



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: MARCH 7, 2025**

[REDACTED]  
HOTEL LEBANON CORPORATION  
[REDACTED]  
[REDACTED]

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 February 5, 2025, February 7, 2025 and February 13, 2025, 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,

A handwritten signature in cursive script that reads "Juliet Marsala".

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: *Department of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *45* Waking Staff: *34*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *02/13/2025*

**Inspection Dates and Department Representative**

02/05/2025 - On-Site: [REDACTED]  
02/07/2025 - On-Site: [REDACTED]  
02/13/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *74* Residents Served: *44*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *29*  
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *6*  
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

02/05/2025 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *Exception*

16c - Written Incident Report

1. Requirements

2600.

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

Description of Violation

On 1/15/2025, Resident #1 experienced a fall and was transported to Good Samaritan Hospital. The resident was diagnosed with a fractured collarbone. The home did not report this incident to the Department.

Repeated Violation - 12/3/2024, et al., 8/13/2024, et al., 5/14/2024, et al.

Plan of Correction

Directed [REDACTED] 02/25/2025)

- A Reportable document will be completed for the incident that occurred on 1/15/25 by the Administrator or designee and will be sent to the Department by 3/10/25.
- All staff in the home, including the administrator, will receive education on 2600.16(c) by 3/15/25.
- Beginning no later than 3/15/25, 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: 03/15/2025

18 - Compliance With Laws

2. 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

At the time of the 2/5/2025 inspection, the home had three boiler units. The home could only provide a Certificate of Operation for one boiler, which expired on 1/13/2025.

The home uses fossil fuel-burning boilers. On 2/5/25, at 11:10 AM, the batteries in the carbon monoxide detector in the basement by the recreational room were last changed on 6/15/2023.

Repeated Violation - 8/13/2024, et al

Plan of Correction

Directed [REDACTED] - 02/25/2025)

- The detectors located in the basement by the recreational room will receive new batteries and will be dated with the date of installation no later than 3/15/25 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 3/15/25.
- Education will be provided to applicable staff on the Care Facility Carbon Monoxide Alarms Standards Act by 3/15/25 by the Administrator.

**18 - Compliance With Laws (continued)**

- Beginning 3/15/25, 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.
- The Administrator will contact Labor and Industry no later than 3/10/25 to have all 3 boilers inspected. Once the new certificate is issued, the certificate will be filed in the home and available for review by the Department.
- Education will be provided to all applicable staff, including the Administrator on the Boilers and Unfired Pressure Vessel regulations by 3/15/25.
- Beginning no later than 3/15/25, quarterly audits of the home's boiler certificates will be completed by the Administrator or designee to ensure the certificates do not expire prior to the annual boiler inspection.
- Documentation of staff education and completed audits will be kept by the home and available for review by the Department.

**Directed Completion Date:** 03/15/2025

**51 - Criminal Background Check****3. 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 A was hired [REDACTED] however, a Pennsylvania State Police Criminal Background Check was not obtained as of 2/5/2025.

Staff Member B was hired [REDACTED]; however, a Pennsylvania State Police Criminal Background Check was not obtained as of 2/5/2025.

Staff Member C was hired [REDACTED]; however, a Pennsylvania State Police Criminal Background Check was not obtained as of 2/5/2025.

Staff Member D has been working independently at the home since December 2024; however, a Pennsylvania State Police Criminal Background Check was not obtained as of 2/5/2025.

Repeated Violation - 8/13/2024, et al., 5/14/2024, et al., 2/27/2024, et al.

**Plan of Correction**

**Directed** [REDACTED] - 02/25/2025)

- Staff Member's A, B, C and D 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 by 3/15/25.
- Education will be provided to the Administrator and/or designee on 2600.51 by 3/15/25.
- The Administrator will develop a new hire checklist which will include obtaining a background check for each staff hired. This document will be implemented by 3/15/25 and will be reviewed by the Administrator within 1 week of hire for completion.

