

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TEL HAI RETIREMENT COMMUNITY

To operate LAKEVIEW AT TEL HAI PERSONAL CARE

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

ADDRESS OF SATELLITE SITE

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 17, 2012 until February 17, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 173640

Robert E. Robinson

ISSUING OFFICER

R. C. King

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

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

MAR 29 2012

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

RE: Lakeview At Tel Hai Personal Care
P.O. Box 190, 4200 Tel Hai Circle
Honey Brook, Pennsylvania 19344

Dear Mr. Swartz:

As a result of the Department of Public Welfare's licensing inspection on February 22, 2012 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", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME LAKEVIEW AT TEL HAI PERSONAL CARE, P O B 190 4200 HERTZLER DRIVE HONEY BROOK, PA 19344		CURRENT LICENSE NUMBER 173640	
INSPECTION DATES (Include all dates of the inspection) 02/22/2012		REGIONAL REPRESENTATIVE Denny Granahan, Lori Gensil, Ron Minnich	
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;">David J. Dunn, Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 3/7/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/14/12

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
26b The quality management plan shall address the periodic review and evaluation of the following: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The home's most recent quality management review did not address staff person training and resident or family councils. <p style="text-align: center;">PCH Division Central Region Field Office</p> <p style="text-align: center;">MAR 14 2012</p>	2/29/12	The Administrator has changed the agenda of the monthly Quality Assurance meeting to include staff training and resident council issues. This change went into effect at the 2/29/12 Q.A. meeting. The social worker is responsible to present the staff training and resident council issues at the meeting.	Steps have been taken to correct violation; full compliance is not verifiable. <p style="text-align: center;">3/14/12 </p> <hr style="width: 100%;"/> <p style="text-align: center;">Date Initials (DPW)</p>


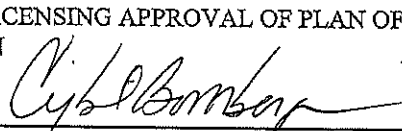
RECEIVED


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

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SIGNATURE OF LEGAL ENTITY 	DATE 3/7/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/6/12

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
57c Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.	On 2/18/2012, there were 84 residents in the home, including 15 residents with mobility needs, requiring a total minimum of 99 hours of direct care. On this date, only 96.25 hours of direct care staffing was provided.	5/31/12	<p>A new position has been added to increase scheduled hours. The facility Administrator will meet with the staff scheduler one week in advance to assure the next weeks work schedule is in compliance. The scheduler will provide the Administrator with a daily report of worked hours and potential variations from compliance. The Administrator is responsible to assure compliance.</p> <p><i>The administrator is revising the work schedule on a daily basis to assure that the required hours are being provided during the interim period prior to the hiring of an additional staff person. CB 3/16/12</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>3/16/12 CB</i></p> <p>Date Initials (DPW)</p>



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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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85a Sanitary conditions shall be maintained.	On 2/22/2012, at 10:30 am, there was a layer of black-colored mold or mildew found in the bottom rear edge of the refrigerator in the fourth floor common area.	3/31/12	The layer of black has been removed from the fourth floor refrigerator. The environmental services department will clean the fourth, third and second floor refrigerators monthly to assure future compliance. A monthly audit will be conducted.	<i>3/16/12</i> 

photos

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE <i>3/7/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>3/6/12</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
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have a fire drill conducted by a fire safety expert within the past 12 months.	4/30/12	<p>A fire drill conducted by a fire safety expert is scheduled for March 2012. The Director of Environmental Services, will be responsible to assure that an annual fire drill conducted by a fire expert is completed.</p> <p><i>The director of environmental services will contact the fire safety expert approximately 2 months prior to when the annual drill is needed to schedule.</i></p> <p style="text-align: right;"><i>3/14/12</i></p>	<i>3/16/12</i> 

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

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SIGNATURE OF LEGAL ENTITY <i>David J. Durn</i>		DATE 3/7/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cylo Bomberg</i>
			DATE 3/14/12

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
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 fire drill record for the drill conducted on 1/12/12 does not include whether the drill was conducted in the a.m. or p.m. In addition, the home's quality review stated that, "one floor was evacuated that did not have to be which took more time." The quality review also indicated that there were, "a list of residents that did not participate in the drill." These issues were not addressed on the home's fire drill record, nor were the number of residents accurately recorded on the form.	3/31/12	All future fire drill written reports will include all items listed in 132c. The Director of Environmental Services will complete the fire drill record. All documented drill issues will be addressed by the Administrator and documented on the report. <i>The administrator will review the fire drill records after each drill. @ 3/14/12</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>3/16/12</i> Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>David J. Dunn</i>		DATE <i>3/7/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>
			DATE <i>3/4/12</i>

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132e A fire drill shall be held during sleeping hours once every 6 months.	The last drill conducted during sleeping hours was on 1/12/2012. The sleeping hours fire drill conducted previously was held on 3/23/2011, more than six months prior.	5/30/12	To assure that there is less than six months between drills, the next sleeping hours fire drill is scheduled for May 2012. The Director of Environmental Services will assure compliance and document results on the fire drill record. <i>The administrator will review the fire drill log monthly and will monitor when sleeping hours drills need to be completed. 03/14/12</i>	Steps have been taken to correct violation; full compliance is not verifiable. <i>3/16/12</i> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>David J. Dunn</i>	DATE <i>3/7/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cy D. Bamber</i>	DATE <i>3/4/12</i>

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	During the 1/12/2012 fire drill, not all of the residents were evacuated to a fire safe area or designated meeting place.	3/31/12	Residents and staff will be reeducated concerning the necessity to evacuate to a designated fire safe area during each drill. Each drill report will be monitored by the Administrator to assure compliance.	Steps have been taken to correct violation; full compliance is not verifiable. <i>3/6/12</i> <i>DB</i> Date Initials (DPW)