



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 07 2017

Mr. David Shenk,
President & CEO
Tel Hai Retirement Community
P.O. Box 190, 1200 Tel Hai Circle
Honey Brook, Pennsylvania 19344

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

Dear Mr. Shenk:

As a result of the Department of Human Services' annual licensing inspections on April 11, 2017, April 12, 2017 and June 27, 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.

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

VIOLATION REPORT
PERSONAL CARE HOMES - 66 Pa.Code Chapter 2600

PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE		Licenses Number: 17384
Address: P O B 190 4200 HERTZLER DRIVE, HONEY BROOK, PA 19344		County: Chester
Administrator: Cynthia Dallara		Region: SOUTHEAST
Legal Entity Name: TEL HAI RETIREMENT COMMUNITY		
Legal Entity Address: PO BOX 100, BEAVER DAM ROAD, HONEY BROOK, PA 19344		
Certificate(s) of Occupancy		
1-1 02/26/2015 Honey Brook Township	Other 02/26/2015 Honey Brook Township	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 103	Working Staff: 77
Type of Inspection: Full	BHA Docket Number:	Notes: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspection Dates and Department Representatives On-Site: 04/11/2017: Gray, Dean; Kazimer, Lauren 04/12/2017: Gray, Dean; Kazimer, Lauren		
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: 84	Number of Residents who:
Secured Dementia Care Unit in Home: Yes	Area: SOCU	Receive Supplemental Security Income: 0
Secured Dementia Unit Capacity, if Applicable: 7	Number of Residents Served in Secured Dementia Care Unit, if applicable: 6	Are 60 Years of Age or Older: 84
Number of Current Hospice Residents: 3	Number of Hospice Residents in past year: 7	Have Mental Illness: 3
		Have an Intellectual Disability: 0
		Have a Mobility Need: 18
		Have a Physical Disability: 0

Violation Report: 17361 - 04/11/2017 - Gray, Dean
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 50 Pa. Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #1's glucose reading of 336 mg/dl on 04/09/17 at 6:00 PM was found on resident #2's glucometer.

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. Education for med techs and nurses regarding sharing of glucometers was completed on 5/1/17, 4/27/17 and 4/26/17.
2. Nurse responsible for sharing of the glucometer on the date specified was educated regarding that incident.
3. Residents affected, family members and physicians were notified.
4. Incident report was completed and sent to DHS Southeastern office.
5. All glucometers have been verified that they have the resident's name labeled on them on 5/3/17.
6. Random audits of glucometers will be completed by Resident Services Coordinator or designee weekly for the next eight weeks.
7. Results of the audit will be presented at the monthly Performance Improvement meeting by Resident Services Coordinator.

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

5/4/17

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The above plan of correction is approved as of

7/5/17
 (Date)

Plan of correction implementation status as of

6/27/17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 17364 - 04/11/2017 - Gray, Dean
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 66 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 cans (3) in the secured dementia unit's pantry do not have lids.
 - The trash can in the bathroom of room 104 does not have a lid.

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 trashcan in the pantry was replaced with a receptacle that has a lid, the trash can attached to the bus cart will be emptied after each use, the third receptacle will be labeled as a "linen only" since it is for clothing protectors.
2. The trash can in the bathroom of 104 was replaced with a receptacle that has a lid.
3. Team members who work in the secure dementia unit including Housekeeping, Adult Day and Personal Care team members have been inserviced on this regulation.
4. Audits of the trash cans in the secure dementia unit will be completed weekly during environmental rounds for the next eight weeks. Housekeeping supervisor will be completing the weekly audits. A report of findings 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* Date: *5/4/17*

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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

Violation Report: 17304 - 04/11/2017 - Gray, Dean
PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 56 Pa. Code §2000

2600.86(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 04/12/17, a bag of recyclables was found on the patio outside the secured dementia unit.

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 bag of recyclables was immediately removed from the patio outside.
2. Team members who work in the secured dementia unit were inserviced on the regulation that trash must be only kept in covered receptacles.
3. The patio area will be checked weekly during environmental rounds for any recyclables for the next eight weeks. Housekeeping supervisor is responsible for the audits. Results of the audits will be presented at the monthly Performance Improvement meeting.
4. Any further recyclables will be kept in a covered receptacle.

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 Care Administrator

Personal

Date

5/4/17

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:

5/3/17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 17364 - 04/11/2017 - Gray, Dean
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 65 Pa. Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 On 04/12/17, Resident #3's Tussin DM was found on the home's medication cart. This is not an current prescription.

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. Education for med techs and nurses regarding disposing of medications without a physician's order was completed on 5/1/17, 4/27/17 and 4/26/17.
2. One general inventory/ cart audit to compare MARs with medications available in the cart will be completed by 5/19/17. Resident Services Coordinator will oversee audit.
3. Medications ordered for a specific number of days will be given a "discontinue date" and instructions to dispose of the medication when taking off the order. Education/in service for nurses who confirm orders was completed on 5/1/17, 4/27/17 and 4/26/17. Nurse will either dispose of medication or return it to the family after discontinuation of the medication.
4. Beginning on May 22, 2017, cart audits will be performed weekly for random residents. Each med tech will be assigned to complete one audit per week for eight weeks (through the week of July 17, 2017). Results of the audits will be reviewed at the monthly Performance Improvement meeting by Resident Services Coordinator. This audit will compare medications present on the cart and the resident's Medication Administration Record.

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) *Cynthia Dallara - Administrator* Date *5/4/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7/5/17
 (Date)

Plan of correction implementation status as of 6/27/17
 (Date)

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

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

Violation Report: 17384 - 04/11/2017 - Gray, Dean
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 65 P.a. Code §2600
 2600.181(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 The label for resident #1's Levetir (In) 100:0/ml reads 10 units at bedtime. The current prescription is for 8 units at bedtime.