**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: 03/15/2025

**54a - Direct Care Staff****4. Requirements**

2600.

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

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

**Description of Violation**

Direct Care Staff Member's E and F do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeated Violation - 2/27/2024, et al.

**Plan of Correction**

Directed [REDACTED] - 02/25/2025)

- Staff Member's E and F will be removed from direct care duties until a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry has been obtained and filed in the staff record(s).
- Education on 2600.54(a) will be provided to all staff responsible for staff record files, including the Administrator, by 3/15/25.
- The Administrator or designee will complete an initial audit on all direct care staff member records to ensure documentation of direct care qualifications have been obtained and filed at the home by 3/15/25.
- The Administrator will develop a new hire checklist which will include obtaining documentation of direct care staff qualifications. This document will be implemented by 3/15/25 and will be reviewed by the Administrator within 1 week of hire for completion.

Directed Completion Date: 03/15/2025

**60a - Staff/Support Plan****5. 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**

The home did not have staff trained in Medication Administration in the home during the following dates/times:

- 2/5/2025 from 9:18PM until 6:18AM 2/6/2025  
2/7/2025 from 8:11PM until 10:11PM  
2/9/2025 from 5AM until 8:51AM, from 5:44pm until 7:09PM, nor from 7:09PM until the following morning.

The home was unable to provide medication administration services during these times. There are no scheduled medications at the home during this time; however, the following residents have medications scheduled pro re nata (PRN): Resident #2 – Albuterol HFA, Dicyclomine, Nitroglycerin, Oxycodone

Repeated Violation - 1/3/2025; 12/3/2024, et al., 9/24/2024, et al., 8/13/2024, et al., 5/14/2024, et al., 2/27/2024, et al.

## 60a - Staff/Support Plan (continued)

**Plan of Correction****Directed** [REDACTED] - 02/25/2025)

- *Beginning 3/10/25, 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 3/10/25.*
- *Beginning 3/15/25, 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:** 03/15/2025

## 63a - First Aid/CPR Training

**6. 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 2/5/2025, from 12:01AM until 5:56AM and from 9:18PM until 12:00AM, 42 residents were present in the home. During this time, 0 staff were present in the home who were certified in CPR/First Aid.*

*On 2/7/2025, from 8:11PM until 9:38PM, 42 residents were present in the home. During this time, 0 staff were present in the home who were certified in CPR/First Aid.*

*On 2/9/2025, from 5:00AM until 11:23AM, from 11:45AM until 2:30PM, and from 7:32PM until 8:33AM on 2/10/2025, 42 staff were present in the home. During this time, 0 staff were present in the home who were certified in CPR/First Aid.*

*Repeated Violation - 9/24/2024, et al., 8/13/2024, et al., 2/27/2024, et al.*

**Plan of Correction****Directed** [REDACTED] - 02/25/2025)

- *The Administrator and/or designee will receive education on 2600.63(a) by 3/15/25.*
- *Beginning 3/10/25, 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 3/15/25, 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 3/15/25 by the Administrator or designee for current certification in CPR/FA.*
- *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:** 03/15/2025

65a - FS Orientation 1st Day

7. Requirements

2600.

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

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Member D, who has been working independently in the home since [REDACTED], Staff Member A, who has been working independently in the home since 10/21/24, Staff Member F, hired 12/16/24, and Staff Member C, hired [REDACTED] have not received orientation on the following topics:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

Repeated Violation - 2/27/2024, et al.

Plan of Correction

Directed [REDACTED] - 02/25/2025)

- Staff Member A, C, D and F will receive education on evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms. and telephone use and notification of emergency services. This education will be completed by the Administrator no later than 3/15/25.
- The Administrator will develop a new hire checklist to track a staff member's first work day education to include general fire safety and emergency preparedness as required in 2600.65(a). This document will be implemented no later than 3/15/25.
- Beginning 3/15/25, any newly hired staff member will receive education in training topics per 2600.65(a) on or before the staff member's first day of work. The Administrator or designee will audit the training document by the end of the staff member's first day to ensure proper training has been completed.

