



MAY 0 1 2014

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

RE: Lakeview at Tel Hai Personal Care
License #: 173640

Dear Mr. Swartz:

As a result of the Department of Public Welfare's licensing inspection on January 28, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 14, 2014 to June 14, 2015 was issued on March 19, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 17364 - 01/28/2014 - OPake, Hope
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On January 28, 2014, an undated Novolog Flex Pen for Resident #1 was found in the 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.

1. A sticker with the date was immediately attached to the Flex Pen in question.
2. The date had rubbed off from multiple uses by staff.
3. Clear tape has been placed over all stickers/labels of the Insulin pens to prevent the information from being rubbed off in the future.
4. Staff education regarding the dates on all insulin pens will be completed for all LPNs and med techs by the Resident Services Coordinator or designee on or before March 20, 2014.
5. The night shift LPN will complete an audit weekly for the next 8 weeks, verifying that the sticker with the date and tape over it are present on all insulin pens. Results of this audit will be reported in the monthly PI meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia Dallara, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cynthia Dallara Administrator</i>	Date <i>3-3-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *3/4/14*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of *3/4/14*
 (Date)

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

Violation Report: 17364 - 01/28/2014 - OPake, Hope
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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) Dosé.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special 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.

2a. DESCRIPTION OF VIOLATION

-The medication administration record for Resident #2 did not include the number of units of sliding scale insulin administered on January 1, 2014 for the 4:30 PM and 9:00 PM doses.

-On January 26, 2014, the medication administration record for Resident #3 did not include the administration of insulin for the 9:00 PM dose.

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.

1. Immediate audit was performed of MAR to determine if any other areas were missing the dose of insulin.
2. New pharmacy provider was implemented on Feb 6, 2014. They provide preprinted MARS. MAR for sliding scale of insulin now reads:

Time							
Read							
Units							
Site							

3. Resident Services Coordinator will provide education to all LPNs and med techs regarding documentation on the MAR. To be completed by March 20, 2014.
4. Monthly audit of all residents on a sliding scale of insulin to be completed by RSC or designee for six months. Results to be reviewed at the monthly PI meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cynthia Dallara, Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Cynthia Dallara

Date *3-3-14*

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The above plan of correction is approved as of

3/4/14
 (Date)

Plan of correction implementation status as of

3/4/14
 (Date)

The above plan of correction was approved by

B
 (Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented