



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HOTEL LEBANON CORPORATION**
LEGAL ENTITY

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

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

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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

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

Restrictions: _____

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

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

and shall remain in effect from **March 14,** **2023** until **September 14,** **2023**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **344042**

Janette Biderpad
ISSUING OFFICER

Jamie J. Buchenauer
DEPUTY SECRETARY

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



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: **MARCH 14, 2023**

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

RE: American House T/A Hotel Lebanon
License #: 344042

Dear Hotel Lebanon Corporation:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on August 30, 2022 and January 10-11, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on our acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code §20.71(a)(2);(3);(4) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code	Class	Fine	Calculated	Mandated
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<u>Chapter 2600:</u>	<u>of Violation</u>	<u>Census at Inspection</u>	<u>Per resident X Per day</u>	<u>Fine = Per day</u>	<u>Correction Date (to avoid Fine)</u>
2600.3(c)	III	59	\$3	\$177	15 calendar days from mailing date of this letter
2600.15(a)	II	59	\$5	\$295	5 calendar days from mailing date of this letter
2600.42(b)	II	59	\$5	\$295	5 calendar days from mailing date of this letter
2600.63(a)	II	59	\$5	\$295	5 calendar days from mailing date of this letter
2600.65(b)	II	59	\$5	\$295	5 calendar days from mailing date of this letter
2600.65(d)	II	59	\$5	\$295	5 calendar days from mailing date of this letter
2600.103(f)	III	59	\$3	\$177	15 calendar days from mailing date of this letter
2600.103(i)	III	59	\$3	\$177	15 calendar days from mailing date of this letter
2600.141(a)1-10	II	59	\$5	\$295	5 calendar days from mailing date of this letter
2600.141(b)1	II	59	\$5	\$295	5 calendar days from mailing date of this letter
2600.183(b)	II	59	\$5	\$295	5 calendar days from mailing date of this letter

2600.187(a)	II	59	\$5	\$295	5 calendar days from mailing date of this letter
2600.187(d)	II	59	\$5	\$295	5 calendar days from mailing date of this letter
2600.188(b)	II	59	\$5	\$295	5 calendar days from mailing date of this letter
2600.225(c)	II	59	\$5	\$295	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

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

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

Enclosure
Licensing Inspection Summaries

cc:

[REDACTED]

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: 02/10/2023
Address: 23 25 SOUTH NINTH STREET, LEBANON, PA 17042
County: LEBANON Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 65 Waking Staff: 49

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 08/30/2022

Inspection Dates and Department Representative

08/30/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74 Residents Served: 65

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 43 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

08/30/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/30/2022

09/30/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/19/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/07/2022

10/07/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/19/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/21/2022

03/06/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 10/19/2022
Reviewer: [REDACTED] Follow-Up Type: Enforcement

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 5/31/2022, at approximately 8:15 PM, an incident of resident to resident abuse occurred. This incident was reported to Staff Member A. However, the Act 13 Mandatory Abuse form was not completed or submitted to the local Area Agency on Aging (AAA).

Repeated Violation-2/24/2022, et al

POC Submission

Accept (█) - 10/07/2022)

On 8/30/22, When inspector discuss with Administrator this violation Administrator reviewed regulation inspection book and printed out the form. The Administrator will be trained by Administrator 2 on 10/5/2022 on reporting suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act.

08/31/2022- Administrator 2 provided the training for all caregivers on Mandatory Abuse Reporting.

ongoing- The Administrator will review all incidents on a quarterly basis to ensure all required reporting was completed. These reviews will be discussed at the quality management meetings beginning November 1, 2022

08/31/2022- A meeting was conduct with all caregivers and retrained on Mandatory Abuse Reporting.

On going- Mandatory Abuse Training will be recorded on all caregivers profile with completion date in Tabula system and a report will be done every 3 month to ensure no caregiver has missed the training. And a spreadsheet og will be created for mandatory abuse training every 6 months.

Licensee's Plan Completion Date: 10/05/2022

Not Implemented (█) - 03/03/2023)

16c - Written Incident Report

2. 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

From 7/22/2022 through 7/28/2022, Resident #1's medications were missed and/or not logged on the Medication Administration Record (MAR). The home did not report the medication errors to the Department.

On 7/28/2022, Resident #1 was found unconscious at the home and required emergency management services. The home did not report this incident to the Department.

On 8/6/2022, Resident #1 ceased to █ after being admitted to the hospital. The home did not report this incident to the Department.

