COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **TEL HAI RETIREMENT COMMUNITY**
LEGAL ENTITY

To operate **LAKEVIEW AT TEL HAI PERSONAL CARE**
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

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

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**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **June 14, 2013** until **June 14, 2014**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 173640

Robert E. Robinson
ISSUING OFFICER

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

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 15 2013

Mr. Joseph Swartz, President/CEO
Tel Hai Retirement Community
Lakeview at Tel Hai Personal Care
P.O. Box 190, 4200 Hertzler Drive
Honey Brook, Pennsylvania 19344

Dear Mr. Swartz:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 5, 2013 and February 12, 2013, 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE	**License Number:** 173640
Address: P O B 190 4200 HERTZLER DRIVE, HONEY BROOK, PA 19344	**County:** Chester
Administrator: David Dunn	**Region:** CENTRAL
Legal Entity Name: TEL HAI RETIREMENT COMMUNITY	
Legal Entity Address: PO BOX 190 BEAVER DAM ROAD, HONEY BROOK, PA 19344	

Certificate(s) of Occupancy

Other
05/27/1988
L&I

Staffing Hours

Resident Support: 0 **Total Daily Staff:** 95 **Waking Staff:** 71

Type of Inspection: Full **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

02/05/2013: Rouse, McKinley; Rosenblat, Dale
02/12/2013: Rouse, McKinley; Rosenblat, Dale

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers: **Random Indicators:**

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 100

Number of Residents Served: 78

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, if Applicable:

Number of Residents Served in Secured Dementia Care Unit, if applicable:

Number of Current Hospice Residents: 0

Number of Hospice Residents in past year: 1

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 78

Have Mental Illness: 1

Have an Intellectual Disability: 0

Have a Mobility Need: 17

Have a Physical Disability: 0

RECEIVED
MAR 27 2013
CENTRAL REGION
Human Services

Violation Report: 17364 - 02/05/2013 - Rouse, McKinley
PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
On 2/5/13, next to the elevator on the second floor, there was a medication administration log book found with resident medical information recorded in it unlocked and accessible on top of a medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All appropriate staff will be inserviced on the importance of maintaining the confidentiality of medical records. In particular, the medication administration log book. Trainer: Resident Services Coordinator Completion Date: 3/31/13

In order to assure future compliance an audit of log books will be conducted. Auditor: Resident Services Coordinator or Designee

Beginning 3/25/13 the audit will be done once per day on each shift for two weeks. Then once per week on each shift for two weeks. Completion date 4/19/13 Audit results will be reviewed at the monthly Performance Improvement (P.I.) Quality Assurance Meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) David J Dunn

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DAVID J DUNN — **Date** 3/22/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-2-13 (Date)

The above plan of correction was approved by BE (Initials)

Plan of correction implementation status as of 4-2-13 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 17364 - 02/05/2013 - Rouse, McKinley
PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
The home's fire safety letter, dated 03/27/2012, gives a safe evacuation time of 9 minutes 31 seconds for the evacuation to the fire safe areas, and 13 minutes for the exterior of the building. In the fire drill conducted at 4:15PM on 11/30/2012, all 80 residents of the home were evacuated to the fire safe areas with an evacuation time of 9 minutes 57 seconds.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Director of Environmental Services, Fire Safety Expert and Personal Care Home Administrator will review the monthly fire drill reports to ensure we comply with our facility's safe evacuation time to a fire safe area. Monthly fire drill reports will be reviewed at our Monthly Performance Improvement meeting to ensure we are completing our monthly fire drills within the safe evacuation time outlined by our Fire Safety Expert. Completion date March 31, 2013

Resident + Staff participated in fire safety training on March 25, 2013, conducted by our Fire Safety Expert. Documentation of the training was obtained + will be kept. - SE

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) David J. Rouse

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David J. Dunn — **Date** 3/22/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-9-13 (Date)

The above plan of correction was approved by SE (Initials)

Plan of correction implementation status as of 4-9-13 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 17364 - 02/05/2013 - Rouse, McKinley
PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
The medication administration record for Resident #1 reads, "Carvedilol 12.5mg tablet -I.E. COREG 1 tablet by mouth twice daily (A-FIB) check pulse before giving COREG, if systolic blood pressure <90 or apical pulse rate <60 hold COREG"

- On 02/07/2013, at 8:00PM Resident #1 was administered 12.5mg of Carvedilol, but the administration of the medication and the required blood pressure reading were not recorded in the medication administration record.
- On 02/11/2013, at 8:00PM Resident #1 was administered 12.5mg of Carvedilol, but the administration of the medication and the required blood pressure reading were not recorded in the medication administration record.

Resident #2's Lipoderm patch 700mg apply to back in AM was administered to Resident #2 on 02/12/2013, at 9:00AM, but the administration of the medication was not documented in the medication administration record.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The identified MARS were updated with accurate information. -SE

All appropriate staff will be inserviced on the importance of recording a medication administration at the time the medication is administered. Trainer: Resident Services Coordinator or Designee Completion Date: 3/31/13

To ensure full compliance with the regulation audits of the documentation will be conducted. Auditor: Resident Services Coordinator or Designee

Beginning 3/25/13 the audit will be done once per day on each shift for two weeks. Then once per week on each shift for two weeks. Completion date 4/19/13 Audit results will be reviewed at the monthly Performance Improvement (P.I.) Quality Assurance Meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) David J. Dunn

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David J. Dunn — **Date** 3/22/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-9-13 (Date)

The above plan of correction was approved by SE (Initials)

Plan of correction implementation status as of 4-9-13 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented