



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCTOBER 18, 2024

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

RE: American House T/A Hotel Lebanon
23-25 South Ninth Street
Lebanon, Pennsylvania 17042
License #: 344043

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on September 26, 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,

Juliet Marsala
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]

Legal Entity

Name: *HOTEL LEBANON CORPORATION*
Address: *23-25 SOUTH NINTH STREET, LEBANON, PA, 17042*
Phone: [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: *53* Waking Staff: *40*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident, Interim* Exit Conference Date: *09/26/2024*

Inspection Dates and Department Representative

09/24/2024 - On-Site: [REDACTED]
09/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* Residents Served: *51*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *21* Are 60 Years of Age or Older: *32*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *2*

Inspections / Reviews

09/24/2024 - Partial

Lead Inspector



Follow-Up Type: *Exception*

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

2600.

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

Description of Violation

On 09/16/24, there were 50 residents in the home, 1 with mobility needs, requiring a minimum of 51 hours of direct care service hours, however a total of 47 hours of direct care staffing hours were provided.

On 09/21/24, there were 48 residents in the home, 1 with mobility needs, requiring a minimum of 49 hours of direct care service hours. However, a total of 37 hours of direct care staffing were provided.

On 09/22/24, there were 49 residents in the home, 1 with mobility needs, requiring a minimum of 50 hours of direct care service hours. However, a total of 31 hours of direct care staffing were provided.

Plan of Correction**Directed [REDACTED] - 10/17/2024)**

Beginning 10/15/24, the Administrator will be responsible for reviewing the staffing schedule one week in advance and scheduling the appropriate number of staff based on the needs of the resident. If the Administrator determines that there are not enough staff to provide the needed hours, they will contract with a staff agency no later than 10/31/24 to provide additional staff as needed.

Directed Completion Date: 11/01/2024

57d - Waking Hours**2. 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 9/16/24, a total of 51 hours of direct care was required. However, only 37.5 of the required hours or 74 percent were provided during waking hours.

On 9/21/24, a total of 49 hours of direct care was required. However, only 28 of the required hours or 57 percent were provided during waking hours.

On 9/22/24, a total of 50 hours of direct care was required. However, only 22.5 of the required hours or 45 percent were provided during waking hours.

Plan of Correction**Directed [REDACTED] - 10/17/2024)**

Beginning 10/15/24, the Administrator will be responsible for reviewing the staffing schedule one week in advance

57d - Waking Hours (continued)

and scheduling the appropriate number of staff based on the needs of the resident. If the Administrator determines that there are not enough staff to provide the needed hours they will contract with a staff agency no later than 10/31/24 to provide additional staff as needed.

Directed Completion Date: 11/01/2024

60a - Staff/Support Plan**3. 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 09/16/24, from 10:00pm to 6:30am, 09/21/24 from 10:00pm to 12:00am and 09/22/24 from 10:00pm to 6:30am, Staff Member A was the only staff member present in the home. This staff member is not certified in medication administration. As a result, the home was unable to provide medication administration services to residents are prescribed pro re nata (PRN) medications as in the following:

- **Resident #1** – Albuterol Sul HFA MCG Inhale 2 puffs by every 4 hours as needed for: Wheezing.
- **Resident #2** – Acetaminophen 500MG take 2 tablets by mouth every 8 hours as needed for moderate pain; Albuterol HFA 90 MCG Inhale 2 puffs by every 4 hours as needed for Wheezing or shortness of breath for: Asthma Attack; Baclofen 10mg Tablet take 1 tablet my mouth 3 times a day as needed for muscle spasms.
- **Resident #3** – Albuterol SUL HFA 90 MCG Inhale 2 Puffs by mouth every 6 hours as needed for Asthma; Diclofenac Sodium 1% Gel Apply 2 Grams Topically four times a day as needed for pain; Naproxen 500mg tablets, take 1 tablet by mouth 2 times a day as needed for moderate pain.

Plan of Correction

Directed [REDACTED] - 10/17/2024)

Beginning 10/15/24, the Administrator will be responsible for reviewing the staffing schedule one week in advance and ensuring that at least one staff member is scheduled who is qualified to administer medications. If the Administrator determines that there are not any staff available who have completed the appropriate medication administration training, they will contract with a staff agency no later than 10/31/24 to provide additional trained staff as needed.

Directed Completion Date: 11/01/2024

63a - First Aid/CPR Training**4. 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 09/16/24 there were 50 residents in the home and on 09/22/24 there were 49 residents in the home. During the 10:00pm to 6:30am shift, Staff Member A was the only staff member present in the home and is not certified in Cardiopulmonary resuscitation (CPR) and first aid.

On 09/21/24, from 9:45pm to 12:00am (2.25 hours), there were 48 residents present in the home. During this time

63a - First Aid/CPR Training (continued)

there were Staff Member A was the only staff member present in the home and is not certified in Cardiopulmonary resuscitation (CPR) and first aid.

Plan of Correction**Directed [REDACTED] - 10/17/2024)**

Beginning 10/15/24, the Administrator will be responsible for reviewing the resident census and staffing schedule one week in advance and ensuring that the appropriate number of staff persons are scheduled who have a current certification in Cardiopulmonary resuscitation (CPR) and first aid. If the Administrator determines that there are not the correct number of trained staff according to the resident census, they will contract with a staff agency no later than 10/31/24 to provide additional trained staff as needed.

Directed Completion Date: 11/01/2024

85a - Sanitary Conditions**5. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Glucometer readings were cross-referenced with the Diabetic Blood Sugar Log Record. From 09/12/24 to 09/22/24 blood sugar readings were not observed on Resident #4's log record. Staff member B stated Resident #4 ran out of test strips; therefore, the Resident #4's blood sugar was measured using Resident #5's glucometer.

In addition, readings belonging to Resident #4 and Resident #6 were observed on Resident #5's glucometer based on the home's documentation of blood sugar readings as in the following:

- 09/24/24 at 7:00am a Blood Sugar Reading of 151 belonging to Resident #4.
- 09/24/24 at 7:00am a blood sugar reading of 223 belonging to Resident #6.

On 09/25/24 at approximately 2:40pm, there was an extremely strong smell of urine in Resident #7's Room Number [REDACTED]

Plan of Correction**Directed [REDACTED] - 10/17/2024)**

The Administrator will conduct a training will all staff who are trained and responsible for administering medications to staff by 10/15/24. This training will cover the re-ordering of medical supplies, and instruction will be given to the staff regarding sanitary use of medical equipment to include that glucometers cannot be shared between residents. Beginning 10/15/24, the Administrator will audit all glucometers and Medication Administration records weekly to ensure that glucometer readings are correct and that glucometers are not being shared between multiple residents. In addition, this audit will include a review of supplies including test strips to ensure that they are re-ordered in a timely manner before they are completely depleted.

On 9/25/24, Resident #7's room was cleaned by staff. Staff will be trained by 10/15/24 regarding checking resident rooms daily and ensuring that they are cleaned when any issues are identified. These checks will be documented

85a - Sanitary Conditions (continued)

and follow-up will occur within 24 hours to mitigate any uncleanly conditions.

Directed Completion Date: 11/01/2024

127a - Portable Space Heaters**6. Requirements**

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 09/25/24 at approximately 2:30pm, there was a space heater observed in Resident #1's room. Resident #1 stated the space heater is used when it becomes cold in their room.

Plan of Correction

Directed [REDACTED] - 10/17/2024)

The space heater in Resident #1's room was removed immediately by staff on 9/25/24. Staff will receive a training by 10/15/24 which will include instruction for staff to recognize space heaters and remove them from all resident room. These checks will be incorporated into daily room checks by staff.

Directed Completion Date: 11/01/2024

141a 1-10 Medical Evaluation Information**7. Requirements**

2600.

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

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

Description of Violation

Resident #1's medical evaluation dated [REDACTED]/24, does not show medications are listed or otherwise attached.

Resident #2's medical evaluation dated [REDACTED]/23, does not show medications are listed or other attached.

Plan of Correction

Directed [REDACTED] - 10/17/2024)

Resident #1 and #2's medical evaluations will be amended by their physician by 11/1/24. Beginning 11/1/24 Beginning 10/15/24, the Administrator will be responsible for reviewing all newly completed medical evaluations within 48 hours of completion to ensure they are accurate and completed in their entirety.

Directed Completion Date: 11/01/2024

183d - Prescription Current

8. 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 09/24/24, the following medications prescribed to Resident #4 were found to be discontinued but were observed in the medication cart:

- *Diclofenac Sodium Gel 1% Gel Discontinued 07/07/24.*
- *Epinephrine Injection 0.3 MG Discontinued 07/07/24.*

On 09/24/24, Mirtazapine 15mg prescribed to Resident #8 was observed in the medication cart; however, the medication was discontinued 06/19/24.

Plan of Correction**Directed [REDACTED] - 10/17/2024)**

The Administrator will train all staff by 10/15/24 on the requirement to review/re-order medications in prior to their expiration date. In addition, beginning 10/31/24 staff will audit medication carts weekly to review and identify any medications that need to be re-ordered, documentation of these audits and follow-up action will be kept and reviewed by the Administrator monthly beginning on 11/1/24.

Directed Completion Date: 11/01/2024

184a - Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #4 is prescribed Acetaminophen 500mg, take 1 tablet by mouth every 6 hours as needed for mild pain or temp > 100.4F. However, the pharmacy medication label read: 1 drop in right eye 5x a day.

Plan of Correction**Directed [REDACTED] - 10/17/2024)**

The Administrator contacted the Pharmacy on 9/25/24 to get a correct label for the medication. All staff who are trained to administer medications will receive a training by the Administrator by 10/15/24 regarding checking the instructions on the MAR and comparing that with the instructions for administration on the medication package. Additionally, staff will perform weekly medication cart audits to identify and correct any discrepancies. These audits will begin on 10/31/24.

Directed Completion Date: 11/01/2024

185a - Implement Storage Procedures

10. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #3 is prescribed the following medications, however on 09/24/24, the medications were not present in the home:

- Albuterol Sulfate HFA 90 MCG Inhale 2 puffs by mouth as needed every 6 hours for asthma.
- Nicotine Gum 2mg Chew 1 piece by mouth every 2 hours as needed for smoking cessation.

Plan of Correction

Directed [redacted] - 10/17/2024)

The Administrator will train all staff by 10/15/24 on the requirement to review/re-order medications in prior to their expiration date. In addition, beginning 10/31/24 staff will audit medication carts weekly to review and identify any medications that need to be re-ordered, documentation of these audits and follow-up action will be kept and reviewed by the Administrator monthly beginning on 11/1/24.

Directed Completion Date: 11/01/2024

187a - Medication Record

11. Requirements

2600.

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

Description of Violation

The following medications prescribed to Resident #4 were observed in the medication cart; however, the medication was not listed on the resident's MAR.

- Ibuprofen 400mg Take 1 Tablet by mouth every 6 hours as needed for pain.
- Ammonium Lactate 12% Moisturizing Lotion Apply Small Amount on affected area every day.

Plan of Correction

Directed [redacted] - 10/17/2024)

The Administrator will train all staff by 10/15/24 on the requirement to review MAR prior to administering any medications to residents. If a medication is found in the medication cart but is not listed on the MAR staff will contact the prescribing physician, and the pharmacy as needed to ensure that the order is current and to receive further instructions. In addition, beginning 10/31/24 staff will audit medication carts weekly to review and identify any medications that that are present in the medication cart, but not present on the MAR, documentation of these audits and follow-up action will be kept and reviewed by the Administrator monthly beginning on 11/1/24.

Directed Completion Date: 11/01/2024

187b - Date/Time of Medication Admin.

12. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. (continued)

Description of Violation

Resident #2 is prescribed Clonazepam 1mg three times daily for panic disorder. The MAR does not show medication was administered on 09/12/24 at 6:00am and 12:00pm. Staff Member D stated the medication was administered to resident #2 on the date and times. However, Staff Member C forgot to document administering the medication on the MAR.

Plan of Correction**Directed [REDACTED] - 10/17/2024)**

The Administrator will train all staff by 10/15/24 on the requirement to sign the MAR after administering a medication to a resident. In addition, beginning 10/31/24 staff will audit resident MAR's weekly to review and identify any medications that were administering and not documented appropriately on the MAR, documentation of these audits and follow-up action will be kept and reviewed by the Administrator monthly beginning on 11/1/24.

Directed Completion Date: 11/01/2024

187d - Follow Prescriber's Orders

13. Requirements

2600.

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

Description of Violation

Resident #4 was prescribed the following medications however, the medication were not in the home at the time of inspection on 9/25/24:

- Lisinopril 20 mg once daily for blood pressure was not administered to Resident #4 on dates 09/17/24, 09/18/24 and 09/20/24 to 09/24/24.
- Empagliflozin 25mg once daily for diabetes was not administered to Resident #4 from 09/21/24 to 09/24/24.

Resident #2 was prescribed Lidocaine 5% patch Appy 1 patch topically in the morning and off at bedtime for pain. The medication was not present in the home. The Medication was not administered to Resident #2 on 09/21/24 to 9/24/2024. There were also 2 bottles of Erythromycin Ophthalmic prescribed to Resident #2 observed in the medication cart, medication label states to use for 7 days; however, medication is not listed on the MAR or the medication list.

Plan of Correction**Directed [REDACTED] - 10/17/2024)**

The Administrator will train all staff by 10/15/24 on the requirement to review/re-order medications in prior to their expiration date. In addition, beginning 10/31/24 staff will audit medication carts weekly to review and identify any medications that need to be re-ordered, documentation of these audits and follow-up action will be kept and reviewed by the Administrator monthly beginning on 11/1/24.

Directed Completion Date: 11/01/2024

224a - Preadmission Screen Form

14. Requirements

2600.

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

224a - Preadmission Screen Form (continued)

Description of Violation

Resident #9's Preadmission Screening Form was not completed to determine if the resident's needs can be met by the home.

Plan of Correction

Directed [REDACTED] - 10/17/2024)

Resident #9's Preadmission Screening form will be reviewed by the Administrator and completed no later than 10/15/24. Beginning 10/15/24, the Administrator will be responsible for reviewing all new pre-admission screening forms within 48 hours of completion to ensure they are accurate and completed in their entirety.

Directed Completion Date: 11/01/2024

227d - Support Plan Medical/Dental

15. Requirements

2600.

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

Resident #1's medical evaluation dated [REDACTED]/24 indicates the resident can self-administer medication with no assistance from others. Staff Member D stated the resident cannot self-administer medications. The resident's assessment and support plan dated 03/16/24, does not indicate if the resident can or cannot self-administer medications, nor was there an addendum attached to the support plan dated 03/16/24.

Resident #1's medical evaluation dated [REDACTED]/24 indicates Resident #1's mobility needs are moderate (Immobile) and the resident requires moderate or oral assistance to evacuate in an emergency. However, Resident #1's assessment and support plan dated [REDACTED] 6/24 states the resident's mobility is minimal immobile and requires limited physical or oral assistance to evacuate in an emergency. There was otherwise no addendum attached to the resident's support plan dated [REDACTED]/24. Staff D stated Resident #1 is identified as a fall risk. However, Resident #1's assessment and support plan dated 03/16/24 does not indicate the resident is a fall risk, nor how the subsequent needs will be met.

Plan of Correction

Directed [REDACTED] - 10/17/2024)

The Administrator will contact Resident #1's physician no later than 10/15/24 to have the resident reassessed and have the DME completed accurately based on the resident's needs. Beginning 11/1/24, the Administrator will be responsible for reviewing all resident DME's to ensure that they are accurate, any issues will be identified, and the Physician will be contacted within 48 hours of discovery.

Directed Completion Date: 11/01/2024