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

Directed Completion Date: 03/15/2025

## 65b - Rights/Abuse 40 Hours

**8. 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 D has been working independently at the home since [REDACTED]. However, this staff person did not complete training in the following topics:

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

Staff Member B has been working independently at the home since [REDACTED]. However, this staff person did not complete training in the following topics:

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

Staff Member A, hired 10/21/24, Staff Member G, hired [REDACTED] Staff Member F, hired [REDACTED] and Staff Member C, hired [REDACTED], have not completed training in the following topics:

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

Repeated Violation - 8/13/2024, et al., 2/27/2024, et al.

**Plan of Correction**

Directed [REDACTED] - 02/25/2025)

- Staff Member A, B and D will receive education on 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), and reporting of reportable incidents and conditions. This education will be completed by the

**65b - Rights/Abuse 40 Hours (continued)**

*Administrator no later than 3/15/25.*

- *The Administrator will develop a new hire checklist to track a staff member's education to include topics required in 2600.65(b). This document will be implemented no later than 3/15/25.*
- *Beginning 3/15/25, any newly hired staff member will receive education in training topics per 2600.65(b) within 40 scheduled working hours. The Administrator or designee will audit the training document by the end of the staff member's first 40 hours to ensure proper training has been completed.*

**Directed Completion Date: 03/15/2025**

**89b - Hot Water Temperature****9. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*On 2/5/2025 at approximately 10:55AM, the hot water temperature in the left-side resident bathroom sink in the first-floor common bathroom measured 131 degrees Fahrenheit. The hot water temperature in the right-side resident bathroom sink measured 127.5 degrees Fahrenheit and the push-button spigot did not allow one to temper the water temperature once turned on.*

*On 2/13/2025, at approximately 11:06AM, the hot water temperature in third floor common bathtub measured 126.7 degrees Fahrenheit.*

*Repeated Violation - 12/3/2024, et al., 5/14/2024, et al., 2/27/2024, et al.*

**Plan of Correction**

**Directed [REDACTED] 02/25/2025)**

- *The Administrator or designee will adjust water temperature by 3/10/25.*
- *Staff will receive education on 2600.89(b) by the Administrator or designee by 3/15/25.*
- *Beginning 3/15/25, the administrator will complete weekly audits of water temperatures in the home to ensure compliance.*
- *Documentation of completed staff education and completed audits will be kept by the home and available for review by the Department.*

**Directed Completion Date: 03/15/2025**

**124 - Notice to Fire Department****10. Requirements**

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**Description of Violation**

*The home does not have updated documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.*

124 - Notice to Fire Department (*continued*)**Plan of Correction****Directed** [REDACTED] - 02/25/2025)

- *The Administrator will receive education on 2600.124 by 3/15/25.*
- *By 3/15/25, the Administrator will notify the local fire department, in writing, of the address of the home, the location of bedrooms and the assistance needed to evacuate in an emergency. A copy of the written notification will be filed in the home and available for review by the Department.*
- *Beginning 3/15/25, the Administrator will complete a quarterly audit of the written notification. Updates will be completed by the Administrator as changes occur in the home or as requested by the fire department.*

**Directed Completion Date:** 03/15/2025

## 184a - Resident's Meds Labeled

**11. 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.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

*On 2/5/2024, at approximately 12:53PM, Calcium Acetate capsules and Bengay cream were observed in the medication cart that were not labeled with a resident's name, the prescribed dosage and instructions for administration, and the name and title of the prescriber.*

*On 2/5/2025, the pharmacy label for Resident #2's Umeclidinium powder inhaler did not include the current instructions for administration. The pharmacy label indicates 1 puff daily. However, the current physician's order indicates 1 puff as needed.*

