



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

Mr. Joseph Swartz, President/CEO
Tel Hai Retirement Community
Beaver Dam Road, P.O. Box 190
Honeybrook, Pennsylvania 19344

RE: Lakeview at Tel Hai Personal Care
4200 Hertzler Drive, P.O. Box 190
Honey Brook, Pennsylvania 19344
License #: 173640

Dear Mr. Swartz:

As a result of the Department of Human Services' licensing inspection on January 13, 2015 and January 14, 2015 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 that reads "Matthew J. Jones".

Matthew J. Jones
Director
SH

Enclosure
License Inspection Summary

Violation Report: 17364 - 01/13/2015 - Hoover, Douglas
 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

The medication administration record (MAR) for medication cart #2, located in the treatment area outside of the dining room, was unsecured. The MAR was stored in a side box with an opened lid on the left side of the medication cart and was accessible to residents and visitors. The MAR contained confidential information on residents which included medications prescribed and administered, refusals, diagnosis, physician information, allergies and special precautions.

Medication cart #2 also had a clipboard that was face down on top of the cart. The clipboard had the names, height and weight of residents and was accessible to residents and visitors.

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. All medication administration staff will be instructed to keep the side pocket lid closed when the Medication Administration Record is stored in the side pocket of the medication cart. To be completed by: February 6, 2015.
2. All medication administration staff will be in-serviced regarding Tel Hai confidentiality of records policy. To be completed by: February 6, 2015.
3. Resident services coordinator will conduct weekly random audits for six weeks to assure that records are not being left on top of the cart and that the lid is closed.
4. Medication Administration Records will be secured in the medication cart or in the treatment room when not in use.
5. Results of the audit will be reviewed at the Performance Improvement meeting monthly.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Personal Care Administrator* Date *2/5/15*

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

The above plan of correction is approved as of 2/19/15
 (Date)

Plan of correction implementation status as of 2/19/15
 (Date)

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

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

Violation Report: 17364 - 01/13/2015 - Hoover, Douglas
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa. Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff member A, hired on 11/28/14 who works in dining services, did not receive training in evacuation procedures, fire drills, designated meeting place, smoking safety, location and use of fire extinguishers, smoke detectors and alarms along with telephone use and notification of emergency services until 12/2/14.

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 review of the general orientation schedule was completed with the Vice President of Human Resources, Recruiter and Administrator on Feb 2, 2015.

2. The required education including a) evacuation procedures, b) staff duties and responsibilities during fire drills, as well as emergency evacuation, transportation and at an emergency location if applicable, c) the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, d) smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, e) the location and use of fire extinguishers, f) smoke detectors and fire alarms and g) telephone use and notification of emergency services were add to the general orientation syllabus for the first day of hire. Documentation of the completion of the training will be completed on the general orientation attendance sheet.

See Attached Continuation - See Page 3-A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cynthia Dallara

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

*Personal Care
 Cynthia Dallara Administrator*

Date *2/15/15*

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2600.65 Continuation

3. For staff not attending General Orientation on their first working day (a)evacuation procedures, b)staff duties and responsibilities during fire drills, as well as emergency evacuation, transportation and at an emergency location if applicable, c)the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, d)smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, e)the location and use of fire extinguishers, f)smoke detectors and fire alarms and g) telephone use and notification of emergency services will be added to the face to face discussion on the first working day. Written materials will also be supplied. HR, Administrator, Resident Services Coordinator, and Service Facilitator are all competent to complete the training on or before the first working day. Documentation of the training will be done on the general orientation packet completion form.
4. To ensure that all new employees received the training, an audit of 10% of new employees will be completed by the Vice President of Human Resources (or designee) monthly for three months.
5. Results of the audit will be presented at the Lakeview monthly Performance Improvement meeting.

Violation Report: 17364 - 01/13/2015 - Hoover, Douglas
PCH Name: LAKEVIEW AT TEL HAL PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.65(b) - 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 and conditions.

2a. DESCRIPTION OF VIOLATION
Direct care staff member B, hired 7/23/14; direct care staff member C, hired 12/19/14; and direct care staff member D, hired 10/23/14; did not receive training in reportable incidents and conditions.
Direct care staff member E, hired on 10/22/13 and providing unsupervised ADL services on 11/15/13, did not receive training on resident rights until 12/2/13.

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 review of the general orientation and competency form was completed by the Vice President of Human Resources, Recruiter and Administrator on February 2, 2015.
2. The following have been added to the General Orientation schedule for all new hires: 1. Resident rights, 2. Emergency medical plan, 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and 4. Reporting of reportable incidents and conditions. Documentation of review of this will be completed on the General Orientation Attendance Sheet.
3. For new hires who do not attend general orientation, a written handout of the items were added to the general orientation packet completion form. Documentation of this will be completed on the General Orientation Packet Completion form.
4. To ensure that all new employees received the training, an audit of 10% of new employees will be completed by the Vice President of Human Resources (or designee) monthly for three months.
5. Results of the audit will be presented at the Lakeview monthly Performance Improvement meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cynthia Dallara</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Personal Care Cynthia Dallara Administrator	Date	2/5/15
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(Date)

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(Date)

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(Initials)

Violation Report: 17364 - 01/13/2015 - Hoover, Douglas
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Apts. #311 and #414 did not have any emergency telephone numbers posted on or by the phone.

