pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 6, 2024

[redacted], ADMINISTRATOR
HOTEL LEBANON CORPORATION
23-25 SOUTH NINTH STREET
LEBANON, PA 17042

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on August 13-15, 2024, of the above facility, that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

[redacted]

Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

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**: *05/28/2024*

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

County: *LEBANON* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted]

Legal Entity

Name: *HOTEL LEBANON CORPORATION*

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

Phone: [redacted] **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**: *54* **Waking Staff**: *41*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident, Fine, Monitoring* **Exit Conference Date**: *08/15/2024*

Inspection Dates and Department Representative

08/13/2024 On Site: [redacted]
08/14/2024 On Site:
08/15/2024 On Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* **Residents Served**: *53*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *23* **Are 60 Years of Age or Older**: *34*

Diagnosed with Mental Illness: *12* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *1* **Have Physical Disability**: *2*

Inspections / Reviews

08/13/2024 - Partial

Lead Inspector: [redacted] **Follow Up Type:** *Exception*

5a1 DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On [redacted] at [redacted] Representatives of the Department requested and received an initial staff list; however, not all of the current employees were included. As of [redacted], Representatives of the Department still did not have a completed list of current staff working in the home.

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The Administrator or designee will create a comprehensive staff list to include their name, position title and date of hire by 9/21/24.*
- *Education will be provided to the Administrator on regulation 2600.5(a)(1) by 9/21/24.*
- *Beginning 9/21/24, the administrator or a designee shall provide, upon request, immediate access to accurate and comprehensive records in the home*
- *Documentation of staff education and updated staff list will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

15a Resident Abuse Report

2. 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 or about [redacted], Residents #1 and #2 called police to make a report about Resident #3 sexually harassing Resident #2. This allegation of abuse was not reported to the local area agency on aging.

On [redacted], Resident #2 alleged possible sexual abuse by Staff Person E which was reported to the Department on [redacted]. However, this allegation of abuse was was not reported to the local area agency on aging.

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *An Act 13 will be completed for the allegation made around 5/28/24 by the Administrator or designee and will be sent to AAA by 9/21/24.*
- *All staff in the home, including the administrator, will receive education on 2600.15(a) by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will discuss incidents that occurred the day prior to ensure any allegations of abuse are reported to AAA within 48 hours of occurrence.*
- *Documentation of staff education and submitted Act 13 forms will be kept by the home and available for review by the Department.*

15a Resident Abuse Report *(continued)*

Directed Completion Date: *09/21/2024*

15b Supervisor Plan

3. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted], an allegation of sexual abuse by Staff Member E against Resident #2 was made to the police department. The Administrator was informed of the allegation on 6/26/24. However, the home did not immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *Education will be provided to all staff in the home, including the Administrator, on 2600.15(b) by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will immediately be notified of any allegation of abuse of a resident involving a home's staff person. The Administrator or designee will immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident and submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.*
- *Documentation of staff education and notification submission to the Department will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

16c - Written Incident Report

4. 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 or about [redacted], Residents #1 and #2 called police to make a report about Resident #3 sexually harassing Resident #2. This allegation of abuse was not reported to the Department.

On [redacted], the Administrator was informed of an allegation of staff to resident abuse that occurred on [redacted] by the police department. The home did not report this incident to the Department until 6/28/24.

Repeated Violation 5/14/2024, et al

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *A Reportable document will be completed for the allegation made around [redacted] by the Administrator or designee and will be sent to the Department by [redacted]*

16c Written Incident Report (continued)

- *All staff in the home, including the administrator, will receive education on 2600.16(c) by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will discuss/review incidents that occurred the day prior with staff to ensure the Department has been notified within 24 hours of occurrence.*
- *Documentation of staff education and submitted Reportable forms will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

18 Compliance With Laws

5. Requirements

2600.
18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Per the Care Facility Carbon Monoxide Alarms Standards Act, the battery shall be replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner. On [redacted], the detectors in the basement were checked and the following was found:

The detector in the hallway outside of the pantry has batteries labeled [redacted]
The detector in the laundry room was not labeled with the date of installation.
The detector in the furnace/maintenance room was observed atop a work bench, open with no batteries installed.

