
Pennsylvania Department of Health
Inspection Results

Surveys don't appear on this website until at least 41 days have elapsed since the exit date of the survey.

LEBANON TREATMENT CENTER

3030 CHESTNUT STREET
LEBANON, PA 17042

[Inspection Results](#) [Overview](#) [Definitions](#) [Surveys](#) [Additional Services](#) [Search](#)

Survey conducted on 07/23/2015

INITIAL COMMENTS

This report is a result of an on-site licensure renewal inspection and methadone monitoring inspection conducted on July 21-23, 2015 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Lebanon Treatment Center was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection:

705.28 (d) (1) LICENSURE Fire safety.

705.28. Fire safety. (d) Fire drills. The nonresidential facility shall: (1) Conduct unannounced fire drills at least once a month.

Observations

Based on a review of the fire drill log, the facility failed to document a fire drill at least once a month.

The findings include:

The fire drill record log was reviewed on July 21, 2015. The log was reviewed from July 2014 to June 2015. The facility failed to document a fire drill for the month of October 2014.

The findings were discussed with facility staff during the licensing process.

Plan of Correction

Plan of Correction

Program Response:

The facility will maintain a written fire drill record including but not limited to, the date, time, the amount of time it took for the evacuation, the exit route used, the number of persons in the facility at the time of the drill, and if there were any problems encountered during the drill. This log will be reviewed monthly by the Clinic Director and the Facility Safety Officer.

All patients and staff members are oriented to fire safety as part of their initial orientation. This orientation includes explanation of evacuation procedures and proper response to fire and fire alarms. Fire Safety training is included in annual mandatory training for all staff. All staff will be instructed on proper use of fire extinguisher during initial orientation and annually thereafter. The Facility Safety Officer will conduct this training.

All fire drill reports will be reviewed by the facility or local safety and Risk Management/ Safety Committee to identify deficiencies and performance improvement opportunities.

[Return to Pennsylvania Department of Health Home Page](#)

Pennsylvania Department of Health
Inspection Results

Surveys don't appear on this website until at least 41 days have elapsed since the exit date of the survey.

LEBANON TREATMENT CENTER

3030 CHESTNUT STREET
LEBANON, PA 17042

[Inspection Results](#) [Overview](#) [Definitions](#) [Surveys](#) [Additional Services](#) [Search](#)

Survey conducted on 02/03/2016

INITIAL COMMENTS

This report is a result of an on-site complaint investigation conducted on 2/3/2016 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site complaint investigation, Lebanon Treatment Center was found to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. Therefore, no deficiencies were identified during this investigation and no plan of correction is required.

Plan of Correction

[Return to Pennsylvania Department of Health Home Page](#)

Copyright © 2001 Commonwealth of Pennsylvania. All Rights Reserved.
[Commonwealth of PA Privacy Statement](#)

Pennsylvania Department of Health
Inspection Results

Surveys don't appear on this website until at least 41 days have elapsed since the exit date of the survey.

LEBANON TREATMENT CENTER

3030 CHESTNUT STREET
LEBANON, PA 17042

[Inspection Results](#) [Overview](#) [Definitions](#) [Surveys](#) [Additional Services](#) [Search](#)

Survey conducted on 09/15/2016

INITIAL COMMENTS

This report is a result of an on-site licensure renewal inspection conducted on September 13-15, 2016 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Lebanon Treatment Center was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection:

Plan of Correction

704.7(b) LICENSURE Counselor Qualifications

704.7. Qualifications for the position of counselor. (a) Drug and alcohol treatment projects shall be staffed by counselors proportionate to the staff/client and counselor/client ratios listed in 704.12 (relating to full-time equivalent (FTE) maximum client/staff and client/counselor ratios). (b) Each counselor shall meet at least one of the following groups of qualifications: (1) Current licensure in this Commonwealth as a physician. (2) A Master's Degree or above from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in the human services) or other related field which includes a practicum in a health or human service agency, preferably in a drug and alcohol setting. If the practicum did not take place in a drug and alcohol setting, the individual's written training plan shall specifically address a plan to achieve counseling competency in chemical dependency issues. (3) A Bachelor's Degree from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in the human services) or other related field and 1 year of clinical experience (a minimum of 1,820 hours) in a health or human service agency, preferably in a drug and alcohol setting. If a person's experience did not take place in a drug and alcohol setting, the individual's written training plan shall specifically address a plan to achieve counseling competency in chemical dependency issues. (4) An Associate Degree from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in the human services) or other related field and 2 years of clinical experience (a minimum of 3,640 hours) in a health or human service agency, preferably in a drug and alcohol setting. If a person's experience was not in a drug and alcohol setting, the individual's written training plan shall specifically address a plan to achieve counseling competency in chemical dependency issues. (5) Current licensure in this Commonwealth as a registered nurse and a degree from an accredited school of nursing and 1 year of counseling experience (a minimum of 1,820 hours) in a health or human service agency, preferably in a drug and alcohol setting. If a person's experience was not in a drug and alcohol setting, the individual's written training plan shall specifically address a plan to achieve counseling competency in chemical dependency issues. (6) Full certification as an addictions counselor by a statewide certification body which is a member of a National certification body or certification by another state government's substance abuse counseling certification board.

