



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to TEL HAI RETIREMENT COMMUNITY
LEGAL ENTITY

To operate LAKEVIEW AT TEL HAI PERSONAL CARE
NAME OF FACILITY OR AGENCY

Located at PO BOX 190,4200 TEL HAI CIRCLE, HONEY BROOK, PA 19344
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 7

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 18, 2017 until April 18, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 173641

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

OCT 19 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
P.O. Box 190, 4200 Tel Hai Circle
Honey Brook, Pennsylvania 19344
License #: 173641

Dear Mr. Shenk:

As a result of the Department of Human Services' (Department) licensing inspection on August 8, 2017 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #173640 dated June 14, 2017 to June 14, 2018 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 14, 2017 to June 14, 2018 is NOT reinstated upon expiration of this first provisional license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your first provisional license is enclosed.

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

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
85a	II	86	\$5	\$430	5 calendar days from mailing date of this letter

Mr. David Shenk

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A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacqueline L. Rowe, Bureau Director
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600

PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE		License Number: 17364
Address: PO BOX 190 4200 TEL HAI CIRCLE, HONEY BROOK, PA 19344		County: Chester
Administrator: CYNTHIA DALLARA		Region: SOUTHEAST
Legal Entity Name: TEL HAI RETIREMENT COMMUNITY		
Legal Entity Address: PO BOX 190 1200 TEL HAI CIRCLE, HONEY BROOK, PA 19344		
Certificate(s) of Occupancy 1-2 02/28/2016 HONEY BROOK TOWNSHIP		
Staffing Hours Resident Support: 0 Total Daily Staff: 105 Waking Staff: 78		
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/08/2017: Thomas, Tahesia		
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: 88 Secured Dementia Care Unit In Home: Yes Area: MEMORY CARE Secured Dementia Unit Capacity, if Applicable: 7 Number of Residents Served in Secured Dementia Care Unit, if applicable: 7 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 8		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 86 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 1

Violation Report: 17364 - 08/08/2017 - Thomas, Tahesia
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION

Through the home's internal auditing process, the home found staff members A, B, C, D and E shared glucometers while testing the blood sugars of Resident # 1, #2, #3, #4, #5, #6 and #7 on 07/24/17, 08/03/17, 08/07/17, 08/10/17 and 8/22/17.

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.

1. The staff members were counseled regarding sharing of glucometers. Physicians, family members, and residents were notified of the incident.
2. All team members who are responsible for monitoring blood glucose completed a face to face education with the Health Services Coordinator.
3. A Diabetes Educator provided two hours of diabetes education for nurses and med techs on August 29th, 2017. (See attached credentials for diabetes educator).
4. Health Services Coordinator and/or Administrator are supervising Blood Sugar testing for two weeks on the 3-11 shift. (See attached schedule for supervision, completed on 9/5/17).
5. Blood sugar checks and the timing of blood sugar checks were reviewed with Physicians and timing was adjusted where able.
6. All nurses/med techs with diabetic certification that complete blood sugar checks have been observed by the Health Services Coordinator and/or Administrator using the "observation check list". Random observations will be completed weekly for three weeks. (See attached observation checklist form).
7. Glucometers are being checked daily by LPNs to ensure no glucometers have been shared. This will continue until September 29, 2017. (See attached documentation of Glucometer audits).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/12/2017	
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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: *9/7/17*

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

The above plan of correction is approved as of *9/8/17*
 (Date)

Plan of correction implementation status as of *9/19/17*
 (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 - 08/08/2017 - Thomas, Tahesia
PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.185(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

Resident # 7's glucometer was not calibrated with 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. The glucometer was immediately calibrated to the correct date and time.
2. All glucometers were audited to ensure the correct date and time.
3. All nurses who complete blood sugar checks were inserviced on the need to check calibration prior to use.
4. Glucometers are being checked daily to ensure calibration is correct. This will be completed until September 29, 2017.
5. Ongoing monitoring of correct calibration will be completed weekly by the night shift LPN.

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)	<i>Cynthia Dallara Administrator</i>	Date	<i>9/7/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/8/17
(Date)

The above plan of correction was approved by *W*
(Initials)

Plan of correction implementation status as of 9/19/17
(Date)

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

Violation Report: 17384 - 08/08/2017 - Thomas, Tahesia
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 56 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 CAM 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

Staff members A, B, C, D and E did not following the home's Medication Assistance Policy, #13, which states, " Medication supplies for one resident are never given to another resident. Glucometers should never be shared between residents." On 07/24/17, 08/03/17, 08/07/17, and 8/10/17 and 8/22/17 during an internal audit, the home found and reported multiple glucometer sharing events.

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 staff members were counseled regarding sharing of glucometers. Physicians, family members, and residents were notified of the incident.
2. All team members who are responsible for monitoring blood glucose completed a face to face education with the Health Services Coordinator.
3. A Diabetes Educator provided two hours of diabetes education for nurses and med techs on August 29th, 2017. (See attached credentials for diabetes educator).
4. Health Services Coordinator and/or Administrator are supervising Blood Sugar testing for two weeks on the 3-11 shift. (See attached schedule for supervision, completed on 9/5/17).
5. Blood sugar checks and the timing of blood sugar checks were reviewed with Physicians and timing was adjusted where able.
6. All nurses/med techs with diabetic certification that complete blood sugar checks have been observed by the Health Services Coordinator and/or Administrator using the "observation check list". Random observations will be completed weekly for three weeks. (See attached observation checklist form).
7. Glucometers are being checked daily by LPNs to ensure no glucometers have been shared. This will continue until September 29, 2017. (See attached documentation of Glucometer audits).

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 9/7/17

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

The above plan of correction is approved as of 9/8/17
 (Date)

Plan of correction Implementation status as of 9/9/17
 (Date)

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

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