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The detectors located in the hallway outside of the pantry, in the laundry room and in the furnace room will receive new batteries and will be dated with the date of installation by 9/21/24 by the Administrator or designee.*
- *The Administrator or designee will audit the entire home for additional detectors and ensure the date of battery installation is indicated on each device by 9/21/24.*
- *Education will be provided to applicable staff on the Care Facility Carbon Monoxide Alarms Standards Act by 9/21/24.*
- *Beginning 9/21/24, quarterly audits of all detectors will be completed by the Administrator or designee to ensure batteries are changed at least annually and include the date of battery installation.*
- *Documentation of staff education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

42b - Abuse

6. 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.

42b Abuse *(continued)*

Description of Violation

On or around [redacted], Residents #1 and #2 called police to make a report about Resident #3 sexually harassing resident #2. Representative of the Department interviewed both Resident #1 and Resident #2 about the allegations. Residents were interviewed separately and both residents provided, clear, concise and consistent stories of the allegations. Allegations include that on or around 05/28/2024, Resident #3 was grabbing Resident #2's genital and buttocks area over their clothing while walking behind them. This was an unwanted sexual advance which left Resident #2 upset and distraught.

Repeated Violation - 5/14/24 et al.

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The Administrator or designee will complete an internal investigation into the incident by 9/21/24.*
- *Resident #2's assessment and support plan will be reviewed and updated, as applicable, with any behaviors not identified by the Administrator or designee by 9/21/24.*
- *All residents and staff will receive education on Resident's Rights by the Administrator or designee by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will interview at least 10% of residents in the home weekly to ensure residents do not feel neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.*
- *Documentation of the completed investigation, resident record updates, resident and staff education as well as resident interviews will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

51 Criminal Background Check

7. 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 Member B, hired [redacted], did not have a criminal history background check completed.

Repeated Violation - 5/14/24 et al.

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *Staff Member B will be removed from the staff schedule immediately until a background check has been completed and received by the home.*
- *The Administrator or designee will complete an audit of all current staff records to ensure each employee has a criminal background check and/or federal criminal history report on file.*
- *Education will be provided to the Administrator and/or designee on 2600.51 by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will review any and all new hire files for a completed background check prior to the new hire being placed on the staff schedule.*

51 Criminal Background Check (continued)

- *Documentation of completed audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

57b 1 Hour/Day

8. Requirements

2600.
57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 8/6/24, there were 53 residents in the home, requiring a minimum of 54 hours of direct care service as one resident has mobility needs. On this day, only 42.5 hours of direct care staffing was provided.

On 8/10/24, there were 53 residents in the home, requiring a minimum of 54 hours of direct care service as one resident has mobility needs. On this day, only 44.75 hours of direct care staffing was provided.

On 8/11/24, there were 53 residents in the home, requiring a minimum of 54 hours of direct care service as one resident has mobility needs. On this day, only 35.5 hours of direct care staffing was provided.

On 8/12/24, there were 53 residents in the home, requiring a minimum of 54 hours of direct care service as one resident has mobility needs. On this day, only 29.75 hours of direct care staffing was provided.

Repeated Violation 5/14/24 et al, 2/27/24, et al.

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The Administrator and/or designee will receive education on 2600.57(b) by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will review the staff schedule at least one week in advance to ensure staff persons are scheduled to provide at least 1 hour per day of personal care services to each mobile resident and 2 hours for each immobile resident.*
- *Beginning 9/21/24, the Administrator or designee will be notified of any staff calling off for their scheduled shift so the Administrator or designee can provide appropriate staff coverage.*
- *Documentation of education and staff schedules, including updates to coverage, will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

57d - Waking Hours

9. Requirements

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 8/6/24, a total of 54 hours of direct care was required. However, only 32 of the required hours, or 59 percent, were

57d Waking Hours (continued)

provided during waking hours.