Observations

Personnel records were reviewed on September 13-15, 2016.

Employee # 5 was hired as a counselor on 1/4/16. The qualifications documented in the employee's record indicated that the employee completed an Associates degree in Psychology. The employee's record also documented 8 months of clinical experience in a health or human service agency. Therefore, Employee #4 did not meet the qualifications for the position of counselor.

Plan of Correction

The Program has accepted the Departments position of the Counselors in question not meeting the qualifications for counselors. The decision was rendered in a letter dated September 18, 2016 from the Department. The 3 employees, #4,#5,#7 have all been reclassified as Counselor Assistants and caseloads and Clinical Supervision hours have been adjusted to reflect the status change. Training plans have also been developed to assist the individuals in question in becoming Counselors under the Departments set criteria. In future hiring the program will make sure all candidates meet the set criteria for position of Counselor.

Employee # 7 was hired as a counselor on 11/24/15. The qualifications documented in the employee's record indicated that the employee completed a a Bachelors degree in History, and a Masters of Divinity degree. The employee's record also documented 10 months of clinical experience in a health or human service agency. Therefore, Employee # 7 did not meet the qualifications for the position of counselor.

Employee # 8 was hired as a counselor on 5/2/16. The qualifications documented in the employee's record indicated that the employee completed a Bachelors degree in Clinical Psychology. The employee's record also documented 4 months of clinical experience in a health or human service agency. Therefore, Employee # 8 did not meet the qualifications for the position of counselor.

These findings was reviewed with facility staff during the licensing inspection.

704.9(c) LICENSURE Supervised Period

704.9. Supervision of counselor assistant. (c) Supervised period. (1) A counselor assistant with a Master's Degree as set forth in 704.8 (a)(1) (relating to qualifications for the position of counselor assistant) may counsel clients only under the close supervision of a trained counselor or clinical supervisor for at least the first 3 months of employment. (2) A counselor assistant with a Bachelor's Degree as set forth in 704.8 (a)(2) may counsel clients only under the close supervision of a trained counselor or clinical supervisor for at least the first 6 months of employment. (3) A registered nurse as set forth in 704.8 (a)(3) may counsel clients only under the close supervision of a trained counselor or clinical supervisor for at least the first 6 months of employment. (4) A counselor assistant with an Associate Degree as set forth in 704.8 (a)(4) may counsel clients only under the close supervision of a trained counselor or clinical supervisor for at least the first 9 months of employment. (5) A counselor assistant with a high school diploma or GED equivalent as set forth in 704.8 (a)(5) may counsel clients only under the direct observation of a trained counselor or clinical supervisor for the first 3 months of employment. For the next 9 months, the counselor assistant may counsel clients only under the close supervision of a lead counselor or a clinical supervisor.

Observations

Personnel records were reviewed on September 13-15, 2016. The facility failed to consistently document required direct observation and close supervision of employee # 9.

Employee # 9 was hired as a counselor assistant on 1/27/16. The qualifications documented in the employee's record indicated that the employee completed a HS diploma. The facility failed to document required weekly supervision for the following weeks: 3/27/16 - 4/2/16, 4/24/16 - 4/30/16, and 5/29/16 - 6/16/16.

This finding was reviewed with facility staff during the licensing inspection.

709.33 (a) LICENSURE Notification of termination.

§ 709.33. Notification of termination. (a) Project staff shall notify the client, in writing, of a decision to involuntarily terminate the client ' s treatment at the project. The notice shall include the reason for termination.

Observations

Twelve client records were reviewed on September 13-15, 2016. The facility failed to document that the client had been notified, in writing, of decision to terminate the client's treatment in client record # 6.

Plan of Correction

Clinical Supervisor will develop a supervision schedule, post and share with Counselors and Counselor Assistants with weekly dates and times of supervision meetings. Clinical Supervisor will document and maintain a log of all supervisions and keep a copy of the individual supervision notes in an independent file for retrieval. This log will be reviewed by Clinic Director weekly during Management Meetings.

Plan of Correction

All Patients will receive a letter of Involuntary Termination from Treatment prior to being discharged from treatment. All termination letters will be generated by the Clinic Director after approval from medical and clinical team to terminate

Client # 6 was admitted into treatment on 4/11/12 and was involuntarily terminated from treatment on 9/21/15. The client's record failed to document that the client received written notification of the facility's decision to terminate the client's treatment.

treatment. The Clinical Supervisor will develop a tracking tool/checklist to use for all clients Involuntary Termination from Treatment Letters and counselors will place copy in client record. Patient record will be audited by Clinical Supervisor prior to discharge to insure patient has received a Letter of Involuntary Treatment Termination. If patient is not available to receive letter, a copy will be mailed to patient address on file notifying patient of Treatment Termination.

This finding was reviewed with facility staff during the licensing inspection.

715.6(d) LICENSURE Physician Staffing

(d) A narcotic treatment program shall provide narcotic treatment physician services at least 1 hour per week onsite for every ten patients

Observations

Based on the review of administrative documentation regarding the methadone inspection, the facility failed to consistently provide narcotic treatment physician services at least one hour per week onsite, for every ten clients.

Physician time sheets for the time period of April 1, 2016 - July 30, 2016 were reviewed on September 15, 2016. The facility did not provide sufficient onsite physician hours for each week.

During the week of July 17, 2016, the averaged client census was 342. The facility was required to provide at least 34.2 physician hours. There were 31 onsite physician hours documented. The amount of onsite physician hours documented did not meet the required hours.

During the week of July 24, 2016, the averaged client census was 344. The facility was required to provide at least 34.4 physician hours. There were 33 onsite physician hours documented. The amount of onsite physician hours documented did not meet the required hours.

These findings were reviewed with facility staff during the licensing process.

715.6(e) LICENSURE Physician Staffing

(e) A physician assistant or certified registered nurse practitioner may perform functions of a narcotic treatment physician in a narcotic treatment program if authorized by Federal, State and local laws and regulations, and if these functions are delegated to the physician assistant or certified registered nurse practitioner by the medical director, and records are properly countersigned by the medical director or a narcotic treatment physician. One-third of all required narcotic treatment physician time shall be provided by a narcotic treatment physician. Time provided by a physician assistant or certified registered nurse practitioner may not exceed two-thirds of the required narcotic treatment physician time.

Observations

Based on the review of administrative documentation regarding the methadone inspection, the facility failed to consistently ensure that one-third of all required narcotic treatment physician time was provided by a narcotic treatment physician.

Plan of Correction

Clinic Director will have Census reported to Medical Director weekly at Medical staff meeting.

Medical Director will determine the number of physician service hours needed and adjust schedules to meet patient needs.

Census will be recorded in the staff meeting minutes weekly for compliance with regulation 715.6 Physician staffing. Clinic Director will review and monitor all schedules for the Medical team weekly in accordance to the required hours needed to comply with the regulation.

Plan of Correction

Medical Director will determine the number of physician service hours needed for compliance with regulation 715.6 Physician staffing

Medical Director will adjust his working schedule to provide one-third of needed

Physician treatment time as required by 715.6(e)

Medical Director will then delegate the remaining physician treatment hours to

the Physician assistant and/or certified registered nurse practitioner.

Clinic Director will approve and monitor all schedules for Medical staff to insure compliance with regulations

Physician time sheets for the time period of April 1, 2016 - July 30, 2016 were reviewed on September 15, 2016. The narcotic treatment physician did not provide one-third of all required narcotic treatment time for each week.

During the week of July 17, 2016, the facility provided 31 onsite physician hours, completed by the narcotic treatment physician, physician assistant, and certified registered nurse practitioner. The narcotic treatment physician was required to provide 11.40 physician hours and 6 hours were documented for the narcotic treatment physician. The amount of onsite physician hours documented for the narcotic treatment physician did not meet the required hours.

During the week of July 24, 2016, the facility provided 33 onsite physician hours, completed by the narcotic treatment physician and certified registered nurse practitioner. The narcotic treatment physician was required to provide 11 physician hours and 8 hours were documented for the narcotic treatment physician. The amount of onsite physician hours documented for the narcotic treatment physician did not meet the required hours.

These findings were reviewed with facility staff during the licensing inspection.

