

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TEL HAI RETIREMENT COMMUNITY

LEGAL ENTITY

To operate TEL HAI ASSISTED LIVING

NAME OF FACILITY OR AGENCY

Located at P.O.B. 190, 4200 HERTZLER DRIVE HONEY BROOK, PA 19344

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 9, 2010 until February 9, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 173640

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

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

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 09 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Joseph Swartz, CEO  
Tel Hai Retirement Community  
P.O. Box 190 Beaver Dam Road  
Honey Brook, Pennsylvania 19344

RE: Tel Hai Assisted Living  
P.O. box 190, 4200 Hertzler Drive  
Honey Brook, Pennsylvania 19344

Dear Mr. Swartz:

As a result of the Department of Public Welfare's licensing inspection on October 21, 2009 and October 23, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.



Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

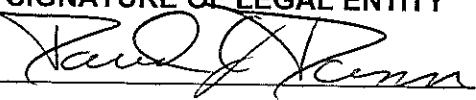
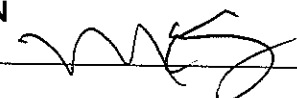
Enclosures  
License  
Violation Report


**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Tel Hai Assisted Living P.O.B 190, 4200 Hertzler Drive Honey Brook, PA 19344		CURRENT LICENSE NUMBER  173640	
INSPECTION DATE(S) (Include all dates of the inspection) October 21, 2009 & October 23, 2009		REGIONAL REPRESENTATIVE Ron Minnich & Serena Chou	
SIGNATURE OF LEGAL ENTITY 	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/28/09

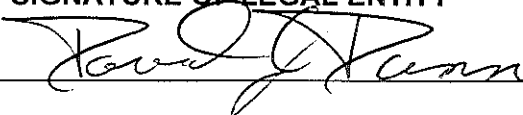
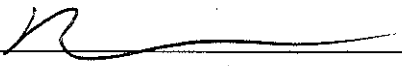
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
54a Direct care staff persons shall have the following qualifications:  (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	Direct care staff person A, hired on 6/23/09 does not have a high school diploma, GED or active status on the nurse aide registry.	11/17/09	Obtained verification of high school graduation of staff person A. Human Resources will verify high school graduation or active status on nurse aide registry for all direct care staff.	MES 1/29/10


**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Tel Hai Assisted Living P.O.B 190, 4200 Hertzler Drive Honey Brook, PA 19344		<b>CURRENT LICENSE NUMBER</b>  173640	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> October 21, 2009 & October 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Ron Minnich & Serena Chou	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 11/20/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 1/29/10



1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
64a Prior to initial employment as an administrator, a candidate shall successfully complete the following:  (1) An orientation program approved and administered by the Department.  (3) A Department-approved competency-based training test with a passing score.	Administrator B did not complete the orientation program approved and administered by the Department or the required department-approved competency-based training test.	Obtained NHA 1984  12/10/09  2/19/10	Administrator has a current NHA license  Test scheduled on 12/10/09  <i>The administrator will attend the Department's administrator orientation on 2/19/10 in Norristown. Documentation of all administrator training will be kept on file in the home. MEG 1/29/10</i>	Steps have been taken to correct violation; full compliance is not verifiable 1/29/10  Date Initials (DPW)

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Tel Hai Assisted Living P.O.B 190, 4200 Hertzler Drive Honey Brook, PA 19344		<b>CURRENT LICENSE NUMBER</b>  173640	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> October 21, 2009 & October 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Ron Minnich & Serena Chou	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 11/20/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/28/09



1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW																					
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The home's fire drill record does not accurately reflect the number of residents evacuated during fire drills.  <table border="1"> <thead> <tr> <th>Date</th> <th>#Resident s in home</th> <th># Residents Evacuated</th> </tr> </thead> <tbody> <tr> <td>4/01/09</td> <td>82</td> <td>21</td> </tr> <tr> <td>5/29/09</td> <td>86</td> <td>25</td> </tr> <tr> <td>6/17/09</td> <td>86</td> <td>26</td> </tr> <tr> <td>7/05/09</td> <td>85</td> <td>26</td> </tr> <tr> <td>8/20/09</td> <td>92</td> <td>26</td> </tr> <tr> <td>9/02/09</td> <td>86</td> <td>8</td> </tr> </tbody> </table>	Date	#Resident s in home	# Residents Evacuated	4/01/09	82	21	5/29/09	86	25	6/17/09	86	26	7/05/09	85	26	8/20/09	92	26	9/02/09	86	8	11/17/09	The fire drill record form has been changed to reflect the number of non-evacuated residents, evacuated residents and total residents in the facility.	 1/29/10
Date	#Resident s in home	# Residents Evacuated																							
4/01/09	82	21																							
5/29/09	86	25																							
6/17/09	86	26																							
7/05/09	85	26																							
8/20/09	92	26																							
9/02/09	86	8																							

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Tel Hai Assisted Living P.O.B 190, 4200 Hertzler Drive Honey Brook, PA 19344		<b>CURRENT LICENSE NUMBER</b>  173640	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> October 21, 2009 & October 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Ron Minnich & Serena Chou	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 11/20/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/28/09


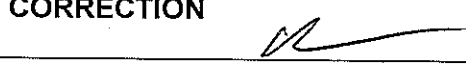
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	A variety of loose pills totaling seven, were located throughout the home's two medication carts.	12/31/09	Every morning the med cart will be inspected to assure proper storage of medications. The inspector shall document the result of the inspection and date and initial the form. The results of the inspection will be reviewed at the monthly performance improvement meeting.	MES 1/29/10

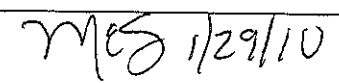
**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Tel Hai Assisted Living P.O.B 190, 4200 Hertzler Drive Honey Brook, PA 19344		<b>CURRENT LICENSE NUMBER</b>  173640	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> October 21, 2009 & October 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Ron Minnich & Serena Chou	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 11/20/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/28/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	Resident #2's blister pack of Coumadin 3mg has an expiration date of 8/23/09.	11/20/09  2/28/10	Discarded blister package of Coumadin 3 mg. for resident #2.  Will change Coumadin prescriptions from a National pharmacy to a Local pharmacy that will match discard date to expiration date. An audit will be conducted by the Wellness Coordinator (LPN) monthly to assure compliance and report will be reviewed by the performance improvement committee monthly.	MCS 1/29/10

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Tel Hai Assisted Living P.O.B 190, 4200 Hertzler Drive Honey Brook, PA 19344		<b>CURRENT LICENSE NUMBER</b>  173640	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> October 21, 2009 & October 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Ron Minnich & Serena Chou	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 11/20/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 12/23/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	On 10/23/09 the home did not have the prescribed "PRN" (as needed) medication of <i>Meloxicam 7.5 mg, for pain</i> on hand for resident #1.	2/28/10	The physician discontinued the order for Meloxicam 7.5 mg. for resident #1. An audit of all prn medications will be conducted. All prn medications that the physicians deem to be required will be on hand. On a monthly basis the Wellness Coordinator (LPN) will audit percentage of prn meds to assure compliance. A report will be reviewed at the monthly performance improvement meeting.	 1/29/10