On 8/10/24, a total of 54 hours of direct care was required. However, only 30.75 of the required hours, or 57 percent, were provided during waking hours.

On 8/11/24, a total of 54 hours of direct care was required. However, only 33.75 of the required hours, or 63 percent, were provided during waking hours.

On 8/12/24, a total of 54 hours of direct care was required. However, only 27.25 of the required hours, or 50 percent, were provided during waking hours

Repeated Violation - 5/14/24 et al, 2/27/24, et al.

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The Administrator and/or designee will receive education on 2600.57(d) by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will review the staff schedule at least one week in advance to ensure staff persons are scheduled to provide at least 75% of the personal care service hours required are available during waking hours.*
- *Beginning 9/21/24, the Administrator or designee will be notified of any staff calling off for their scheduled shift so the Administrator or designee can provide appropriate staff coverage.*
- *Documentation of education and staff schedules, including updates to coverage, will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

60a Staff/Support Plan

10. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 08/06/2024, from 12:00 AM 6:00 AM, Staff Member F was the only staff person present in the home. This staff person is not certified in medication administration and there are several residents with orders for PRN medications.

On 08/10/2024, from 10:00 PM 12:00 AM, Staff Member G was the only staff person present in the home. This staff person is not certified in medication administration and there are several residents with orders for PRN medications.

On 08/12/2024, from 10:21 PM 08/13/2024 5:53 AM. Staff Member F was the only staff person present in the home. This staff person is not certified in medication administration and there are several with orders for PRN medications.

Repeated Violation 5/14/24 et al., 2/27/24, et al.

60a Staff/Support Plan *(continued)*

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *Beginning 9/21/24, the Administrator or designee will review the staff schedule at least once week in advance to ensure the staff schedule includes at least one staff member certified in medication administration at all times.*
- *The Administrator and/or designee will receive education on 2600.60(a) by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will be notified of any staff calling off for their scheduled shift so the Administrator or designee can provide appropriate staff coverage.*
- *Documentation of education and staff schedules, including updates to coverage, will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

63a First Aid/CPR Training

11. 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 08/12/2024, from 10:21 pm 08/13/2024 5:53 am. Staff Person F was the only staff person present in the home, and there were 53 residents in the home.

On 8/6/24, from 12:00 AM until 6:00 AM, 53 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

On 8/11/24, from 12:00 AM until 6:10 AM, 53 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

On 8/11/24, from 9:52 PM until 12:00 AM 53 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

On 8/12/24, from approximately 5:45 PM until 9:56 PM, 53 residents were present in the home. During this time only one staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Repeated Violation 2/27/24, et al.

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The Administrator and/or designee will receive education on 2600.63(a) by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will review the staff schedule at least one week in advance to ensure staff persons are scheduled who are certified in CPR/FA.*
- *Beginning 9/21/24, the Administrator or designee will be notified of any staff calling off for their scheduled shift so the Administrator or designee can provide appropriate staff coverage.*
- *An audit of all staff records will be completed by 9/21/24 by the Administrator or designee for current certification in CPR/FA.*

63a First Aid/CPR Training (continued)

- *Documentation of education and staff schedules, including updates to coverage, will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

65b Rights/Abuse 40 Hours

12. 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 Member B, hired on [redacted] did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), reporting of reportable incidents and conditions.

Repeated Violation 2/27/24, et al., 12/19/23

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The Administrator or designee will receive education on 2600.65(b) by 9/21/24.*
- *Staff Member B will receive education in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), reporting of reportable incidents and conditions by 9/21/24 by the Administrator or designee.*
- *An audit of staff and volunteer records will be completed by the Administrator or designee by 9/21/24 to ensure they have received orientation on all topics per 2600.65(b).*
- *Beginning 9/21/24, the Administrator or designee will review employee and/or volunteer records for completion of orientation by the staff member or volunteer's 40th scheduled hour for the home.*
- *Documentation of staff education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

82c - Locking Poisonous Materials

13. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On the morning of 8/13/24, a can of AJAX cleaner, with a manufacture's label indicating "keep out of reach of children", was unlocked, unattended, and accessible to residents in an unlocked closet in the living room.