715.13(b) LICENSURE Patient identification

(b) A narcotic treatment program shall maintain onsite a photograph of each patient which includes the patient's name and birth date. The narcotic treatment program shall update the photograph every 3 years.

Observations

Twelve client records were reviewed on September 13-15, 2016. The facility failed to document a photograph of the client that included the client's name and birth date in client records # 3 and 10.

Client # 3 was admitted into treatment on 5/11/16 and was still active in treatment at the time of the inspection. The client's record did not document a photograph that included the client's name and birth date.

Client # 10 was admitted into treatment on 7/11/16 and was still active in treatment at the time of the inspection. The client's record did not document a photograph that included the client's name and birth date.

These findings were reviewed with facility staff during the licensing inspection.

Plan of Correction

Patient photo ID's which includes the patient's legal name and date of birth will be copied at the time of intake for all patients. A copy of the Photo ID will remain with the patient record. The Clinical Supervisor will develop a new admission tracking tool and will review checklist with all patients prior to admission for all of the required documents which include the Photo ID. The Programs Administrative team will develop a list of all patients due and record a copy of the new Photo ID every 3 years. Both patient #3 and # 10 have Photo ID's placed in their patient records since the inspection.

715.19(1) LICENSURE Psychotherapy services

A narcotic treatment program shall provide individualized psychotherapy services and shall meet the following requirements: (1) A narcotic treatment program shall provide each patient an average of 2.5 hours of psychotherapy per month during the patient's first 2 years, 1 hour of which shall be individual psychotherapy. Additional psychotherapy shall be provided as dictated by ongoing assessment of the patient.

Observations

Twelve client records were reviewed on September 13-15, 2016. The facility failed to provide 2.5 hours of psychotherapy per month in client records # 1, 2, and 3.

Client # 1 was admitted into treatment on 3/12/15 and was still active in treatment at the time of the inspection. The client's record documented an average of 1.156 hours of psychotherapy per month.

Client # 2 was admitted into treatment on 11/5/15 and was still active in treatment at the time of the inspection. The client's record documented an average of 1.1 hours of psychotherapy per month.

Client # 3 was admitted into treatment on 5/11/16 and was still active at the time of the inspection. The client's record documented an average of 1.4 hours of psychotherapy per month.

These findings were reviewed with facility staff during the licensing inspection.

715.20(1) LICENSURE Patient transfers

A narcotic treatment program shall develop written transfer policies and procedures which shall require that the narcotic treatment program transfer a patient to another narcotic treatment program for continued maintenance, detoxification or another treatment activity within 7 days of the request of the patient. (1) The transferring narcotic treatment program shall transfer patient files which include admission date, medical and psychosocial summaries, dosage level, urinalysis reports or summary, exception requests, and current status of the patient, and shall contain the written consent of the patient.

Observations

Twelve client records were reviewed on September 13-15, 2016. In client records # 8 and 12, the facility failed to provide documentation verifying that the following patient files were transferred to the receiving narcotic treatment program: admission date, medical and psychosocial summaries, dosage level, urinalysis reports or summary, exception requests, and current status of the patient.

Client # 8 was admitted into treatment on 11/3/14 and documentation in the client's record indicated that the client transferred to another narcotic treatment program. The client's record failed to indicate that the required patient files were transferred to the receiving narcotic treatment program.

Client # 12 was admitted into treatment on 9/5/13 and transferred to another narcotic treatment program on 2/1/16. The client's record failed to indicate that the required patient files were transferred to the receiving narcotic

Plan of Correction

All patients that have been in the program for less than 2 years will complete the required counseling time. This will be evidenced by the Clinical Supervisor developing a master list of patients counseling hours, and documenting contact log in patient record reviewing progress notes bi-weekly to assure compliance

Plan of Correction

Procedure:

Out-going: Maintenance patients requesting a permanent transfer to another treatment program will notify the primary counselor, allowing sufficient time to coordinate the request.

The program physician will review and document transfer request. The primary counselor will document attempt to confirm admission of the patient to the new treatment program in order to close patient record.

This will be monitored and by the by the Nursing and Clinical Supervisor within 7 days. Noncompliance will be addressed on an individual basis by Clinic Director.

treatment program.

These findings were reviewed with facility staff during the licensing inspection.

715.20(4) LICENSURE Patient transfers

A narcotic treatment program shall develop written transfer policies and procedures which shall require that the narcotic treatment program transfer a patient to another narcotic treatment program for continued maintenance, detoxification or another treatment activity within 7 days of the request of the patient. (4) The receiving narcotic treatment program shall document in writing that it notified the transferring narcotic treatment program of the admission of the patient and the date of the initial dose given to the patient by the receiving narcotic treatment program.

