

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

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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 16, 2011 until February 16, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 173640

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

FEB 17 2011

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

Mr. Joseph Swartz, Chief Executive Officer
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 January 10, 2011 and January 11, 2011 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 black ink, appearing to read 'R Melusky'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

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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) 01/10/2011		REGIONAL REPRESENTATIVE Ryan Novak, 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) DAVID J. DUKA			
SIGNATURE OF LEGAL ENTITY <i>David J. Duka</i>		DATE 2/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
			DATE 2/9/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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 12/20/10 Resident #1 complained about being roughed up during a fire drill. When the resident was checked the resident had a dark purple bruise on her left arm. A bruise was also noted on the residents right outer thigh/hip area, dark purple in color. The home did not submit an incident report to the Department. Repeated Violations: 10/08/2010.	2/15/11	The incident facilitating the resident #1 complaint has been reported to the Personal Care Regional Office. The LPN who failed to follow the staff training on reporting resident incidents will be retrained by the Administrator. The Administrator will assure future compliance.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Initials (DPW)

VIOLATION REPORT
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>David J. Dunn</i>			
SIGNATURE OF LEGAL ENTITY <i>David J. Dunn</i>		DATE <i>2/3/11</i>	REGIONAL LICENSING-APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
			DATE <i>2/9/11</i>

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25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for Resident #2 was not signed by the designated person.	3/18/11	The contract for resident #2 was signed by the designated person. Social services will assure future compliance.	<i>2/9/11 OZM</i>

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SIGNATURE OF LEGAL ENTITY <i>David J. Durn</i>		DATE 2/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
			DATE 2/9/11

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25c2 (2) A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	Resident #1's contract dated 5/28/10 lists residents daily rate as \$121.00. The residents condition changed on 11/20/10, the daily rate changed to \$131.00. The contract was not updated to reflect this increase.	3/18/11	The cited fee schedule for resident #1 has been signed. All current contracts have been audited for compliance. Social Services will assure future daily rate changes are signed.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Initials (DPW)

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

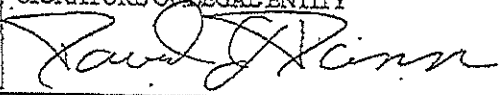
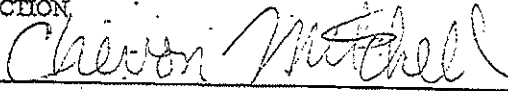
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SIGNATURE OF LEGAL ENTITY <i>David J. Dean</i>		DATE 2/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron M. Fell</i>
			DATE 2/9/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
65b 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	Staff members A and B did not receive orientation on the emergency medical plan.	3/31/11	Staff members A and B will receive orientation on the emergency medical plan. The Administrator will assure future compliance of all new staff.	

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em; margin: 0;">David J. Dehn</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/9/11

REGULATION 55 Pa. Code §2600 and conditions.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
			See page 4 of 18	

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SIGNATURE OF LEGAL ENTITY <i>David J Dunn</i>		DATE 2/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
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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.	<p>The following poisonous materials were found at 9:50 am in a unlocked cleaning cart outside room 405:</p> <ul style="list-style-type: none"> Luster Plus labeled "If swallowed call a doctor immediately." MPC Country Morning Refresh labeled "If swallowed call poison control or a doctor." <p>The following poisonous materials were found at 10:10 am outside the housekeeping closet in a cleaning cart:</p> <ul style="list-style-type: none"> MPC Country Morning Refresh labeled "If swallowed call poison control or a doctor." Nobel Reflect labeled "call poison control or a doctor if ingested." <p>All of the Residents have not been assessed capable of recognizing and using poisons safely</p> <p>Repeated Violations: 10/29/2010</p>	<p>2/28/11</p> <p>2/8/11 cem</p>	<p>All cleaning carts containing poisonous materials have been locked when not attended.</p> <p>Housekeeping staff will be trained on the importance of locking cleaning carts.</p> <p>Housekeeping Supervisor will assure future compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>DPW</i> Date Initials (DPW)</p>

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10137 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The beds in rooms 212 and 412 do not have a source of light that can be turned on/off from bedside.	3/18/11	Room 212 and 412 have a source of light that can be turned off/on from bedside. All other rooms have been audited for compliance an appropriate light source will be installed in deficient rooms. The Administrative Assistant will audit on a regular basis to assure compliance.	2/9/11 <i>CDM</i>

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1035 Kitchen surfaces shall be of a nonporous material and cleaned and sanitized after each meal.	2 wooden cutting boards were observed in the main kitchen on the shelf with the other plastic boards.	2/28/11	The two wooden cutting boards were disposed of at the time when they were identified. Dining Service staff will be inserviced on the importance of only using nonporous surfaces. All surfaces in the kitchen are nonporous.	2/9/11 <i>CKM</i>

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181d if the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.	Resident #3 self administers medications and stores medications in their room. On 1/11/11 Resident #3's door to the bedroom was unlocked and accessible to other residents in the home. The resident was not in the room and medications were not in a locked container in the room.	3/15/11	Resident #3 room door will close and lock automatically when the resident leaves the room. All other self medicating residents will be assessed by nursing and audited by Social Services to assure compliance. Additional automatic locking handles will be installed as required.	