82c Locking Poisonous Materials (continued)

A one gallon spray bottle of Ortho Home Defense Insect Killer with a lebel stating to "call poison control center for treatment advice" was unlocked, unattended and accessible to residents in the bedroom of Resident #5.

On 8/14/24 at approximately 10:15am, the utility closet (Door labeled 200) was unlocked and partially open. Inside were multiple poisonous materials that were unlocked, unattended, and accessible including a gallon size of "Pure Bright Germicidal Ultra Bleach" with a label to call a poison control center for treatment advice and not to induce vomiting unless directed by poison control or a doctor.

Not all of the residents of the home, including but not limited to Resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *The Administrator or designee will lock all identified poisons by 9/21/24.*
- *Education will be given to all staff in the home on 2600.82(c) by 9/21/24 by the Administrator or designee.*
- *An initial audit of the home will be completed by the Administrator or designee to by 9/21/24 to ensure all poisonous materials remain locked and inaccessible to residents.*
- *Beginning 9/21/24, the Administrator or designee will complete weekly audits of the home to include common areas and resident rooms to ensure poisonous materials are kept locked and inaccessible to residents.*
- *Documentation of completed audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

85a Sanitary Conditions

14. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/13/24 at 9:18 AM, resident room #304 was observed to have a black trash can, with no liner, containing vomit. Vomit was also observed on the bedroom floor next to the black trash can.

On 8/13/24, at approximately 10:15 AM, the bathroom sink area of resident room #217 contained vomit. The resident was not present in the home at the time of the inspection.

On 8/13/24 at approximately 11:30 AM, Staff Member H dispensed medications into his/her ungloved hand and then administered them to three separate residents.

On 8/14/24, the suspended ceiling tiles over the walk-in cooler in the basement were observed to have large dark water stains and mold.

On 8/15/24 at 11:38 AM, a puddle of urine was observed in the doorway of resident room #107. Staff Members A and K verified that the liquid was urine.

Repeated Violation - 5/14/24 et al., 2/27/24, et al.

85a Sanitary Conditions (continued)

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Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The Administrator or designee will clean and sanitize the black trash can and floor in room #304 as well as the sink in resident room #217 by 9/21/24.*
- *The ceiling tiles over the walk-in cooler in the basement will be replaced by the Administrator or contractor by 9/21/24.*
- *The Administrator or designee will provide education to all staff in the home to ensure resident vomit and urine is being cleaned immediately as well as notifying the Administrator on any areas of the home observed to have water stains and/or moldy areas by 9/21/24.*
- *Beginning 9/21/24, staff will complete walkthrough's of the home at least twice per shift to ensure the home is free from bodily fluids, odor or any other unsanitary condition. Audits will be documented and kept by the home.*
- *Beginning 9/21/24, the Administrator or designee will complete random, weekly audits of the home to ensure the home maintains sanitary conditions and is free from bodily fluids and mold.*
- *The Administrator or designee will provide education to all staff who administer medications to ensure medications are being administered in a sanitary manner by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will complete weekly audits on the administration of medication to ensure staff are administering medications while maintaining sanitary conditions.*

Directed Completion Date: *09/21/2024*

101j2 Bedroom Chairs

15. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

Shared resident room #104 is occupied by two residents; however, there is only one folding chair in this room.

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *The Administrator or designee will place a second chair in resident room #104 by 9/21/24.*
- *Education will be provided to all staff on 2600.101(j)(2) by 9/21/24.*
- *An initial audit of all resident rooms will be completed by 9/20/24 to check that a chair is available for each resident that meets the resident's needs.*
- *Beginning 9/21/24, monthly audits of resident bedrooms will be completed by the Administrator or designee to ensure a chair remains available for each resident.*
- *Documentation of staff education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

101j7 - Lighting/Operable Lamp

16. Requirements

2600.