Repeated Violation-2/24/2022, et al

16c - Written Incident Report (continued)

POC Submission

Accept ([REDACTED] - 10/07/2022)

On 8/30/22, when inspector discuss with Administrator about this violation, Administrator reviewed regulation inspection book and printed out the form needed for incident reporting.

08/31/2022- Administrator 2 conducted a retraining with all caregivers on reportable incidents and how to fill out the form.

The Administrator will be retrained by Administrator 2 on reporting incidents or conditions to the Department Personal Care Home Regional Office or The Personal Care Home Complaint Hotline within 24 hours: documentation will be kept at the home.

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

Ongoing- The Administrator will review all incidents on a quarterly basis to ensure all required reporting was completed and to identify and patterns of issues that may need to be addressed by the home. These reviews will be included in the home's quality management meetings beginning November 1, 2022.

Ongoing- The Administrator will review the home's policies and procedures addressing prevention, reporting, notification, investigation and management of reportable and update if needed. A retraining for all staff members will be completed by Administrator by October 6, 2022; documentation will be kept at the home.

Reportable incident training will be recorded on all caregivers profile with completion date in Tabula system and a report will be done every 3 month to ensure no caregiver has missed the training. And a spreadsheet log will be created for incident reporting training every 6 months.

Licensee's Plan Completion Date: 10/05/2022

Implemented ([REDACTED] - 03/03/2023)

17 - Record Confidentiality

3. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 8/30/2022, Medication Administration Records for numerous residents were observed on Medication Cart A in the dining room unlocked, unattended, and accessible at approximately 9:05 AM, 1:15 PM and again at 2:25PM.

POC Submission

Accept ([REDACTED] - 10/07/2022)

On 8/30/22, Inspectors mentioned the situation to Administrator and MARS were put away at that time.

09/01/2022- Administrator had a meeting with med techs and stressed the importance of putting away all MARS and any documentation that is confidential.

ongoing- Administrator will do rounds after every med pass to make sure all confidential documents are put away in a locked storage area.

Licensee's Plan Completion Date: 10/05/2022

Implemented ([REDACTED] - 03/03/2023)

20a - Personal Finances

4. Requirements

2600.

20.a. A resident may manage his personal finances unless he has a guardian of his estate.

Description of Violation

Resident #6 does not have a guardian of [REDACTED] estate and is not granted access to [REDACTED] personal finances by the facility when requested.

POC Submission

Directed [REDACTED] - 09/30/2022)

Directed-

As of 9/5/22, the Administrator has ensured that the home will no longer manage the personal finances of Resident #6. The Administrator will document this in Resident #6's record, within 15 days of receipt of this plan. [REDACTED]

9/30/2022

Directed Completion Date: 10/15/2022

Implemented [REDACTED] 03/03/2023)

42b - Abuse

5. 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 5/31/2022 at approximately 8:15 PM, Resident #2 punched Resident #3 on the side of [REDACTED] head. This incident resulted in intimidation and physical abuse.

Resident #1 did not receive medications as ordered from 7/22/2022 through 7/28/2022. Resident #1 was admitted to the hospital on [REDACTED] with an admitting diagnosis of Cardiac Arrest and ceased to [REDACTED] on [REDACTED]

- Amlodipine 5mg, once daily for [REDACTED], was not administered on 7/22/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Atenolol 50mg, once daily for [REDACTED], was not administered on 7/22/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Citalopram 10mg, once daily for [REDACTED] was not administered on 7/22/2022, 7/23/2022, 7/24/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Combivent Respimat Inhaler, twice daily for [REDACTED], was not administered at 7:00 AM on 7/22/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Docusate Sod 100mg, once daily for [REDACTED], was not administered on 7/22/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Ferrous Sulfate 325mg, twice daily for [REDACTED] Supplement, was not administered at 7:00 AM on 7/26/2022, 7/27/2022 and 7/28/2022
- Folic Acid 1mg, once daily for Supplement, was not administered on 7/22/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Lisinopril HCR 5mg, once daily for [REDACTED], was not administered on 7/22/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Melatonin 5mg, once daily for [REDACTED], was not administered on 7/22/2022, 7/24/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022

42b - Abuse (continued)