Observations

Twelve client records were reviewed on September 13-15, 2016. In client records # 3 and 10, the facility failed to document in writing that it notified a transferring narcotic treatment program of the client's admission and the date of the initial dose given to the client.

Client # 3 was admitted into treatment on 5/11/16, after transferring from another narcotic treatment program. The client was still active in treatment at the time of the inspection. The client's record did not contain written documentation that the facility notified the transferring narcotic treatment program of the client's admission and the date of the initial dose given to the client.

Client # 10 was admitted into treatment on 7/11/16, after transferring from another narcotic treatment program. The client was still active in treatment at the time of the inspection. The client's record did not contain written documentation that the facility notified the transferring narcotic treatment program of the client's admission and the date of the initial dose given to the client.

These findings were reviewed with facility staff during the licensing inspection.

Plan of Correction

In-coming patients: Maintenance patient requesting permanent transfer to another program will be required to provide the following information

1. Name and location of transferring program
2. Valid picture identification
3. Date of admission to transferring Program/date of consecutive treatment
4. Medication and medication level
5. Step level (if applicable)
6. Date and result of most recent tuberculin skin test result
7. Date and result of most recent RPR, including any necessary subsequent laboratory testing.
8. 3 months of urine screens
9. Discharge summary

Upon receipt of the above, patient will begin admission process. Prior to administering the first day of medication, the Dispensing Nurse will confirm (telephonically) last dosing date from the transferring CTC program and acceptance of patient to the CTC maintenance program. Assigned counselor will document record of transfer in the patient record. This will be tracked monthly by the Clinical Supervisor.

715.23(b)(5) LICENSURE Patient records

(b) Each patient file shall include the following information: (5) The results of all annual physical examinations given by the narcotic treatment program which includes an annual reevaluation by the narcotic treatment physician.

Observations

Twelve client records were reviewed on September 13-15, 2016. The facility failed to document an annual physical examination in client record # 1.

Client # 1 was admitted into treatment on 3/12/15 and was active in treatment at the time of the inspection. The client's initial intake physical examination was completed on 3/10/15, and an annual physical examination was due to be

Plan of Correction

The clinic failed to provide an annual physical to client #1 as per 715.23(b)(5) due to client being incarcerated.

Annual Physical was completed 9/28/16.

To ensure that this does not happen again the following plan

completed by 3/10/16. The results of an annual physical examination were not documented in the client's record.

will be implemented:

This finding was reviewed with facility staff during the licensing inspection.

If Client not discharged from program at time of incarceration, upon return to Clinic, client will be seen by medical provider.

Provider will document client's return to treatment from incarceration and any

change in medical condition or medication. If needed a new physical exam will be completed or if yearly exam is due it will be completed by the appropriate medical staff.

Client's charts will be reviewed by medical provider monthly to insure compliance with

715.23(b)(5)

709.91(b)(3)(i) LICENSURE Intake and admission

709.91. Intake and admission. (b) Intake procedures shall include documentation of: (3) Histories, which include the following: (i) Medical history.

Observations

Twelve client records were reviewed on September 13-15, 2016. The facility failed to document a complete Biopsychosocial assessment during the intake process for client records # 1, 3, 7, and 11.

Client # 1 was admitted into treatment on 3/12/15 and is still active in treatment. The Biopsychosocial assessment documented in the client's record was completed on 4/22/15.

Client # 3 was admitted into treatment on 5/11/16 and is still active in treatment. The Biopsychosocial assessment documented in the client's record was completed on 9/1/16.

Client # 7 was admitted into treatment on 12/10/15 and was discharged on 5/25/16. The Biopsychosocial assessment documented in the client's record was completed on 3/29/16.

Client # 11 was admitted into treatment on 2/29/16 and was still active in treatment. The Biopsychosocial assessment documented in the client's record was completed on 5/3/16.

These findings were reviewed with facility staff during the licensing inspection.

709.92(a) LICENSURE Treatment and rehabilitation services

709.92. Treatment and rehabilitation services. (a) An individual treatment and rehabilitation plan shall be developed with a client. This plan shall include, but not be limited to, written documentation of:

Observations

Twelve client records were reviewed on September 13-15, 2016. The facility failed to document a comprehensive

Plan of Correction

Patients who are currently active in treatment will have comprehensive treatment plans developed by November 1,

treatment plan in client records # 3, 7, and 11. The facility also failed to document a comprehensive treatment plan during the specified timeframe for client record # 10.