*On 2/5/2025, at 11:50AM, a Lantus Solostar injection insulin pen was observed in the refrigerator in the medication room. This medication was not stored in the original container and did not contain the name of the resident it was prescribed for.*

*Repeated Violation - 12/3/2024, et al., 9/24/24, et al., 8/13/2024, et al., 5/14/2024, et al.*

**Plan of Correction****Directed** [REDACTED] - 02/26/2025)

- *The Administrator will contact the pharmacy for a correct label for Calcium Acetate and Bengay cream, if applicable. If the medications are not prescribed for any resident in the home, the medications will be properly disposed of by 3/15/25.*
- *The Administrator will place a change order sticker on Resident #2's inhaler or contact the pharmacy for the correct label by 3/15/25.*
- *The Administrator will either properly destroy the Lantus Solostar insulin pen or contact the pharmacy to*

**184a - Resident's Meds Labeled (continued)**

*determine who the pen belongs to and receive the proper pharmacy label by 3/15/25.*

- *The Administrator will provide education to all staff who administer medications on 2600.184(a) by 3/15/25.*
- *Beginning no later than 3/15/25, weekly audits of the home's medication cart(s) will be completed by the Administrator or designee to ensure resident's medications are properly labeled per 2600.184(a).*
- *Documentation of completed education and audits will be kept by the home and available for review by the Department.*

**Directed Completion Date:** 03/15/2025

**185a - Implement Storage Procedures****12. 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**

*On 2/2/2025 at 7:00PM, Resident #2 has a blood glucose level of 171 recorded on the Medication Administration Record. The glucometer reading on 2/2/2025 at 6:24PM was 167.*

*On 2/5/2024, Resident #4's glucometer was not calibrated to the correct time. On February 5th, 2025, the glucometer read July 9th.*

*Resident #2 is prescribed Diclofenac 2% solution pump apply 2 pumps to affected area 2 times a day as needed. On 2/5/2025 at approximately 12:30PM, this medication was not available in the home.*

*Resident #3 is prescribed Benzonatate 100MG capsules – take 2 capsules by mouth 3 times a day as needed and Guaifenesin-DM 100-10 mG/5 take 4 mL by mouth every 4 hours as needed. On 2/5/2025 at approximately 12:45PM, these medications were not available in the home.*

*Resident #5 is prescribed Albuterol Sul HFA 90MCG inhale 2 puffs by mouth every 4 hours as needed. On 2/5/2025 at approximately 12:50PM, this medication was not available in the home.*

*Resident #4 is prescribed blood sugar tests twice daily. However, Resident's #4's February 2025 Medication Administration Record does not include the results of additional blood sugar testing for "HIGH" readings on 2/2/2025 at 8:00PM nor 2/4/2025 at 7:00PM. Resident #4 receives insulin based on a sliding scale which cannot be determined without the actual blood glucose level. Additionally, the resident's Exceptions/Notes indicated a blood sugar recheck to be completed an hour after the 2/2/2025 "HIGH" reading; the resident's documentation does not include the result of this reading.*

*Repeated Violation - 1/13/2025, et al., 12/3/2024, et al., 10/23/2024, 9/24/2024., 8/13/24, et al., 5/14/24, et al., 2/27/24, et al.*

## 185a - Implement Storage Procedures (continued)

## Plan of Correction

Directed [REDACTED] 02/26/2025)

- The Administrator or designee will refill Resident #2's Diclofenac 2% solution, Resident #3's Benzonatate and Guaifenesin and Resident #5's Albuterol no later than 3/15/25.
- The Administrator or designee will provide education to all staff who administer medications by 3/15/25. The education will include how to identify when a PRN medication needs refilled and the medication refill process, calibrating resident glucometers to the correct date and time and how to properly document blood glucose levels.
- Resident #4 will be provided with a glucometer that tracks the actual blood glucose level or the physician will be contacted by the Administrator to determine the amount of insulin to administer when the glucometer will not read above a certain blood glucose level by 3/15/25.
- Beginning no later than 3/15/25, the Administrator or designee will complete weekly audits for each glucometer to ensure they are calibrated correctly and compare the glucometer readings to the resident's documented blood glucose levels.
- Beginning no later than 3/15/2025, the Administrator or designee will complete monthly audits of current PRN medication orders to ensure all PRN medications are available in the home.
- Documentation of the completed staff education and completed audits will be kept by the home and available for review by the Department

Directed Completion Date: 03/15/2025

## 187d - Follow Prescriber's Orders

## 13. Requirements

2600.

