



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 29, 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,


A handwritten signature in cursive script that reads "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 TEL HAI ASSISTED LIVING, P O B 190 4200 HERTZLER DRIVE HONEY BROOK, PA 19344		CURRENT LICENSE NUMBER 173640	
INSPECTION DATES (Include all dates of the inspection) 10/29/2010		REGIONAL REPRESENTATIVE Michelle Morton, Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">DAVID J. DUNN</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 12/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/10/11



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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	Hydrogen Peroxide, with a manufacturer's label indicating "If swallowed, get medical help or call poison control center right away", was unlocked and accessible to the resident in Room #208. The occupant, resident #1, has not been assessed capable of recognizing and using poisons safely.	2/28/11	Resident #1 no longer lives at the facility. All residents will be assessed for their capability of recognizing and using poisons safely. All residents deemed incapable will have the specified poisons removed from their room. Social Service will monitor on a monthly basis.	
132a An unannounced fire drill shall be held at least once a month.	Four staff members know in advance when fire drills are scheduled to be held-the Maintenance Director, a maintenance worker, the Nursing Supervisor and the Vice-president of Health Services.	12/14/10	The policy, as stated in the Tel Hai Safety Preparedness Manual, has been changed to: Only the maintenance program will know the daytime of a fire drill in advance. The Facilities Director will assure that no other staff member is aware in advance of a fire drill.	have been taken to correct violation; full compliance is not verifiable 1/10/11  Initials (DPW)


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 DATES (Include all dates of the inspection) 10/29/2010		REGIONAL REPRESENTATIVE Michelle Morton, Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 12/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	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
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	The following medications were found on the floor in the closet in Resident #1's room: 6 packages of Perforomist inhalation solution, 119 packages of Albuterol Sulfate. The resident is not able to self-administer medications.	2/28/11	Resident #1 is no longer living at Tel Hai. All residents that have been determined to be able to self administer medications will lock their doors when leaving their room. Social service will inform all applicable residents of the locked door requirement of self administering of meds. Social service will check doors for compliance once per month during a lunch hour.	

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 DATES (Include all dates of the inspection) 10/29/2010		REGIONAL REPRESENTATIVE Michelle Morton, Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 12/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/9/11

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
183f1 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,	The following expired medications were found in resident room #208:  -6 packages of Performist inhalation solution, expired 9/09  -119 packages of Albuterol Sulfate, expired 3/10	12/31/10	The resident in room #208 is no longer a resident at Tel Hai.  Medications that are discontinued, expired or for residents that no longer live at the facility shall be destroyed.  The resident services coordinator will be responsible and report monthly to the P.F. committee	1/10/11 



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 DATES (Include all dates of the inspection) 10/29/2010		REGIONAL REPRESENTATIVE Michelle Morton, Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 12/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				


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

57  
Page 6 of 8

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 DATES (Include all dates of the inspection) 10/29/2010		REGIONAL REPRESENTATIVE Michelle Morton, Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 12/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	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
<p>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p>	<p>The assessment for resident #1 was completed on 9/1/10 due to a significant change. However, the assessment still does not address the following needs that were documented in the nursing notes in the resident's record:</p> <ul style="list-style-type: none"> <li>• The resident has been experiencing increased confusion, paranoia, and hallucinations. The resident's speech is slurred and the resident has a hard time keeping eyes open. The resident reports hearing voices and wanted to "cut the voice out" of the resident's body with a butter knife.</li> <li>• The resident is now disoriented to place and time and was found wandering. The resident wears a "roam alert" ankle bracelet and also needs to be checked every ½ hour.</li> <li>• The resident uses both oxygen and a nebulizer.</li> <li>• The resident has a morphine pump in the abdomen that needs to be refilled as ordered.</li> <li>• Narcotics from an unknown source were found in the resident's room. The resident was hospitalized in a behavioral care facility and the admission included a drug screening for possible substance abuse. The resident returned to the</li> </ul>	<p>2/28/11</p>	<p>Resident #1 no longer lives at tel HAI. In addition to timely completion, assessments will be done after significant changes and include appropriate resident needs. Weekly resident assessment meetings, attended by nursing, social service, therapy, activities and administration will assure compliance.</p>	

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 DATES (Include all dates of the inspection) 10/29/2010		REGIONAL REPRESENTATIVE Michelle Morton, Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 12/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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
	<p>home but the resident's room needs to be checked weekly for medications.</p> <ul style="list-style-type: none"> <li>• The resident has edema in the lower extremities and needs to elevate legs to decrease the swelling.</li> <li>• The resident has a bowel obsession and has attempted to use foreign objects to clean the bowels.</li> <li>• The resident has a foley catheter. The resident sometimes pulls out the catheter and at other times has cut the tubing for the catheter.</li> <li>• The resident prefers to sleep in <span style="background-color: black; color: black;">      </span> chair.</li> </ul> <p>The assessment does not include any referral sources and frequency but only says "prn when indicated."</p>			

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 DATES (Include all dates of the inspection) 10/29/2010		REGIONAL REPRESENTATIVE Michelle Morton, Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>David J. Penn</i>	DATE <i>12/17/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>RN</i>	DATE <i>1/7/11</i>

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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	A support plan was completed for resident #1 on 9/1/10. The support plan does not include any specific interventions to address the resident's mental health and behavioral care needs.	<i>2/28/11</i>	<i>Resident #1 no longer lives at tel Hai. Support plans will include specific interventions to address resident's physical, mental, and behavior care needs. The weekly resident assessment meeting, attended by nursing, social service, therapy, activities, and administration, will assure compliance.</i>	<i>1/10/11</i> <i>(RN)</i>