2016. Clinical Supervisor will meet with counselors weekly during scheduled supervision sessions and review status of treatment plans. Newly admitted patients will receive comprehensive treatment plans within the first 30 days of treatment. Clinical Supervisor will monitor for compliance.

Client # 3 was admitted into treatment on 5/11/16 and was still active in treatment. The preliminary treatment plan documented in the client's was completed on 5/10/16. A comprehensive treatment plan was not documented in the client's record.

Client # 7 was admitted into treatment on 12/10/15 and was discharged on 5/25/16. The preliminary treatment plan documented in the client's record was completed on 12/17/15. A comprehensive treatment plan was documented in the client's record.

Client # 10 was admitted into treatment on 7/11/16 and was still active in treatment. The preliminary treatment documented in the client's record was completed on 7/8/16. The comprehensive treatment plan documented in the client's record was completed on 8/26/16.

Client # 11 was admitted into treatment on 2/29/16 and was still active in treatment. The preliminary treatment plan documented in the client's record was completed on 2/25/16. A comprehensive treatment plan was not documented in the client's record.

These findings were reviewed with facility staff during the licensing inspection.

709.92(b) LICENSURE Treatment and rehabilitation services

709.92. Treatment and rehabilitation services. (b) Treatment and rehabilitation plans shall be reviewed and updated at least every 60 days.

Observations

Twelve client records were reviewed on September 13-15, 2016. The facility failed to document a treatment plan update at least every 60 days for client records # 1, 2, 5, 9, 11, and 12.

Client # 1 was admitted into treatment on 3/12/15 and was still active in treatment. A treatment plan update documented in the client's record was completed on 11/18/15. The subsequent treatment plan update was completed on 1/21/16. Another treatment plan update documented in the client's record was completed on 7/5/16. The subsequent treatment plan update was completed on 9/9/16.

Client # 2 was admitted into treatment on 11/5/15 and was still active in treatment. A treatment plan update documented in the client's record was completed on 1/8/16.

Plan of Correction

Patients who are currently active in treatment will have comprehensive treatment plans updated by November 1, 2016. Comprehensive treatment plans will be updated every 60 days according to regulations. Clinical Supervisor will meet with counselors weekly during scheduled supervision sessions and review status of treatment plans. Clinical Supervisor will develop a master list and monitor for compliance.

The subsequent treatment plan update was completed on 4/1/16. Another treatment plan update documented in the client's record was completed on 5/9/16. The subsequent treatment plan update was completed on 7/11/16.

Client # 5 was admitted into treatment on 9/13/12 and was still active in treatment. A treatment plan update documented in the client's record was completed on 3/14/16. The subsequent treatment plan update was completed on 6/3/16. The following treatment plan update was completed on 8/30/16.

Client # 9 was admitted into treatment 1/6/10 and was still active in treatment. A treatment plan update documented in the client's record was completed on 11/12/15. The subsequent treatment plan update was completed on 1/28/16

Client # 11 was admitted into treatment on 2/29/16 and was still active in treatment. A treatment plan update documented in the client's record was completed on 6/17/16. The subsequent treatment plan update was due to be completed by 8/17/16 and it was not documented in the client's record.

Client # 12 was admitted into treatment on 9/5/13 and was discharged on 2/15/16. A treatment plan update documented in the client's record was completed on 11/3/15. The subsequent treatment plan update was completed on 1/18/16.

These findings were reviewed with facility staff during the licensing inspection.

709.93(a) LICENSURE Client records

709.93. Client records. (a) There shall be a complete client record on an individual which includes information relative to the client's involvement with the project. This shall include, but not be limited to, the following:

Observations

Twelve client records were reviewed on September 13-15, 2016. The facility failed to document a complete client record in client records # 2, 6, 10, 11, 12.

Client # 2 was admitted into treatment on 11/5/15 and was still active in treatment. The client's record of service documented a duplicate entry for a 90 minute group counseling session conducted on 7/9/16.

Client # 6 was admitted into treatment on 4/11/12 and was discharged on 9/21/15. The discharge summary documented in the client's record did not specify the type of discharge or reason for discharge.

Plan of Correction

All Documentation will be reviewed by Clinical Supervisor daily. Counselors will update log of service at completion of each session. Discharge summaries will be reviewed by clinical supervisor prior to submission. Clinical supervisor has developed a log to track all discharges and will review all records during monthly chart reviews.

