



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 05 2017

Ms. Stephanie R. Short,  
Owner/Administrator  
TLC Adult Care Center, Inc.  
9 Rio Vista Drive  
West Newton, Pennsylvania 15089

RE: T.L.C. Adult Care Center  
License #: 428200

Dear Ms. Short:


As a result of the Department of Human Services' annual licensing inspection on March 8, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

  
Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



RECEIVED

Violation Report: 42820 - 03/08/2017 - Eveges, Joseph  
PCH Name: T L C ADULT CARE CENTER

MAY 18 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The following used and unlabeled hygiene items were found in the common bathroom across from Room #7:

- \* Two combs
- \* A bar of soap
- \* Two deodorant sticks
- \* Multiple used razor blades

The following used and unlabeled hygiene items were found in the common bathroom across from Room #6 and #5:

- \* Two combs
- \* A bar of soap
- \* A deodorant stick
- \* Multiple used razor blades

The following used and unlabeled hygiene items were found in the common bathroom in the home's common area:

- \* A bottle of perineal/skin cleanse
- \* A comb and 1 hairbrush
- \* Two bars of soap
- \* A deodorant stick
- \* Multiple used razor blades

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 items found above were removed during site inspection. Admin educated all staff on 3/15/17. See attached. Admin checking cabinets weekly to ensure all items are labeled if being kept in the cabinet to prevent this violation from occurring again

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

*[Signature]*  
RN/CEO  
curre/Admin  
Stephanie R Sheet

5/16/17

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

The above plan of correction is approved as of 5-23-17  
(Date)

Plan of correction implementation status as of 5-23-17  
(Date)

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

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

MAY 18 2017

Violation Report: 42820 - 03/08/2017 - Eveges, Joseph  
PCH Name: T L C ADULT CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
The trash can in the kitchen by the rear door did not have a lid. The trash can was 1/2 full.

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.

Kitchen staff had the lid on the floor under the sink & not on the trash can. Lid was placed on during inspection. Kitchen staff was educated on 3/15 re Regulation & violation. (See previous training sheet). All main area trash cans at TLC are emptied/changed at the end of each shift. Admin & ce. co owner check daily for compliance.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      RN/CEO      Date 5/16/17  
Stephanie R. Short owner/Admin

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The light outside the door exiting from the home's common area was inoperable.

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.

Owner, [redacted], corrected during site inspection. Staff educated on 3/15/17 to document in communication book if any lighting is inoperable. Owner [redacted] responsible for repairs & checking light sources weekly to comply with regulation and avoid this violation from reoccurring.

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

*[Signature]*  
Stephanie R. Short <sup>RN/CEO</sup> Admin      5/16/17

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 18 2017

Violation Report: 42820 - 03/08/2017 - Eveges, Joseph  
PCH Name: T L C ADULT CARE CENTER

WEST RESHFIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The water temperature in the common bathroom across from resident #4's room measured 125.9 degrees Fahrenheit at 9:43 a.m.

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.

Owner Adjusted water tanks upon finding during inspection. At 5pm on inspection day temp became too cool. At 92°F. Tanks Adjusted and rechecked 3 times on 3/19/17 with temps holding 115°-118°F. Owner/maintenance developed a water temperature log to track temps weekly ~~every~~ and ensure compliance is maintained. (see Attached)

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Signature of Legal Entity Representative  
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(Required on EVERY Page)      Date

*[Handwritten Signature]*  
Stephanie R. Shestauer RN/CEO/Adm

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Violation Report: 42820 - 03/08/2017 - Eveges, Joseph  
PCH Name: T L C ADULT CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures were not posted in a conspicuous and public place. The emergency procedures were in the administrator's office.

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.

Admin has Always kept emergency procedure manual in Kitchen Cabinet for past 13 yrs unaware of being noncompliant. On 3/13/17 Admin developed a binder with required contents & placed on the knee wall in main entry. & copy maintained in original setting. (see attached picture of manual). Admin responsible for updating manual as changes occur. Will remain in compliance now that aware.

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      RN / CEO  
Stephanie R. Shrestauer / Admin      Date 5/16/17

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

There was a 4 ounce tube of "pain relieving rub- topical analgesic cream" unlocked, unattended and accessible on the end table of resident #1 and resident #2's shared room.

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.

Admin was unaware of Resident #1 having pain relieving rub and sharing with Resident #2. Admin educated both residents on inspection day of regulation. Both verbalized understanding. Admin also addressed at Resident Council on 3/13/17. Staff addressed on 3/15/17. At meeting to notify Admin if any findings while in residents rooms so that situation can be handled to decrease the chance of reoccurring violation in the future.

Admin does verbally address the above regulation with residents & family members upon admission.

(See Attached Resident Council)

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Violation Report: 42820 - 03/08/2017 - Evesges, Joseph  
PCH Name: T L C ADULT CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

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) Dose.
- (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

Resident #1 is prescribed blood glucose checks once daily. The home records the blood glucose checks on a separate record. The record does not include the staff person completing the checks from 2/14/17 through 3/6/17.

Resident #3 is prescribed blood glucose checks twice a day. The home records the blood glucose checks on a separate record. The record does not include the staff person completing the checks on 2/6/17, 2/26/17, 2/27/17 and 2/28/17

Resident #4 is prescribed Zolpidem 5mg tab PRN at bedtime. The resident's medication was administered on 3/1/17, 3/2/17, 3/3/17, 3/4/17 3/6/17 and 3/7/17. However, the resident's March medication administration record (MAR) does not indicate the time the medication was administered.

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.

Admin implemented new documentation for blood glucose monitoring on 3/9/17. Includes staff initials & time performed. Admin will review weekly to ensure accuracy. (see attached sheets) Resident #1 received a new glucometer. Resident #3's monitoring of blood glucose checks was discontinued. All blood sugar documentation has been accurate from 3/9/17 to current.

Continued on next pg

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      RN/CEO: Stephanie R Short      Date 5/16/17

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually,
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #5 had an assessment completed on 1/15/16. However the resident's next assessment was not completed until 2/7/17.

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.

Admin will check resident files  
 At the end of each month for upcoming assessments  
 due the next month to ensure proper time frames  
 and remain compliant with regulation listed above.  
 This violation was an honest  
 human error of over looking on Admin's  
 behalf.  
 Please see attached copies of  
 next 2 updates due since inspection.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Stephanie R Shretanice <sup>RN/CEO</sup> Admin	5/16/16

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