



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 29, 2017

Mr. Al Dunn
CEO/Owner
TLC Healthcare, LLC
122 Countryview Drive
McKees Rocks, Pennsylvania 15136

RE: Dunlevy Manor
2218 Route 88
Dunlevy, Pennsylvania 15432
License #: 447540

Dear Mr. Dunn:

As a result of the Department of Human Services' licensing inspection on May 30, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

FCH Name: DUNLEVY MANOR		License Number: 44754
Address: 2218 ROUTE 88, DUNLEVY, PA 15432		County: Washington
Adminlstrator: Sue Deluca		Region: WEST
Legal Entity Name: TLC HEALTHCARE LLC		
Legal Entity Address: 122 COUNTRYVIEW DRIVE, MCKEES ROCKS, PA 15136		RECEIVED
Certificate(s) of Occupancy C-2 LP 06/20/1996 L & I		JUN 14 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 21	Waking Staff: 16
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
05/30/2017: Summers, Vicky		
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: 24 Number of Residents Served: 17 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: 3 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 17 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0	

Violation Report: 44754 - 05/30/2017 - Summers, Vicky
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 5/23/17 at 12:42 a.m., the police responded to a call placed by staff person A regarding a suspicious man pacing back and forth on the back porch of the home. When the police arrived, the man was gone. The home did not report the incident to the Department's personal care home regional 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.

The administrator will report an incident requiring the services of law enforcement agency within a period of less than 24 hours.

An incident report was sent on 5-30-17. Police did come and search the grounds. [REDACTED] also spoke with state police.

Staff educated on Procedure For emergency contact procedure

The incident was reported to the Department on 6/2/17. Immediately: A designated staff person shall review all incidents daily to ensure all reportable incidents and conditions specified in 2600.16a are reported to the Department within 24 hours 6/2/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Susan M. DeLuca LPN/PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan M. DeLuca LPN/PCHA Date 6-14-17

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

The above plan of correction is approved as of 6/2/17 (Date)

Plan of correction implementation status as of 6/2/17 (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: 44754 - 05/30/2017 - Summers, Vicky
 PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 An audio monitoring device was on the bedside table in resident #1's bedroom.

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 administrator will insure resident has a right to privacy of self and possessions.

The administrator removed the audio monitor with [redacted] present.

Education provided on resident rights to all staff.

Immediately, A designated staff person will inspect the home to ensure no audio devices are present.

[Signature]
 6/21/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Susan M. DeLuca LPN/PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Susan M. DeLuca LPN/PCHA* Date *6-14-17*

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

The above plan of correction is approved as of <u>6/21/17</u> (Date)	Plan of correction implementation status as of <u>6/21/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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