged including:

- Atorvastatin 20 mg, take one tablet once daily, at 8 pm on 5/13, 5/17, and 5/20*
- Aripiprazole 10 mg, take one tablet at bedtime, on 5/13 and 5/20*

Resident 4's MARs have several days and times where the administration of medication has not been logged including:

187a - Medication Record (continued)

- Metronidazole 500 mg, take 1 tablet by mouth every 12 hours for 7 days, 8 pm from 5/24 through 5/30
- Famotidine 20 mg, take one tablet twice daily, 5/4 at 8pm; 5/5 and 5/15 at 7am, and 5/31 at 8 pm
- Lamotrigine 200 mg, take one tablet twice daily, 5/4 at 8pm, 5/5 at 7am, 5/15 at 7am, and 5/31 at 8 pm

Plan of Correction**Accept**

6/1/2022 – All medication administration shall be logged on the MAR.

7/1/2022 – The home is transitioning to EMAR. This will prompt the med tech to log every time they administer a medication before allowing them to move on.

7/1/2022 – The homes new Pharmacy Provider is completing a med management and administration in-service on 7/1/2022.

Completion Date: 07/01/2022

Licensee's Proposed Date for POC Implementation

2. Requirements

Not Implemented AS 7.28.22

2600.

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

Description of Violation

Resident 4 is prescribed Metronidazole 500 mg tablets. However, Resident 4's medication administration record does not indicate the diagnosis or purpose for this medication.

Plan of Correction**Accept**

06/02/2022- Diagnosis was written in for resident 4

06/16/2022- All mars were reviewed by med tech supervisor to make sure all diagnosis is written in

07/01/2022- New program is starting and all information is correct

Completion Date: 07/01/2022

Licensee's Proposed Date for POC Implementation

Not 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 7 was admitted to the home on [REDACTED]/22, however, the resident's preadmission screening form was completed on [REDACTED]/21.

Plan of Correction**Accept**

Immediately- prescreening was reviewed and figured it was a typo

06/03/2022- Prescreening was completed and all residents' files were reviewed

06/30/2022- Files will continue on being checked by management

07/01/2022-New system will start, and all forms will be on the new program

Completion Date: 07/01/2022

Licensee's Proposed Date for POC Implementation

Not Implemented AS 7.28.22

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

2600.

225a - Assessment 15 Days (continued)

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

Resident 8 was admitted on [REDACTED]/22, however, the home has not completed a written, initial assessment.

Plan of Correction**Accept**

06/02/2022- Resident's assessment was found and put in folder with other assessments.

06/15/2022- All assessments have been reviewed and are up to date

06/30/2022- All files will continue on being monitored.

Completion Date: 06/30/2022

Licensee's Proposed Date for POC Implementation

Implemented AS 7.28.22