- Pantoprazole 20mg, once daily for [REDACTED], was not administered on 7/26/2022, 7/27/2022 and 7/28/2022
- Risperidone 3mg, twice daily for [REDACTED], was not administered at 8:00 PM on 7/25/2022. This medication was not administered for either the AM or PM administration times on 7/26/2022, 7/27/2022 and 7/28/2022
- Simvastatin 40mg, once daily for [REDACTED], was not administered on 7/22/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Vitamin B-12 500mcg, once daily for Supplement, was not administered on 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Vitamin C 500mg, twice daily for Supplement, was not administered at 7:00 AM on 7/22/2022 or at all on 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Divalproex 500mg, twice daily for [REDACTED], was not administered at 8:00 PM on 7/25/2022 or at all on 7/26/2022, 7/27/2022 and 7/28/2022
- Furosemide 40mg, once daily for [REDACTED] was not administered on 7/26/2022, 7/27/2022 and 7/28/2022

Repeated Violation-2/24/2022, et al

POC Submission

Accept ([REDACTED] - 10/07/2022)

08/31/2022- A meeting was conducted with all caregivers and retrained on reportable incidents and how to complete the form.

All staff members will be trained on resident's rights by Administrator on 10/06/2022; documentation will be kept at home.

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 10/13/2022 and shall be kept in each resident's record.

The Administrator will provide training for all staff on positive interventions, redirection and supervision needs and will be conducted by Administrator on 10/6/2022.

Beginning 10/3/2022, The Med Tech will review all medications at the beginning of [REDACTED] shift to ensure no missed medications are not documented.

The Administrator will review all MARS weekly to ensure no medications are missed and all proper documentation is documented. If any medications are found to be missed, these medication errors shall be reported by the administrator in accordance with regulations 2600.16(a), 2600.16(c), 2600.188(a), 2600.188(b), 2600.188(c).

On going- Reportable incident training will be recorded on all caregivers profile with completion date in Tabula system and a report will be done every 3 month to ensure no caregiver has missed the training. And a spreadsheet log will be created for incident reporting training every 6 months.

On going- Med Tech will review all medications at the beginning of her shift to ensure no missed medications are not documented. Staff Member A will review all MARS weekly to ensure no medications are missed and all proper documentation is documented.

Licensee's Plan Completion Date: 10/05/2022

Not Implemented [REDACTED] - 03/03/2023)

85a Sanitary Conditions**6. Requirements**

2600.

85a - Sanitary Conditions (continued)

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/30/2022, an unattended cup of used chewing tobacco was found in the basement lounge area. The cup contained resident's saliva mixed with tobacco and was surrounded by small flying insects.

On 8/30/2022 at approximately 10:40 AM, the second floor shared bathroom, next to Resident Room [redacted] was without any means of hand-drying options.

POC Submission

Accept ([redacted] - 10/07/2022)

On 8/30/22, when brought to Administrator attention the cup in the basement lounge area was discarded on 08/30/2022.

08/30/2022- Maintenance placed paper towels in second floor bathroom.

08/31/2022- Caregivers will begin checking the basement lounge area and bathrooms.

08/31/2022- Administrator will begin doing walk throughs of the building.

Licensee's Plan Completion Date: 10/05/2022

Not Implemented ([redacted] - 03/03/2023)

85b - Infestation

7. Requirements

2600.

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

Description of Violation

On 8/30/2022 at approximately 10:15 AM, dead cockroaches were visible in the basement's overhead lighting fixtures.

On 8/30/2022, there was a presence of flies in the basement lounge area that were significantly bothersome to those using the room.

Repeated Violation-6/1/2022, 2/24/2022, et al, 11/22/2021, et al

POC Submission

Accept ([redacted] - 10/07/2022)

Immediately- The violation was brought to Administrator attention by the inspectors.

09/02/2022- Maintenance cleaned out all light fixtures and cleared out all insects that were located in there.

09/12/2022- A new exterminator has been contracted and all spraying for insects are being done by them. They will call on a monthly basis.

Licensee's Plan Completion Date: 10/05/2022

Implemented ([redacted] - 03/03/2023)

88a - Surfaces

8. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 8/30/2022, the linoleum tile floor in the shared bathroom on the second floor, next to Resident Room [REDACTED] was found to have tiles that had become unattached and moved from proper placement, creating a potential tripping hazard.

POC Submission

Accept ([REDACTED] - 10/07/2022)

On 8/30/22, Inspector brought it to Administrator attention and the bathroom was locked. Residents do not have access to that bathroom.

09/13/2022- Maintenance replaced the tile in that bathroom.

09/15/2022- Maintenance will begin inspecting the home once a month for surfaces to be in good repair and free of hazards. Any concerns noted will be brought to the attention of Administrator and repaired timely.