Apts. #208, #227, #315 and #411 did not have the telephone number for the personal care home complaint hotline posted on or by the phone.

Common areas on the 3rd and 4th floor, which have telephones with outside lines, did not have the telephone number for the personal care home complaint hotline.

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. The telephone numbers were immediately added to the phones on the common areas on the 3rd and 4th floor on January 14, 2015.
2. Each phone in every resident room was audited and provided with a new telephone number index card- completed on January 14, 2015.
3. Frames for resident rooms to hang the numbers on the wall near the telephone have been ordered on February 4, 2015.
4. Maintenance is to hang the frames and remove the index cards.
5. The lead Resident Assistant is responsible for checking that rooms have the telephone numbers posted during the monthly room audit.
6. The Service Facilitator will complete an audit weekly for six weeks, checking two random rooms on each floor, each week, to ensure compliance is maintained until the frames are purchased and hung.
7. Results of the weekly audit will be presented at the monthly Performance Improvement meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cynthia Dallara

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

Cynthia Dallara Personal Care Administrator

Date *2/5/15*

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 (Initials)

Violation Report: 17364 - 01/13/2015 - Hoover, Douglas
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

There was a five gallon container of vanilla ice cream in the "Turkey Hill" freezer in the dining room with a loose/damaged cardboard lid that did not completely seal the container.

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. The lid was immediately removed and replaced with saran wrap on the day of inspection.
2. A plastic tight fitting lid has been purchased for all multi-gallon ice cream tubs.
3. Dining services staff has been in-serviced on covering, dating and labeling food items.
4. During the next 90 days, the staff will visually inspect the multi-gallon ice cream containers at all meals and document that this item was covered. The documentation will be forwarded to the Dining and Nutrition Services Food Service Director and initialed until April 30, 2015.
5. Results of the audits will be reviewed at the Lakeview Performance Improvement meeting monthly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Cynthia Dallara

Printed Name and Title of Legal Entity Representative
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Cynthia Dallara Administrator

Date *2/15/15*

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Violation Report: 17364 - 01/13/2015 - Hoover, Douglas
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.12-1(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

In stairwell, "South 1", the exit door leading outside could not be opened without using a "card swipe" reader. This exit was blocked for those who did not have the magnetic card required for unlocking the exit door.

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. The stairwell violation was immediately reviewed with the Vice President of Resident Services and Vice President of Operations on January 14, 2015.
2. Work is scheduled to remove the swipe card from the stairwell on February 3, 2015.
3. A panic bar will be added to the door for egress. Completion date: Feb 6, 2015.
4. An audit of all exit doors in Lakeview will be completed by the administrator by February 13, 2015.
5. Results of the audit will be presented at the February Performance Improvement meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Cynthia Dallara

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Violation Report: 17364 - 01/13/2015 - Hoover, Douglas
 PCH Name: LAKEVIEW AT TEL HAL PERSONAL CARE

1. REGULATION 55 Pa.Code §2600.

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, admitted 10/14/14, was dated 7/11/14 for the examination which is more than 60 days prior to the admission.

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. Resident #1 had an in-person evaluation on 1/21/15 and the medication evaluation form completed on 2/4/15.
2. As part of the prescreening/admission process, admissions coordinator and/or resident services coordinator will notify the applicant and family that the resident must have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on the form specified by the Department within 60 days prior to admission or 30 days after admission.
3. Point of service education for all nurses/admissions/social worker/facility coordinator regarding regulation 2600.141(a)(1).
4. An applicant will not be admitted to this personal care facility until the in-person medical examination and medical evaluation form is completed.
5. Addition made to the nurse's admission checklist. This form will be returned to the resident services coordinator within 48 hours as a final audit that the initial medical evaluation has been completed.
6. Resident services coordinator will report results of the audit of each new admission over the next three months at the monthly performance improvement meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Cynthia Dallara

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Cynthia Dallara Personal Care Administrator

Date

2/5/15

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(Date)

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Violation Report: 17364 - 01/13/2015 - Hoover, Douglas
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2, admitted on 6/12/06, did not have a medical evaluation for 2014.

Resident #3, admitted on 10/31/12, did not have a medical evaluation for 2013.

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 review of all ^{Medical} ~~medication~~ evaluations for all residents will be completed by the service facilitator and the resident services coordinator to ensure they are currently in compliance by February 18th, 2015.
2. Going forward, at the beginning of each month, the service facilitator will keep a document of all residents whose ^{Medical} ~~medication~~ evaluation is due for the following month.
3. Service facilitator will inform, in writing and/or phone call, the resident and family that an in-person medical evaluation and the appropriate form completed by the physician, physician's assistant or certified nurse practitioner.
4. Monthly random audits of resident ^{Medical} ~~medication~~ evaluation forms will be completed by the resident services coordinator for a period of 3 months. Results of the audit will be presented at the monthly performance improvement meeting.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cynthia Dallara Administrator* Date *2/15/15*

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