101j7 Lighting/Operable Lamp *(continued)*

101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident room [redacted] occupied by two residents. Resident #6 does not have access to a source of light that can be turned on/off at bedside. A light is present over the resident's bed but a lightbulb was not installed.

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *The Administrator or designee will provide a light source to Resident #6 by 9/20/24.*
- *All staff in the home will receive education on 2600.101(j)(7) by 9/21/24 by the Administrator or designee.*
- *An initial audit will be completed by the Administrator or designee by 9/20/24 to ensure each resident has an operable lamp or other source of lighting that can be turned on at bedside.*
- *Beginning 9/21/24, monthly audits will be completed for each resident room to ensure an operable lamp or other source of lighting that can be turned on at bedside remains available.*
- *Documentation of staff education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

102i Soap Dispenser

17. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 8/13/24, the soap dispenser in the second floor bathroom was empty.

On 8/13/24, there was an unlabeled, used bar of green Irish Spring soap in the shower of the shared bathroom between resident rooms #204 and #205.

Resident room #202 has its own shower which is shared by two residents. On the floor of the shower was an unlabeled, used, green bar of soap.

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *Education will be provided to all staff in the home by the Administrator or designee on 2600.102(i) by 9/21/24.*
- *An initial audit of the home will be completed by the Administrator or designee by 9/20/24 to ensure soap dispensers are full and unlabeled bars of soap are either removed or labeled.*
- *Education will be provided to residents on the requirement for bars of soap to be clearly labeled and to inform staff member's if a container or label is needed. Education to be provided by the Administrator or designee by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will conduct audits of the home, at least once weekly, to ensure soap dispensers remain full and available and bars of soap are clearly labeled for each resident who shares a bathroom.*
- *Documentation of resident/staff education and completed audits will be kept by the home and available for review by the Department.*

102i Soap Dispenser *(continued)*

Directed Completion Date: *09/21/2024*

103g Storing Food

18. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 8/14/24, the following items were observed:

- *One 50 lb bag of powdered milk open to the air.*
- *A large box of beef pattie fritters with an unsealed plastic bag*
- *A large unsealed plastic bag of frozen waffles in the stand up Maytag Freezer.*
- *A large stick of butter that is opened with the butter exposed to the air in the stand up cooler.*
- *A plastic tub labeled, "chicken steak 8/9" with an unsealed lid in the stand up cooler.*
- *A plastic tub labeled "Oat Rings" with an unsealed lid*
- *A plastic jug of Sysco brand powdered mashed potato flakes loosely covered with a piece of aluminum foil, about 1/4 of the top is exposed and open to the air.*

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The Administrator or designee will audit all food in the home and dispose of any food not stored safely or protected from spoilage or infestation by 9/20/24.*
- *Education will be given to all staff in the home on 2600.103(g) by the Administrator or designee by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will complete audits of the home's food storage areas, at least once weekly, to ensure the food is stored in closed or sealed containers.*
- *Documentation of staff education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

104d Adaptive Eating Equipment

19. Requirements

2600.
104.d. Adaptive eating equipment or utensils shall be available, if needed, to assist residents in eating at the table.

Description of Violation

Resident #7 has visible, uncontrolled tremors due to [redacted] medical conditions, which makes using standard utensils a challenge. When interviewed, the resident stated that he/she often spills liquids on the table due to his/her tremors and would appreciate adaptive eating equipment, especially with soups.

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The Administrator or designee will assess Resident #7's needs for adaptive eating equipment during*

104d Adaptive Eating Equipment (continued)

mealtimes by 9/21/24.