Client # 10 was admitted into treatment on 7/11/16 and was still active in treatment. A progress note documented in the client's record indicated that the client attended a group counseling session on 7/11/16. This group counseling session was not documented on the client's record of service.

Client # 11 was admitted into treatment on 2/29/16 and was still active in treatment. The record of service documented in the client's record indicated that the client attended a group counseling session on 7/26/16. A progress note for this group counseling session was not documented in the client's record.

Client # 12 was admitted into treatment on 9/5/13 and was discharged on 2/15/16. A progress note documented in the client's record indicated that the client attended a group counseling session on 12/26/15. This group counseling session was not documented on the client's record of service.

These findings were reviewed with facility staff during the licensing inspection.

[Return to Pennsylvania Department of Health Home Page](#)

Copyright © 2001 Commonwealth of Pennsylvania. All Rights Reserved.
[Commonwealth of PA Privacy Statement](#)

Pennsylvania Department of Health
Inspection Results

Surveys don't appear on this website until at least 41 days have elapsed since the exit date of the survey.

LEBANON TREATMENT CENTER

3030 CHESTNUT STREET
LEBANON, PA 17042

[Inspection Results](#) [Overview](#) [Definitions](#) [Surveys](#) [Additional Services](#) [Search](#)

Survey conducted on 09/19/2017

INITIAL COMMENTS

This report is a result of an onsite licensure renewal and methadone monitoring inspection. The inspection was conducted on September 18-19, 2017 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the onsite inspection, Lebanon Treatment Center was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during the inspection:

Plan of Correction

704.11(b)(1) LICENSURE Individual training plan.

704.11. Staff development program. (b) Individual training plan. (1) A written individual training plan for each employee, appropriate to that employee's skill level, shall be developed annually with input from both the employee and the supervisor.

Observations

Based on a review of personnel records, the facility failed to provide a written individual training plan for each employee in two of nine personnel records reviewed. The facility training year reviewed was March 2017 to February 2018. Employee # 1 was hired on 11/29/2011 and was still in the position. There was no individual training plan documented for the training year reviewed. Employee # 9 was hired on 4/1/2015 and was still in the position. There was no individual training plan documented for the training year reviewed. These findings were reviewed with facility staff during the licensing process.

Plan of Correction

A training plan has been created for Employee 1 and Employee 9 as of 10/11/017. Training plans will be developed upon hire and annually thereafter. Program Director and Regional Director will complete quarterly employee file audits to ensure compliance with training plans for all staff.

704.11(c)(1) LICENSURE Mandatory Communicable Disease Training

704.11. Staff development program. (c) General training requirements. (1) Staff persons and volunteers shall receive a minimum of 6 hours of HIV/AIDS and at least 4 hours of tuberculosis, sexually transmitted diseases and other health related topics training using a Department approved curriculum. Counselors and counselor assistants shall complete the training within the first year of employment. All other staff shall complete the training within the first 2 years of employment.

Observations

Based on a review of personnel records, the facility failed to provide documentation of HIV/AIDS and TB/STD and other health related topics training in two of nine applicable records reviewed. Employee #8 was hired on 1/4/2016 as a counselor assistant and was still in the position. The employee was required to obtain six hours of HIV/AIDS and 4 hours of TB/STD training by 1/4/2017. However, there was no documentation of either training in the personnel file. Employee #9 was hired on 4/1/2015 as a Billing Specialist and was still in the position. The employee was required to obtain 4 hours of TB/STD training by 4/1/2017. However, there was no documentation of either training in

Plan of Correction

0067#

The Clinical Supervisor will develop a tracking tool for each counselor and Director for all support staff to monitor all Trainings required and Trainings Completed. The tool was completed and submitted to the Facility Director on 10/10/2017. Individual reminders and an available training list will be forwarded monthly to each staff member until annual requirements are met. Employee # 5 and Employee # 9 have since enrolled in trainings to meet the requirement. Employee # 8 has resigned his position on September 30, 2017. Employees #5 has scheduled training for December

the personnel file. These findings were reviewed with facility staff during the licensing process.

3,2017 and employee #9 has scheduled October 23, 2017, November 2, 2017, and December 4, 2017 training to meet the requirement. This corrective action will be completed on December 5, 2017.

