



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 07 2018

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's Bureau of Human Services Licensing annual inspection on September 25, 2017 and February 1, 2018, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: DUNLEVY MANOR		License Number: 44754
Address: 2218 ROUTE 88, DUNLEVY, PA 15432		County: Washington
Administrator: Susan DeLuca		Region: WEST
Legal Entity Name: TLC HEALTHCARE LLC		RECEIVED
Legal Entity Address: 122 COUNTRYVIEW DRIVE, MCKEES ROCKS, PA 15136		
Certificate(s) of Occupancy C-2 LP 06/20/1996 L&I		NOV 15 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 23	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/25/2017: Evoges, Joseph; Grace, Desmond		
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: 19 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: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0

Violation Report: 44754 - 09/25/2017 - Eveges, Joseph
PCH Name: DUNLEVY MANOR

NOV 15 2017

WEST REGION FIELD OFFICE
Human Services Licensing

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

There was a list posted on the kitchen refrigerator, visible from the dining area that included residents' dietary restrictions to include: resident #1 - Thickened liquids as needed, resident #2 - Heart Healthy/Low Sodium, resident #3 - Mechanical Soft Diet as of 11/9/16.

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.

Upon discovery on 9-25-17 The Administrator and cook immediately removed diet list with Desmond Grace from the state present.

The Administrator will share diet information with staff and maintain confidential information per state Regulation 2600.17

The Administrator will educate staff on confidentiality and yearly training will be provided to all staff.

The Administrator will use state staff training plan for yearly training.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan M Deluca*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan M Deluca Date 11-15-17

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

<p>The above plan of correction is approved as of <u>7/26/18</u> (Date)</p> <p>The above plan of correction was approved by <u><i>SO</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>7/26/18</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SO</i></p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 44754 - 09/25/2017 - Eveges, Joseph
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The home's staff training year is 1/1 - 12/31. Direct care staff person A, hired 6/7/11, did not receive safe management training in the 2016 training year.

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.

Upon discovery the administrator immediately had staff person A trained on safe management trained on 9-27-17

The Administrator will ensure all staff members have the training required by State Regulation 2600.65 F

All staff will receive yearly training required by State Regulation 2600.65

The Administrator will use state staff training plan for yearly training of staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan M. DeLuca

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

Susan M. DeLuca

Date 11-15-17

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(Date)

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

Plan of correction implementation status as of 7/26/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SD*
- Partially Implemented - Inadequate Progress
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Violation Report: 44754 - 09/25/2017 - Evegges, Joseph
PCH Name: DUNLEVEY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's staff training year is 1/1 - 12/31. Direct care staff person A, hired 6/7/11, did not receive emergency preparedness training in the 2016 training year.

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.

Upon discovery the Administrator had staff person A trained on emergency preparedness on 9-27-17

The Administrator will ensure all staff members have the training required by State Regulation 2600.65 g

All staff will receive yearly training required by state Regulation 2600.65

The Administrator will use State staff training plan for yearly training of staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan M. DeLuca

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

Susan M. DeLuca

Date 11-15-17

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(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *SO*

Partially Implemented - Inadequate Progress

Not Implemented

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Violation Report: 44754 - 09/25/2017 - Eveges, Joseph
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

The following poisonous materials were stored in the laundry room, but not in their original, labeled containers:

- 100ml spray bottle containing a red solution
- 100 ml spray bottle 1/2 full of a clear solution

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.

Upon discovery the Administrator immediately threw the solutions away with Desmond Grace present from the State on 9-25-17

The Administrator will check daily to ensure all poisonous materials are in the original, labeled container per state Regulation 2600.82 a

Training of staff will be done yearly to review poisonous material and proper storage.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Susan M DeLuca* Date *11-15-17*

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PCH Name: DUNLEVY MANOR

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

Resident #4's black Prodigy Auto Code glucometer was used to test resident #1's blood glucose level on 9/23/17 and the results of 106 were recorded on resident #1's September 2017 medication administration record (MAR) at 5:00 p.m.

Resident #5's silver Contour Next EZ glucometer was used to test resident #8's blood glucose level on 9/23/17 and the results of 127 were recorded on resident #8's September 2017 MAR at 9:00 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.

Upon discovery the Administrator immediately called the physician's for Resident #1, #5 + #6 to inform them of the discovery. Resident #5 Received a new glucometer Resident #4 glucometer returned to Family because she does not use on 9-26-17 + 9-27-17

Upon discovery staff provided training immediately and Diabetic training set up and done 10-6-17 by a diabetic trainer to All Med Techs.