- *Resident #7's assessment and support plan will be updated to reflect assistance and adaptive equipment by [redacted], as applicable.*
- *Staff will be educated on 2600.104(d) and the need to regularly observe and assists residents at mealtime to ensure the resident's needs are being met. Any concerns observed for any resident during mealtime should be brought to the Administrator's attention. Training to be completed by the Administrator or designee by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will observe at least one meal per week for any resident's who may need additional assistance during mealtimes.*
- *Documentation of completed assessments, audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

132a Monthly Fire Drill

20. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

On 08/13/2024, at approximately 9:09 AM, the home conducted a fire drill. Prior to the alarm sounding, Staff Member A announced in front of staff and residents that a drill would be occurring. Staff were informed of this scheduled fire drill and stationed to be ready to act once the fire alarm was pulled. Staff interviews confirmed they were aware of the fire drill prior to the drill being conducted.

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *All staff in the home, including the Administrator, will receive education on 2600.132(a) by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will complete a 10% sample of resident and staff interviews following the completion of monthly fire drills to ensure residents and/or staff were not aware of the scheduled drill. If any staff and/or residents confirm they were told about the fire drill ahead of time, the fire drill for that month will be completed a second time.*
- *Documentation of education and interviews will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

141a Medical Evaluation

21. Requirements

2600.

141a Medical Evaluation *(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.

Description of Violation

Resident # 5 was admitted to the home on [redacted]. Resident #5's medical evaluation was not completed until [redacted]

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *Education will be provided to applicable staff members, including the Administrator, on 2600.141(a) by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will review a resident's medical evaluation within 1 day of admission to the home to ensure a medical evaluation has been completed within the required timeframes.*
- *Documentation of staff education will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

141a 1 10 Medical Evaluation Information

22. Requirements

2600.

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

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

Description of Violation

Resident #2's medical evaluation dated [redacted] does not include the resident's blood pressure nor the date the resident was evaluated.

Repeated Violation - 5/14/24 et al.

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *Resident #2's medical evaluation will be updated to include the missing information by 9/21/24.*
- *Education will be provided to all staff responsible for resident medical evaluations on 2600.141(1-10) by the Administrator or designee by 9/21/24.*
- *An audit of all resident medical evaluations will be completed by 9/21/24 by the Administrator or designee to ensure the required documentation is complete.*
- *Beginning 9/21/24, the Administrator or designee will review resident medical evaluations within 2 days of completion to ensure they include the regulatory required areas.*

141a 1 10 Medical Evaluation Information (continued)

- *Documentation of staff education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

162e Menu Changes

23. 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

The menu for 8/14/24, states that beef soup, crackers, and fruit are for lunch. However, chicken vegetable soup, crackers and pudding were served. The menu changes were not posted and no notice was provided to the residents in advance of the meal.

Repeated Violation - 2/27/24, et al.

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *Education will be provided to all staff in the home by 9/21/24 on 2600.162(e) by the Administrator or designee.*
- *Beginning 9/21/24, a change to the menu will be posted in a conspicuous and public place in the home and accessible to residents in advance of the meal by the Administrator or designee.*
- *Beginning 9/21/24, the Administrator or designee will complete random, weekly audits of the home's menu compared to the meal being served to ensure the menu changes were documented, as applicable.*
- *Documentation of education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

182c Medication Administration

24. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

On [redacted] at [redacted] Staff Member H administered medications to Resident #8. Staff Member H did not observe Resident #8 ingest his/her medication.

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *Education will be provided to all staff who administer medications by the Administrator or designee by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will complete random, weekly observations of medication administration passes for 2 months to ensure staff are observing the resident ingest their medication.*

182c Medication Administration (continued)

- *Documentation of staff education and observations will be kept by the home to and available to review by the Department.*

Directed Completion Date: *09/21/2024*

183d Prescription Current

25. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted], a bottle of [redacted], prescribed to Resident #6, was present in the home's medication cart. The order for this medication was prescribed on [redacted]

On [redacted], a green plastic basket in the medication room contained the following medications:

- *Box of [redacted] eyedrops prescribed to Resident #9, expired on [redacted]*
- *Bottle of [redacted] prescribed to Resident #10, expired on [redacted]*

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The Administrator or designee will dispose of the identified medications by 9/21/24.*
- *By 9/20/24, an audit of the home's medication cart and room will be completed by the Administrator or designee to ensure only current, non-expired medications are kept in the home.*
- *The Administrator or designee will in-service all staff who administer medications by 9/21/24 on 2600.183(d).*
- *Beginning 9/21/24, monthly medication cart audits will be completed to ensure only current, non-expired medications are kept in the home.*
- *Documentation of staff education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

183e Storing Medications

26. 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 [redacted] at approximately [redacted] an insulin pen of [redacted], prescribed to Resident #6, was in the medication cart and not labeled with the date it was opened.

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The Administrator or designee will dispose of Resident #6's undated insulin pen by [redacted]. A new pen will*

183e Storing Medications (continued)

be opened and dated by 9/21/24.

- *An initial audit of all other insulin pens will be completed by the Administrator or designee by 9/20/24 to ensure each pen is dated with the date it was opened.*
- *Education will be provided to all staff who administer insulin by 9/21/24 by the Administrator or designee.*
- *Beginning 9/21/24, monthly audits of the home's medication cart will be completed by the Administrator or designee to ensure insulin pens contain the date it was opened on the pen and are not being used beyond the manufacturer's instructions.*
- *Documentation of staff education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

184a Resident's Meds Labeled

27. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.

Description of Violation

Resident #9's [redacted] tablets do not include the resident's name.

Resident #8's [redacted] tablets do not include the resident's name

Repeated Violation - 5/14/24 et al.

Plan of Correction ***Directed ([redacted] - 08/30/2024)***

- *The Administrator or designee will label Resident #9 and Resident #8's identified medications by 9/21/24.*
- *The Administrator or designee will provide education on 2600.184(a) to all staff who administer medications by 9/21/24.*
- *An initial audit will be completed by the Administrator or designee on all remaining resident medications to ensure they are labeled per regulatory requirements by 9/20/24.*
- *Beginning 9/21/24, monthly medication cart audits will be completed by the Administrator or designee to ensure medications are labeled with the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber.*
- *Documentation of completed audits and staff education will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

185a Implement Storage Procedures

28. 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 #6 is prescribed [redacted], inhale two puffs by mouth every 4 hours as needed for shortness of breath. On [redacted], this medication was not available in the home.

Resident #5 is prescribed [redacted] tablets, one tablet 3 times a day as needed. On [redacted], this medication was not available in the home.

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *Resident #6 and Resident #5's identified medications will be made available for use by the Administrator or designee by 9/21/24.*
- *The Administrator or designee will provide education to all staff who administer medications to ensure medications are available per prescribers orders by 9/21/24.*
- *By 9/20/24, an initial audit will be completed on all other resident medications to ensure they are available in the home.*
- *Beginning 9/21/24, the Administrator or designee will complete monthly medication cart audits to ensure medications are available per the physician's orders.*

Directed Completion Date: *09/21/2024*

187d Follow Prescriber's Orders

29. Requirements

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

Description of Violation

On [redacted], Resident #6's blood sugar reading was [redacted] requiring [redacted] of sliding scale insulin per physician's orders. However, only [redacted] were administered at [redacted]

A supply of medications were observed to be damaged on the morning on [redacted] which resulted in medications not being administered as follows:
Resident #3
Resident #4
Resident #5
Resident #9
Resident #11 [redacted]

Resident #5 did not receive the following medications as ordered by the physician due to the medication not being available in the home:

- *From [redacted], take 1 packet by mouth 2 times a day.*
- *On [redacted] mixed in 8 oz liquid and drink once a day*

Resident #2 did not receive the following medications as ordered by the physician due to the medications not being

187d Follow Prescriber's Orders (continued)

available in the home:

- *On* [redacted]
- [redacted]
- [redacted]