704.11(d)(2) LICENSURE Annual Training Requirements

704.11. Staff development program. (d) Training requirements for project directors and facility directors. (2) A project director and facility director shall complete at least 12 clock hours of training annually in areas such as: (i) Fiscal policy. (ii) Administration. (iii) Program planning. (iv) Quality assurance. (v) Grantsmanship. (vi) Program licensure. (vii) Personnel management. (viii) Confidentiality. (ix) Ethics. (x) Substance abuse trends. (xi) Developmental psychology. (xii) Interaction of addiction and mental illness. (xiii) Cultural awareness. (xiv) Sexual harassment. (xv) Relapse prevention. (xvi) Disease of addiction. (xvii) Principles of Alcoholics Anonymous and Narcotics Anonymous.

Observations

Based on a review of personnel records, the facility failed to document the completion of 12 clock hours of annual training required for project directors and facility directors in one of two personnel records reviewed. Employee #1 was hired on 11/29/2011 as the project director and was still in the position. The facility training year reviewed was March 2016 to February 2017. Employee #1 did not have documentation of any training hours for the training year reviewed. These findings were reviewed with facility staff during the licensing process.

Plan of Correction

The Project Director who was Promoted to Project Director in January of 2017 will complete his training hours by the end of December 2017. Program Director and Regional Director will track hours via a spreadsheet of all employees training hours on a quarterly basis to ensure compliance.

704.11(f)(2) LICENSURE Trng Hours Req-Coun

704.11. Staff development program. (f) Training requirements for counselors. (2) Each counselor shall complete at least 25 clock hours of training annually in areas such as: (i) Client recordkeeping. (ii) Confidentiality. (iii) Pharmacology. (iv) Treatment planning. (v) Counseling techniques. (vi) Drug and alcohol assessment. (vii) Codependency. (viii) Adult Children of Alcoholics (ACOA) issues. (ix) Disease of addiction. (x) Aftercare planning. (xi) Principles of Alcoholics Anonymous and Narcotics Anonymous. (xii) Ethics. (xiii) Substance abuse trends. (xiv) Interaction of addiction and mental illness. (xv) Cultural awareness. (xvi) Sexual harassment. (xvii) Developmental psychology. (xviii) Relapse prevention. (3) If a counselor has been designated as lead counselor supervising other counselors, the training shall include courses appropriate to the functions of this position and a Department approved core curriculum or comparable training in supervision.

Observations

Based on a review of personnel records, the facility failed to document the completion of 25 clock hours of annual training required for counselors in one of two personnel records reviewed. Employee #5 was hired on 11/2/2015 as a counselor and was still in the position. The facility training year reviewed was March 2016 through February 2017. Employee #5 only had documentation for 9 completed hours of annual training in the personnel record. These findings were reviewed with facility staff during the licensing process.

Plan of Correction

0083#

Clinical Supervisor has developed a tracking tool for each counselor to monitor both training required and trainings completed. Tracking tool was submitted to Program Director on October 10, 2017. Individual reminders and a list of available trainings will be forwarded to each counselor monthly beginning October, 2017 until requirements are met. This will also be monitored Clinic Director via monthly All Staff Meetings. Employee #8 has resigned his position on September 30, 2017. Employees #5 has scheduled training for December 3, 2017 and employee #9 has scheduled October 23, 2017, November 2, 2017, and December 4, 2017 training to meet the requirement. This corrective action will be completed on December 5, 2017.

709.26 (b) (3) LICENSURE Personnel management.

§ 709.26. Personnel management. (b) The personnel records must include, but are not limited to: (3) Annual written individual staff performance evaluations, copies of which shall be reviewed and signed by the employee.

Observations

Based on a review of personnel records, the facility failed to document an annual written individual staff performance evaluation in 1 of 9 personnel records reviewed. Employee #1 was hired on 11/29/2011 as the Project Director and was still in the position. There was no documented annual performance evaluation presented to Employee #1 since the previous licensing inspection. These findings were reviewed

Plan of Correction

The Project Director who was Promoted to Project Director in January of 2017 will have an Annual Performance Evaluation completed upon the end of his first year at Project Director (January 2018). The annual Performance Evaluation will be provided to the Regional Directors for submission for licensing visits. The Regional Director and Program Director will complete a year end evaluation Audit to ensure

with facility staff during the licensing process.

compliance. The Human Resource Business Partner for the region will monitor yearly evaluations for each facility and make sure each individual director has the updated copy of the Performance evaluation on file at the programs. The Performance Evaluation that was missing has been sent to the program for compliance. The Regional Director will ensure that this does not happen in the future.

[Return to Pennsylvania Department of Health Home Page](#)

Copyright © 2001 Commonwealth of Pennsylvania. All Rights Reserved.
[Commonwealth of PA Privacy Statement](#)