The staff will receive yearly train on state Regulation 2600.85

Immediately: The administrator will ensure that any resident physician recommendations are followed. Documentation shall be kept.

SO 7/26/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan M. DeLuca*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan M. DeLuca Date 11-15-17

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Violation Report: 44754 - 09/25/2017 - Eveses, Joseph

PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 was uncovered and approximately half full of garbage at 9:05 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.

Upon discovery the Administrator and cook immediately put lid on trash can.

The Administrator spoke to staff to reinforce State Regulation 2600.85 d and sign made and posted for all staff to see on 9-25-17

Staff education provided to staff on sanitation in the home.

Administrator will provide yearly training on State Regulation 2600.85

Immediately, then at least daily thereafter: The administrator or designated staff person shall check all trashcans in the kitchen and bathrooms to ensure compliance with §2600.85d.

SO 7/26/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan M. DeLuca

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

Susan M. DeLuca

Date 11-15-17

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Violation Report: 44754 - 09/25/2017 - Eveges, Joseph
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

There was a hole measuring 3" x 2.6" in the bottom left corner and a hole measuring 2" in diameter in the top left corner of the window screen in bedroom #6.

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.

Upon discovery the Administrator immediately called to have screen repaired on 9-26-17

The Administrator will check daily to ensure state Regulation is maintained 2600.92

A check list made so daily check is done to ensure Regulation 2600.92 maintained

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Susan M. DeLuca

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

Susan M. DeLuca

Date 11-15-17

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(Date)

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(Date)

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SD
(Initials)

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Violation Report: 44754 - 09/25/2017 - Eveses, Joseph
PGH Name: DUNLEVY MANOR

NOV 15 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The cabinet under the kitchen sink has water damage from leaking pipes. The bottom of the cabinet is concaved at the center and lifted at the front and rear edges approximately 2" high.

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.

Upon discovery the Administrator immediately called to have cabinet repaired 9-6-17.

The Administrator will check daily to ensure furniture + equipment are in good repair per State Regulation 2600.95

A Check list made for Administrator and staff to check home daily to maintain Regulation 2600.95

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Susan M. DeLuca*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Susan M. DeLuca Date 11-15-17

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NOV 15 2017

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Violation Report: 44754 - 09/25/2017 - Eveges, Joseph
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

There was only one chair available for resident #7 and resident #8 in their shared bedroom #13.

There was only one chair available for resident #5 and resident #9 in their shared bedroom #6.

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.

Upon discovery the Administrator immediately put Folding Chairs in the room for each resident in Room #6 & #13

The Administrator put a Folding chair in the Room to maintain Regulation 2600.101(j)(2)

The Administrator and staff will check Room when doing care daily to ensure each resident has a chair in the Room.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan M. DeLuca

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

Susan M. DeLuca

Date 11.15.17

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(Date)

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(Date)

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- Not Implemented

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SD
(Initials)

SD

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NOV 15 2017

Violation Report: 44754 - 09/25/2017 - Eveges, Joseph
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

The window blinds in bedroom #6 are unable to close fully and do not provide privacy.

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.

Upon discovery the Administrator immediately called to have window blind replaced.

The Administrator and staff will check rooms daily to maintain state regulation 2600.101(r)(2)

Check list made to check to ensure rooms checked and privacy maintained per regulation

The window blinds in bedroom #6 were replaced on 10/14/17.

SO 7/26/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan M DeLuca*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Susan M DeLuca* Date *11-15-17*

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NOV 15 2017

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Violation Report: 44754 - 09/25/2017 - Evesges, Joseph
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The refrigerator section of refrigerator/freezer #2 in the kitchen did not have an operable thermometer. The freezer section measured 38 degrees Fahrenheit at 10:30 a.m.

The standing freezer in the kitchen measured 10 degrees Fahrenheit at 10:36 a.m.

The standing freezer in the pantry did not have an operable thermometer.

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.

Upon discovery Administrator Replaced thermometer on 9-25-17

The Administrator and cook will check the Refrigerator and Freezer daily to ensure the thermometer's are working and temperature maintained per Regulation 2600.103 (F)

Administrator and cook will check temperature daily and write temp. on the check list.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan M DeLuca*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan M DeLuca Date 11-15-17

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NOV 15 2017

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Violation Report: 44754 - 09/25/2017 - Evages, Joseph
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 19 residents requiring a minimum of 57 gallons of drinking water for a 3-day emergency supply. However, there was only 42 gallons of emergency drinking water on-site.

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.