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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The label for resident #4's Warfin 5mg states take one tablet M, W, F. The MAR states take 2 tablets by mouth 3x per week M, W, F	3/31/11	Resident #4 has a current order on the Medication Administration Record for Warfarin that matches the label on the current medication supply. Med-Tech's and Nurses have been trained by the Nursing Supervisor to confirm that the Medication Administration Record and the medication labels match.	<i>2/9/11 CDM</i>

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

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SIGNATURE OF LEGAL ENTITY <i>David J. Dean</i>		DATE <i>2/5/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		DATE	

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185a 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.	<p>The following medications were not on hand for Resident #9:</p> <ul style="list-style-type: none"> • Docusate Sod 100mg cap • Robitussin 100/ml syrup • Kaopectate 262/15ml • Acetaminophen 325 mg tab • Deep Sea Nasal Spray 44 ml • MI-Acid R/S Liquid • Milk of Magnesium • Omeprazole 20mg tab • Hydrocodone/ APAP 5/500 tab <p><i>Withdawn 02/29/11</i></p>	2/28/11	All ordered medications for resident #9 are available. Self administrating residents will be assessed monthly by the Resident Services Coordinator to assure their medications match the Medication Administration Record.	

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

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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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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
187e A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<ul style="list-style-type: none"> The medication administration record for Resident #5 does not include a diagnosis for Furosemide 40 mg or Kel-ER 10 mg The medication administration record for Resident #6 does not include a diagnosis for Levothroxine, Perforomist 20 mcg, and Warfarin 4mg 	2/11/11	<p>The Medication Administration Record for resident #5 and #6 have the diagnosis to support the medications.</p> <p>The Medication Administration Records will be audited monthly by the Resident Services Coordinator to assure compliance.</p>	<i>2/9/11 CDM</i>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan). <i>David J. D. Carr</i>			
SIGNATURE OF LEGAL ENTITY <i>David J. Carr</i>	DATE <i>2/13/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>2/9/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			See Page #12	

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

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>The medication administration records for Resident #7 were not initialed for the following medications:</p> <ul style="list-style-type: none"> • Simvastatin 30mg on 12/27/10 at 8pm • Humulin-NPH 18 units on 12/27/10 at 4pm <p>The medication administration records for Resident #8 were not initialed for the following medications:</p> <ul style="list-style-type: none"> • Artificial tears on 12/26/10 at 12pm 	2/11/11	<p>The Medication Administration Record for resident #7 and #8 have been initialed by the appropriate staff member.</p> <p>The Medication Administration Records will be audited monthly by the Resident Services Coordinator to assure compliance.</p>	2/9/11 <i>CRM</i>

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SIGNATURE OF LEGAL ENTITY <i>David J. Damm</i>	DATE 2/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwin Mitchell</i>	DATE 2/9/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	On the following dates Resident #8 refused medications and there is no record to indicate the doctor was notified of the refusal: <ul style="list-style-type: none"> • Furside 40mg 8pm dose on December 4, 7, 9, 10, 17, 23, 25 and 26th • Spironolactins 25mg 8pm dose on December 23 and 25th • Artificial 15ml 12pm dose on December 26th 	1/31/11	The physician was notified of all medication refusals by resident #8. Medication refusals are faxed daily to the physician unless the physician instructs differently.	2/9/11 <i>CPM</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME TEL HAT 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) 01/10/2011		REGIONAL REPRESENTATIVE Ryan Novak, 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) <i>David J. Deane</i>			
SIGNATURE OF LEGAL ENTITY <i>David J. Deane</i>		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Mitchell</i>
			DATE 2/9/11

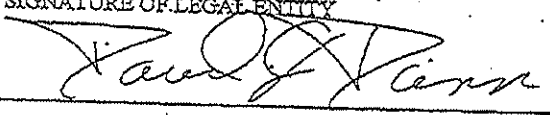
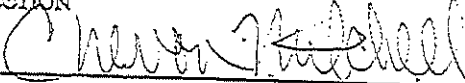
REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The following pre-admission screen forms are incomplete:- <ul style="list-style-type: none"> Resident #10 and #3 does not include the determination that the home can meet the resident's service needs, and there is no date that the form was completed Resident #1 and #6 does not include the determination that the home can meet the resident's service needs Repeated Violations: 10/29/2010	3/18/11	The pre-admission screen forms for residents #10 and #3 have been properly completed. Social Services will assure that all parts of the form are completed for all future admissions.	2/9/11 CPM

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) 01/10/2011		REGIONAL REPRESENTATIVE Ryan Novak, 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) <i>David J. Deann</i>			
SIGNATURE OF LEGAL ENTITY <i>David J. Deann</i>		DATE 2/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
			DATE 2/9/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human-service agency may complete the initial assessment.	Resident #6's assessment dated 3/16/10 notes no known diagnosis. The medical evaluation for resident #6 dated 3/16/10 lists diagnoses of CAD and HTN.	2/28/11	Resident #6 assessment dated 3/16/10 has been updated to reflect the diagnosis of CAD and HTN. Assessments will be updated to reflect the diagnosis on the current medical evaluation.	2/9/11 CDH

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) 01/10/2011		REGIONAL REPRESENTATIVE Ryan Novak, 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" style="font-size: 1.2em;"><i>David J. Dunn</i></p>			
SIGNATURE OF LEGAL ENTITY 		DATE 2/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 2/9/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The home has not completed a new assessment of Resident #1's needs to reflect these changes: <ul style="list-style-type: none"> • Progress notes indicate on 12/14/10 resident is more confused, unable to ambulate /drink without cueing. • 12/16/10 requires assistance to rise to respond to a fire drill • 12/25/10 missing meals • 1/9/11 needs assistance of 2 to ambulate. 	2/28/11	Resident #1 has had a new assessment done to reflect significant changes cited. A tracking log has been developed for significant changes. The log will be reviewed by the Resident Assessment Team meeting.	<p style="font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em;">Date <u>2/9/11</u> Initials (DPW) <u>[Signature]</u></p>