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

## Description of Violation

Resident #2 had physician's orders to receive Azithromycin – 2 tabs orally on Day 1 and then 1 tablet orally days 2-5. Resident #2 did not receive the 5th day of the medication as ordered as the pill was still present in the blister pack for that day and there were no notes to indicate an exception.

Resident #2 has physician's orders to receive blood sugar checks, Carvedilol, Escitalopram, Fesusol, Gabapentin, Lidocaine patches, Losartan, Lyumjev injections, Magnesium Oxide, Metformin, Nifedipine ER, Pantoprazole DR, Sodium Chloride, Tiotropium, and Toujeo. Resident #2 did not receive these medications as ordered on 2/2/2025 at 7:00AM.

Resident #2 is prescribed Lyumjev 100 unit/mL Kwipen inject subcutaneously per sliding scale 3 times daily with meals: 60-150 0 IU; 151-200 4 IU; 201-250 8 IU; 251-300 10 IU; 301-350 12 IU; >350 16 IU. On 2/3/2025 at 4:00PM, Resident #2's blood sugar was 215. However, Resident #2 was administered 0 units of insulin.

Repeated Violation: 1/13/2025, et al., 12/3/2024, et al., 10/23/2024, 9/24/2024, et al., 8/13/2024, et al., 5/14/2024, et al., 2/27/2024, et al.

## Plan of Correction

Directed [REDACTED] - 02/26/2025)

- The Administrator or designee will provide education to all staff who administer medications on 2600.187(d) by 3/15/25.
- Beginning 3/15/25, the Administrator or designee will complete monthly audits on resident MARs to ensure medications are being administered as ordered.

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

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

**Directed Completion Date:** 03/15/2025

**225c - Additional Assessment****14. Requirements**

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

*Resident #1's current assessment and support plan, dated [REDACTED] 4, indicates "A - No Problem" for transferring in and out of bed/chair, toileting, and personal care; B for ambulation, indicating gait steady. The plan notes minimal supervision needed and independent in mobility, with no needs nor supports documented for either. The plan does not include updates to reflect the resident's use of a walker and mobility needs as documented in Tabula notes on 1/31/2025, 1/19/2025, 1/18/2025, 1/15/2025, 11/27/2024, 6/27/2024, 1/20/2023. The plan does not include the resident's history of falls, as documented in Tabula notes on 1/16/2025, 1/15/2025, 11/27/2024, 6/27/2024, 1/10/2024, 12/29/2023, 10/15/2023, 12/26/2022. The plan does not include updates to reflect the resident's toileting needs, including incontinence and bowel accidents documented in Tabula notes on 1/9/2025, 11/17/2024, 11/9/2024, 9/1/2024, 9/3/2024, and 8/12/2024. The plan also does not address how the resident's behavioral needs will be met through staff supports.*

*Repeated Violation - 1/3/2025*

**Plan of Correction**

**Directed [REDACTED] - 02/26/2025)**

- *The Administrator or designee will update Resident #1's assessment and support plan (RASP) by 3/15/25.*
- *The Administrator or designee will educate all staff who complete assessments on regulation 225(c) by 3/15/25.*
- *Beginning no later than 3/15/25, current resident RASPs will be audited quarterly by the Administrator or designee to ensure documentation includes a resident's current needs.*
- *Documentation of completed staff education and completed audits will be kept by the home and available for review by the Department.*

**Directed Completion Date:** 03/15/2025