



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: November 30, 2011

Mr. Joseph J. Swartz, President/CEO
Tel Hai Retirement Community
4200 Tel Hai Circle
Honey Brook, Pennsylvania 19344

RE: Lakeview at Tel Hai Personal Care

Dear Mr. Swartz:

As a result of the Department of Public Welfare's licensing inspection on June 21, 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.

Sincerely,

A handwritten signature in black ink that reads "Chevon Miller" followed by a stylized flourish.

Chevon Miller
Regional Licensing Administrator

Enclosure(s)
Violation Report

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Lakeview at Tel-Hai, POB 190 4200 Hertzner Drive Honeybrook, PA 19344		CURRENT LICENSE NUMBER 175640
INSPECTION DATES (include all dates of the inspection) 06/21/2011	REGIONAL REPRESENTATIVE Kimberli A. Foules, 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. DURAN, ADMINISTRATOR		
SIGNATURE OF LEGAL ENTITY <i>David J. Duran, MHA.</i>	DATE 9/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE

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
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	An assessment was completed for resident #1 on 4/18/11. The resident's support plan dated 4/18/11 did not address the following needs of the resident: Nectar thick liquids, Frazier water protocol and the need for offering fluids, oxygen at night, compression stockings, need for wheelchair for distance, physical therapy, or wound care.	10/31/11	The specific violation was resolved with the discharge of resident #1 to the Healthcare Center on 5/8/11 which is prior to the inspection date of 6/21/11. Changes that have been made to correct the resident assessment and support plan violations include the hiring of a new Resident Services Coordinator (LPN) 9/13/11 and a new Social Worker 7/14/11. The Resident Services Coordinator and Administrator will attend a seminar on Oct. 5th which includes a DPW presentation on the new assessment and support plan. The Resident Services Coordinator shall review all current support plans. Each support plan shall be updated to address the residents medical, dental, vision, hearing, mental health or behavioral care services that are required by the resident. The Resident Services Coordinator will	

present a monthly report on the timeliness and accuracy of resident assessments and support plans to the Performance Improvement Committee