Resident #6 is prescribed [redacted] *tablet, one tablet by mouth twice a day for blood clots. This medication was not administered on on* [redacted] *due to not being available in the home.*

Resident #7 is prescribed [redacted] *tablet take 1 tablet by mouth daily. This medication was not administered on* [redacted] *due to not being available in the home.*

Repeated Violation - 5/14/24 et al., 2/27/24, et al., 12/9/23

Plan of Correction ***Directed*** [redacted] ***- 08/30/2024)***

- *The Administrator or designee will provide education to all staff who administer mediations on 2600.187(d) including reordering medications in a timely manner to ensure residents medications are available as ordered and how to administer a resident's insulin per sliding scale orders. Education to be completed by 9/21/24.*
- *The Administrator or designee will complete an initial medication cart audit to ensure all medications prescribed by a physician are present in the home by 9/20/24.*
- *Beginning 9/21/24, the Administrator or designee will complete monthly audits on the medication cart(s) to ensure medications are available as ordered. Additionally, beginning 9/21/24, the Administrator or designee will complete monthly audits on resident MAR's to ensure medications are being administered as ordered.*
- *Documentation of completed audits and staff education will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

190b Insulin Injections

30. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department approved medications administration course that includes the passing of a written performance based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff Member L , who has not successfully completed the Department approved diabetes patient education program within the past 12 months, checked blood glucose levels and administered insulin to Resident #6 on [redacted], [redacted].

190b Insulin Injections *(continued)*

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *Beginning immediately, Staff Member L will no longer be completing blood glucose checks or administering insulin until he/she has completed the Department-approved diabetes patient education program.*
- *Education will be provided to all staff who administer medications on the requirements of 2600.190(b), including the administrator by 9/21/24.*
- *The Administrator or designee will complete an audit on staff records who administer medications to ensure staff have completed the diabetic education program within the past 12 months. Audit to be completed by 9/20/24.*
- *Beginning 9/21/24, quarterly audits of staff diabetic training will be completed by the Administrator or designee.*

Directed Completion Date: *09/21/2024*

225a Assessment 15 Days

31. 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

Resident #7 has severe uncontrolled tremors which impacts his/her ability to eat and drink without assistance. Resident #7's assessment, dated [redacted] does not include the resident's tremors or the need for assistance during mealtimes.

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *Resident #7's assessment and support plan will be updated to reflect his/her tremors as well as his/her ability to eat and drink by 9/21/24, as applicable.*
- *The Administrator or designee will in-service all staff on notifying the designated staff member on changes to a resident's needs and/or supports as well as how to complete a resident's assessment and support plan based on a resident's needs. Education will be completed by 9/21/24.*
- *The Administrator or designee will complete an audit on all current resident RASP's by 9/21/24 to ensure the resident's description of service needs and plan to meet the service needs are appropriate.*
- *Beginning 9/21/24, resident RASP's will be audited quarterly by the Administrator or designee to ensure the assessment and supports correctly reflect the resident's needs.*
- *Documentation of staff education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*

227g Support Plan Signatures

32. Requirements

2600.

227g Support Plan Signatures *(continued)*

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

Description of Violation

Resident #5's assessment and support plan, completed on [redacted], was not signed by the resident nor did the home make a notation regarding the resident's inability or refusal to sign.

Plan of Correction ***Directed [redacted] - 08/30/2024)***

- *The Administrator or designee will obtain Resident #5's signature by [redacted] If the resident refuses to sign or is unable to sign, a notation will be made on the RASP.*
- *The Administrator or designee will in service all applicable staff members on 2600.227(g) by 9/21/24.*
- *The Administrator or designee will complete an initial audit of all current resident RASP's to ensure appropriate signatures have been obtained by 9/21/24.*
- *Beginning 9/21/24, the Administrator or designee will review any new or changed assessment and support plans upon completion to ensure signatures have been obtained.*
- *Documentation of completed audits and staff education will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/21/2024*