COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: February 9, 2011

Mr. Joseph Swartz, CEO
Tel Hai Retirement Community
P.O. Box 190
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 8, 2010 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.

Sincerely,

Chevon Mitchell

Chevon Mitchell
Regional Licensing Administrator

Enclosure(s)
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
TEL HAI ASSISTED LIVING, P O B 190 4200 HERTZLER DRIVE HONEY BROOK, PA 19344	173640
INSPECTION DATES (Include all dates of the inspection) 10/08/2010	REGIONAL REPRESENTATIVE James Jesse Hummel, Lori Knockstead
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) David J. Dunn, Administrator	

SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
David J. Dunn	11/23/10		1/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
16c 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).	On 8/17/10, resident #1 reported to the home that the resident's pocketbook was missing. The incident was reported to law enforcement officials on 8/19/10. The home did not submit an incident report to the Department until 8/24/10.	12/31/10 1/7/11	The facility can not correct the late submission of the cited report. Effective immediately the facility will report all types of incidents listed on the P.C.H. Reportable Incidents (55PaCode 2600.16) within 24 hours of the incident. All LPN Charge Nurses will be inserviced on the reporting procedure by 12/31/10. The inservice will be conducted by the Administrator on a one on one basis.	

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SIGNATURE OF LEGAL ENTITY Paul Penn	DATE
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Lori	DATE 1/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	From 8/20/10 through 10/4/10 the home placed a video camera on top of the refrigerator inside resident #1's room. The camera was set up to record the room as part of the home's investigation involving resident #1's missing pocketbook.	10/18/10 VH 1/7/11	The camera has been removed from the facility 10/18/10. Any future utilization of the camera will be in a common or staff only area and approved by the Administrator. Use of a camera inside the home will be for immediate viewing only, no recordings will be made in areas that are utilized by residents. VH 1/7/11	1/10/11 RN

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
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David J Pann			1/7/11

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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Resident #1's record does not include a copy of the incident report that was submitted to the Department on 8/24/10.	1/1/11 RN 1/7/11	A copy of the incident report that was submitted to the department on 8/24/10 is on the resident's chart. Effective 1/1/11, after staff education all incident reports will be placed in the resident's chart. The Administrator or designee will review all incidents each month and audit the appropriate charts.	1/10/11 RN

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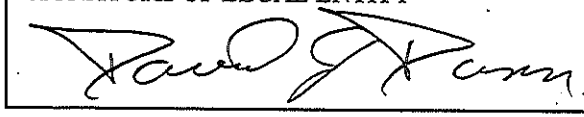			

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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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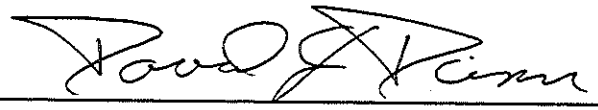			

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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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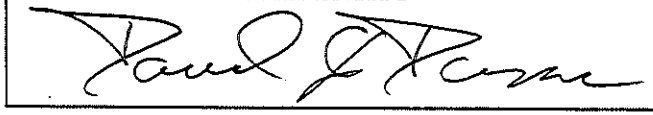			

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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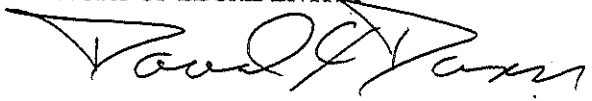			

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				