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. Education/Inservice completed 5/1/17, 4/27/17 and 4/26/17 for nurses regarding labelling of medications.
2. New admission checklist will be updated to include comparing medication labels to physician orders on all medications that resident brings with them upon admission.
3. One general inventory /cart audit to compare Medication Administration Records with medication label will be completed by 5/19/17. Resident Services Coordinator will oversee audit.
4. Beginning on May 22, 2017, cart audits will be performed weekly for random residents. Each med tech will be assigned to complete one audit per week for eight weeks (through the week of July 17, 2017). Results of the audits will be reviewed at the monthly Performance Improvement meeting by Resident Services Coordinator. This audit will compare Medication Administration Records with the medication labels.

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 5/4/17

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

The above plan of correction is approved as of <u>7/5/17</u> (Date)	Plan of correction implementation signed as of <u>6/27/17</u> (Date)
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

Violation Report: 17364 - 04/11/2017 - Gray, Dean
PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 68 Pa. Code §2600
2600.186(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
On 04/12/17 at 10:11 AM, resident #1's glucometer was showing a date of 03/23/17 and a time of 6:23 PM. The glucometer is not calibrated to the correct date and time.

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. Education/in-service completed 5/1/17, 4/27/17 and 4/26/17 for nurses and med techs regarding the need for setting the date and time on the glucometers.
2. Audits of the glucometers will be completed by the nurse daily for the next two weeks, and then will be checked every week for six weeks. Audit to include glucometers are labeled with the resident's name and that they are set to the correct date/time. Results of the audit will be reviewed at the monthly Performance Improvement meeting by the Resident Services Coordinator.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Cynthia Dellara

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cynthia Dellara Personal Care Administrator Date 5/4/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7/7/17 (Date)

Plan of correction implementation status as of 6/27/17 (Date)

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

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

Violation Report: 17364 - 04/11/2017 - Gray, Dean
PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION §§ Pa.Code §2600

2600.185(b) - At a minimum, the procedures in §.2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAV for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

Resident #3 has a daily order and a PRN order for Lorazepam Tab 0.5 MG for anxiety. On 04/11/17 and 04/12/17 the resident's 8:00 AM dose was taken from the PRN supply and documented from the PRN narcotic count sheet instead of from the daily order supply and count sheet.

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. Education for med techs and nurses regarding documentation of narcotic medications (prns vs. straight orders) completed on 5/1/17, 4/27/17 and 4/26/17.
- 2. An audit comparing the Medication Administration Record with the narcotic count sheet will be completed by 5/19/17. Resident Services Coordinator will oversee that audit.
- 3. Beginning on May 22, 2017, cart audits will be performed weekly for random residents. Each med tech will be assigned to complete one audit per week for eight weeks (through the week of July 17, 2017). Results of the audits will be reviewed at the monthly Performance Improvement meeting by Resident Services Coordinator. This audit will compare Medication Administration Records with the narcotic count sheets.

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

5/4/17

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

The above plan of correction is approved as of

7/5/17
(Date)

Plan of correction implementation status as of

6/27/17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 17384 - 04/11/2017 - Gray, Dean
PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 65 Pa. Code §2600
2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- On 04/02/17, resident #1's Levamisole 100 u/ml 8:00 PM dose was not administered.
- On 04/03/17, resident #4's Acetaminophen Tab 325 mg, Levothyroxine Tab 60 mcg, Sodium Cl. Tab 1 gm and Cranberry Extract Cap 200 mg were not administered at 6:00 am.

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. Education for med techs and nurses regarding omissions/missed documentation was completed on 5/1/17, 4/27/17 and 4/28/17.
2. Nurse that was responsible for the omissions has been educated on this particular occurrence.
3. DHS office was notified of the medication errors.
4. Resident, family and physician were notified of the medication errors.
5. Med Techs and LPNs will check at the end of their shift for any missed documentation.
6. Resident services coordinator will complete random audit for missed documentation weekly for eight weeks. Results of the audit will be reviewed 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 Dellara Administrator* Date *5/4/17*

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

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

Plan of correction implementation status as of 6/27/17 (Date)

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

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

Violation Report: 17364 - 06/27/2017 - Gray, Dean
PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- On June 06, 2017, resident #1's 2100 hr (9:00 P.M.) glucose reading was recorded as 190 mg/dl. The resident's glucometer reading for this time frame was 200 mg/dl.

- On June 12, 2017, resident #1's 2100 hr (9:00 P.M.) glucose reading was recorded as 141 mg/dl. The resident's glucometer reading for this time frame was 241 mg/dl.

Resident #1 is on sliding scale insulin and should have received 2 units of NovoLog on 6/6/17 and 6/12/17, however none was administered. The full sliding scale record is listed below:

- 200-250 = 2 units;
- 251-300 = 3 units;
- 301-350 = 4 units;
- 351-400 = 5 units;
- Over 400, give 6 units and notify the doctor.

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. Medication error incident report immediately initiated after the error was identified. Resident, family and physician were notified.
2. Education on the violation to be provided for LPNs and Diabetic Certified medication technicians to be completed by July 14, 2017.
3. Daily audits of multiple residents who have glucometers to be completed for a total of six weeks. Resident services coordinator or designee will complete the daily audits.
4. Results of the audit will be reviewed 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* Date *7/7/17*

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

The above plan of correction is approved as of 7/10/17 (Date)

Plan of correction implementation status as of 7/10/17 (Date)

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

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