. Beginning 11/01/2022, areas of concern found to be potential hazards and their planned repair will be discussed during the home's Quality Management Meetings.

Licensee's Plan Completion Date: 10/05/2022

Implemented ([REDACTED] - 03/03/2023)

103f - Refrigerator/Freezer Temps

9. 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 8/30/2022 at approximately 10:30 AM, the temperature in the walk-in refrigerator was 45 degrees Fahrenheit.

On 8/30/2022 at approximately 10:30 AM, the temperature in the walk-in freezer was observed to be above 2 degrees Fahrenheit.

Repeated Violation-6/1/2022, 11/22/2021, et al

POC Submission

Accept ([REDACTED] - 10/07/2022)

Immediately- Inspectors brought it to Administrator attention and new thermometers were ordered on 08/30/2022 and put in on 09/03/2022.

Ongoing- Temperatures are logged daily and the cook will notify Administrator if there is an issue.

. An initial Audit of all refrigerators/ freezers will be completed by 10/5/2022 by Administrator.

103f - Refrigerator/Freezer Temps (continued)

. All caregivers, cook, med techs will be retrained by Administrator on 10/6/2022 on proper food storage temperatures.

10/05/2022- The cook will begin inspecting all refrigerators/freezers.

Licensee's Plan Completion Date: 10/05/2022

Not Implemented (████) - 03/03/2023)

103i - Outdated Food**10. Requirements**

2600.

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

Description of Violation

On 8/30/2022 at approximately 10:30 AM, there were 28 identified dented cans in the home's food storage area. Discussion with staff confirmed these cans were intended for use.

The dented cans included the following:

- One (1) Sysco Classic Sweet Potatoes-108 oz can
- One (1) Sysco Imperial Fancy Shredded Sauerkraut-104 oz can
- Two (2) twelve pack cases of Campbell's Tomato Soup-50 oz per can
- One (1) Trenton Farm Nacho Cheese Sauce- 6lb 10 oz can
- One (1) Port Royal Whole White Potatoes -104 oz can

Repeated Violation-2/24/2022, et al

POC Submission

Accept (████) - 10/07/2022)

On 8/30/22, cans were separated and discarded at the time of inspection on 08/31/2022 by Administrator and Maintenance.

09/01/2022- Storage room was inspected for any other dented cans or outdated food by Administrator.

09/03/2022- The cook will begin completing weekly checks in the pantry to ensure dented cans are removed.

. Administrator will begin an oversight on 09/03/2022 every two weeks to check for dented cans. Cans found to be dented or out of date will be discarded immediately.

Licensee's Plan Completion Date: 10/05/2022

Not Implemented (████) - 03/03/2023)

105g - Lint Removal and Duct Cleaning**11. 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 8/30/2022 at approximately 10:25 AM, Dryer #3's lint trap was found to be 100% covered with a thick accumulation of lint. There were no clothes in the dryer at the time.

105g - Lint Removal and Duct Cleaning (continued)

Repeated Violation-11/22/2021, et al

POC Submission

Accept (█) 10/07/2022)

Immediately- The lint was removed from the trap by caregiver at the time it was brought to the Administrator attention on 08/30/2022.

08/31/2022- All caregivers were trained by Administrator on the importance of lint removal in all dryers and to remove lint after each use. Document will be kept at the home.

09/02/2022- Maintenance will begin to check all dryers at the beginning of the shift and throughout the day to ensure lint is removed properly.

Licensee's Plan Completion Date: 10/05/2022

Implemented (█) - 03/03/2023)

141b1 - Annual Medical Evaluation**12. Requirements**

2600.

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

Description of Violation

Resident #4's most recent medical evaluation was completed on █.

Repeated Violation-6/1/2022, 2/24/2022, et al,1/26/2022, 11/22/2021, et al

POC Submission

Accept (█) 10/07/2022)

Immediately- Discussion was held with resident 4.

09/22/2022- Appointment was scheduled for resident 4 and █ agreed to go for now. Documentation was also done on when the scheduled appointment is for.

Ongoing- Appointments will be documented on the new system tabular pro for every resident's appointment.

Ongoing- Medical evaluations have been updated to the new system and it will alert administration when they are due.

An audit of all resident's medical evaluation will be completed by 10/13/2022 by Administrator to ensure the evaluations are within the requested timeline.

Residents whose medical evaluations found to be out of compliance will be scheduled for an evaluation with the physician within 30 days and a new DME will be completed.

Licensee's Plan Completion Date: 10/05/2022

Not Implemented (█) - 03/03/2023)

142b - Refusal-Medical Treatment**13. Requirements**

2600.

142b - Refusal-Medical Treatment (continued)

142.b. If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for health care shall be documented in the resident's record.

Description of Violation

Resident #4 has refused to attend scheduled medical evaluations on multiple occasions. However, there is no documentation in the resident's record of the home's attempts to educate and inform Resident #4 about the need for health care.

POC Submission

Accept (█) - 10/07/2022)

08/31/2022- Home rules were reviewed with resident 4 by the Administrator and was explained to █ the importance.

09/22/2022-Appointment was scheduled for resident 4 for October 27, 2022, at 1:30pm and discussion was also documented.

DME'S will be added to the Tabula Pro System to track compliance with required timelines.

Licensee's Plan Completion Date: 10/05/2022

Implemented (█) - 03/03/2023)

162e - Menu Changes**14. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 8/30/2022, chili dogs were listed on the menu for the lunchtime meal. However, leftovers were served and not the scheduled meal. A change to the menu was not posted in a conspicuous and public place in the home.

POC Submission

Accept (█) - 10/07/2022)

On 8/30/22, the inspector notified the cook, and it was changed on the menu

8/31/2022- Administrator retrained staff on posting changes to the menu.

9/2/2022- The cook reviewed all menus to make sure that everything was correct on the menus and if the menus had to be modified.

Cook will notify changes to the residents over loudspeaker and also change it on the menu. Cook will be responsible to post changes in a conspicuous place/notify residents of the changes.

Administrator will continue on monitoring the menu on a daily basis.

Licensee's Plan Completion Date: 10/05/2022

Implemented (█) - 03/03/2023)

183b - Meds and Syringes Locked

15. 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 8/30/2022 at approximately 9:10 AM, Medication Cart A was locked in the dining room. However, the keys to the medication cart were unattended and accessible on top of the medication cart.

Repeated Violation-6/1/2022, 2/24/2022, et al, 11/22/2021, et al

POC Submission

Accept (████) - 10/07/2022)

On 8/30/22, Keys were removed from on top of the med cart immediately.

The Administrator will be retrained on the importance of maintaining the keys to the medication cart by the Administrator 2 by 10/5/2022; Documentation will be kept at the home.

08/31/2022 Administrator provided training to med techs on importance of keeping keys with them.

Beginning 09/03/2022, the Administrator will conduct daily audits of the home to ensure keys to the medication cart are attended to and/or inaccessible to those residing in the home.

Licensee's Plan Completion Date: 10/05/2022

Not Implemented (████) - 03/03/2023)

187a - Medication Record**16. 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 #5 is prescribed Aspirin 81mg, take one tablet by mouth daily. However, the resident's August 2022 medication administration record (MAR) does not indicate the the diagnosis or purpose of the medication.

Resident' #5 is prescribed Diclofenac Sodium 1% gel, apply 2 grams topically to affected area four times daily. However, the resident's August 2022 MAR does not indicate the the diagnosis or purpose of the medication.

Repeated Violation-6/1/2022, 2/24/2022, et al, 11/22/2021, et al

POC Submission

Accept (████) - 10/07/2022)

mmediately All MARS were reviewed by Med tech Supervisor and Administrator on 08/31/2022 and diagnoses were received by PCP

09/03/2022 Med Tech were retrained by Administrator on the information required to be on a MAR.

Beginning 10/10/22, MARS will be reviewed on a weekly basis to check for diagnosis by the Administrator to make sure any new medications have diagnosis.

187a - Medication Record (continued)

Licensee's Plan Completion Date: 10/05/2022

Not Implemented [REDACTED] - 03/03/2023)

187d - Follow Prescriber's Orders

17. Requirements

2600.

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

Description of Violation

According to the July 2022 Medication Administration Record for Resident #1, the following medications were not administered per the prescriber's orders:

- Amlodipine 5mg, once daily for [REDACTED], was not administered on 7/22/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Atenolol 50mg, once daily for [REDACTED], was not administered on 7/22/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Citalopram 10mg, once daily for [REDACTED] was not administered on 7/22/2022, 7/23/2022, 7/24/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Combivent Respimat Inhaler, twice daily for [REDACTED] was not administered at 7:00 AM on 7/22/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Docusate Sod 100mg, once daily for [REDACTED], was not administered on 7/22/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Ferrous Sulfate 325mg, twice daily for [REDACTED] Supplement, was not administered at 7:00 AM on 7/26/2022, 7/27/2022 and 7/28/2022
- Folic Acid 1mg, once daily for Supplement, was not administered on 7/22/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Lisinopril HCR 5mg, once daily for [REDACTED]. was not administered on 7/22/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Melatonin 5mg, once daily for [REDACTED], was not administered on 7/22/2022, 7/24/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Pantoprazole 20mg, once daily for [REDACTED], was not administered on 7/26/2022, 7/27/2022 and 7/28/2022
- Risperidone 3mg, twice daily for [REDACTED], was not administered at 8:00 PM on 7/25/2022. This medication was not administered for either the AM or PM administration times on 7/26/2022, 7/27/2022 and 7/28/2022
- Simvastatin 40mg, once daily for [REDACTED] was not administered on 7/22/2022, 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Vitamin B-12 500mcg, once daily for Supplement, was not administered on 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Vitamin C 500mg, twice daily for Supplement, was not administered at 7:00 AM on 7/22/2022 or at all on 7/25/2022, 7/26/2022, 7/27/2022 and 7/28/2022
- Divalproex 500mg, twice daily for [REDACTED], was not administered at 8:00 PM on 7/25/2022 or at all on 7/26/2022, 7/27/2022 and 7/28/2022
- Furosemide 40mg, once daily for [REDACTED], was not administered on 7/26/2022, 7/27/2022 and 7/28/2022

187d - Follow Prescriber's Orders (continued)

Repeated Violation-2/24/2022, et al, 11/22/2021, et al

POC Submission

Accept (████) - 10/07/2022)

08/31/2022- Administrator met with Med Tech Supervisor to discuss the incident of not following provider instructions for medications administration.

10/3/2022- Med Tech will review all medications at the beginning of █████ shift to ensure no missed medications are not documented. The Administrator will review all MARS weekly to ensure no medications are missed and all proper documentation is documented.

. If any medications are found to be missed, these medication errors shall be reported by the Administrator in accordance with regulations 2600.16(a), 2600.16(c), 2600.188(a), 2600.188(b),2600.188(c).

Licensee's Plan Completion Date: 10/05/2022

Not Implemented (████) - 03/03/2023)

188b - Medication Error Reporting

18. 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 is prescribed Amlodipine 5mg daily for █████, Atenolol 50mg daily for █████, Citalopram 10mg daily for █████ Combivent Respimat Inhaler twice daily for █████, Lisinopril HCT 5mg daily for █████ Risperidone 3mg twice daily for █████. However, these medications were not administered on 7/26/2022, 7/27/2022 and 7/28/2022. These medication errors were not reported to the prescriber.

Repeated Violation-2/24/2022, et al

POC Submission

Accept (████) /07/2022)

. Administrator met with Med Tech Supervisor on 08/31/2022 to discuss reporting medication errors to the prescriber documentation of the training will be kept by the home.

. Med Tech Supervisor will review MARS weekly to review medication errors and communication with the prescriber.

. Beginning 10/3/2022, The Med Tech will review all medications at the beginning of their shift to ensure no missed medication are not documented. The Administrator will review all MARS weekly to ensure no medications are missed and all proper documentations is documented.

. If any medications are found to be missed, these medication errors shall be reported by the Administrator in accordance with regulations 2600.16(a), 2600.16(c), 2600.188(a), 2600.188(b) and 2600.188(c).

Licensee's Plan Completion Date: 10/05/2022

Not Implemented (████) - 03/03/2023)

227d - Support Plan Medical/Dental

19. Requirements

2600.

227d - Support Plan Medical/Dental (*continued*)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for Resident #4, dated [REDACTED] does not indicate a medical or behavioral assessment or support plan for the resident's continued refusals to participate in medical evaluations or for the resident's hallucinations as reported by staff members.

POC Submission**Accept [REDACTED] - 10/07/2022)**

. A training will be completed by Administrator 2 to Administrator on completing RASPS by 10/05/2022 on properly assessing and providing supports necessary in resident's RASPS on the medical and behavioral needs.

Documentation of this training will be kept at the home.

09/03/2022- Resident#4 RASP was updated to reflect frequent refusals to participate in medical appointments and hallucinations by the Administrator.

. An audit of all RASPS in the come will be completed by Administrator by 10/13/2022 to ensure medical and/or behavioral needs are assessed, and supports are being provided. RASPS will be updated accordingly and reviewed with the resident and designated contact, if applicable.

Licensee's Plan Completion Date: 10/05/2022

Not Implemented [REDACTED] - 03/03/2023)