Upon discovery the Administrator called Crystal Springs and had 4 more 5 gallon jugs of water and now have a total of 60 gallons of drinking water in house as of 9-26-17

The Administrator will have water checked and delivered every 2 weeks to be compliance with State Regulation 2600.107(c)

The Administrator will ensure 57 gallons are in the home at all times to maintain Regulation 2600.107(c)

Immediately: The administrator will ensure the home maintains a supply of at least 3 gallons of drinking water, per resident, per day. SO 7/26/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan M. DeLuca*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Susan M. DeLuca* Date *11-15-17*

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NOV 17 2017

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Violation Report: 44754 - 09/25/2017 - Evegos, Joseph
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's designated safe evacuation time by a fire safety expert on 7/8/16 was 4 minutes. The home's fire drill records indicated an evacuation time of 7 minutes on 10/11/16 at 6:00 a.m. and an evacuation time of 5 minutes and 11 seconds on 4/28/17 at 6:00 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.

The Administrator immediately called the Fire Dept. and scheduled a ~~FIRE~~ drill to reassess time of evacuation.

On 11-17-17 Fire Drill done and evacuation time was 6min 52 sec at 3⁰⁵ Am. Drill done by Charlevoix Fire Dept.

Yearly fire training will be done for staff by Fire Department.

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 11-17-17

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Human Services Licensing

1. REGULATION 55 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

There was an 8 ounce bottle of Siltussin SA 100mg/6ml syrup for resident #10 in the home's medication cart. However, there was no current written prescription for the medication.

There was a Ventolin inhaler 9mcg for resident #6 in the home's medication cart. However, there was no current written prescription for the medication.

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.

Upon discovery the Administrator immediately removed the 8oz. bottle of Siltussin from the cart on Resident #10 and discarded it. The Ventolin inhaler for Resident #6 was discarded on 9-25-17

The Administrator and med tech will check medication cart weekly for out dated meds and check that the medications in the cart have current orders to maintain Regulation 2600.183(d)

The Administrator will provide medication training yearly for all med techs.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan M. DeLuca

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

Susan M. DeLuca

Date 11-15-17

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

The above plan of correction is approved as of 7/26/18
(Date)

Plan of correction implementation status as of 7/26/18
(Date)

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

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

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NOV 15 2017

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Violation Report: 44754 - 09/26/2017 - Eveges, Joseph
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

There was a Ventolin inhaler - 9mcg -- for resident #6 in the medication cart with a label that indicated, "discard after 12/8/16."

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 immediately discarded the Ventolin inhaler on Resident #6 on 9-25-17.

The Administrator and med tech's will check medication weekly to maintain Regulation 2600.183 (F)

The Administrator will provide yearly medication training to maintain Regulation 2600.183

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan M. DeLuca

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

Susan M. DeLuca

Date 11-15-17

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

The above plan of correction is approved as of

7/26/18

(Date)

Plan of correction implementation status as of

7/26/18

(Date)

The above plan of correction was approved by

SD

(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *SD*

Partially Implemented - Inadequate Progress

Not Implemented

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NOV 15 2017

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Violation Report: 44754 - 09/25/2017 - Evegges, Joseph
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.184(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

Resident #6 is prescribed Breo Ellipta Inhaler - 200/25mcg - Inhale 1 or 2 puffs as needed for shortness of breath. However, the medication label inaccurately indicates, "One inhalation everyday."

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.

Upon discovery the Administrator called the pharmacy and a new label was sent with the correct instructions as per order on 9-25-17

The Administrator and med techs will do weekly checks of medication cart to Regulation 2600.184 (A) is maintained.

The Administrator will provide yearly training to med techs to maintain Regulation 2600.184(a)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan M. DeLuca

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

Susan M. DeLuca

Date 11-15-17

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

The above plan of correction is approved as of

7/26/18

(Date)

Plan of correction implementation status as of

7/26/18

(Date)

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

The above plan of correction was approved by

SD

(Initials)

NOV 15 2017

Violation Report: 44754 - 09/25/2017 - Eveges, Joseph

PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

The OTC bottle of 81mg Aspirin used for resident #6, kept in the home's medication cart, was not labeled with the resident's name

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.

Upon discovery Administrator immediately put Resident #6's name on the OTC bottle.

at least weekly

SO 7/26/18

The Administrator and med tech's will check to ensure all OTC bottles have Residents name on them.

All med tech's will receive yearly medication training and Regulation 2600.184(b) will be maintained.

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

Signature of Legal Entity Representative (Required on EVERY Page)

[Handwritten Signature]

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

Susan M DeLuca

Date 11-15-17

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

The above plan of correction is approved as of 7/26/18 (Date)

[Handwritten Signature]

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 7/26/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44754 - 09/25/2017 - Evages, Joseph
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE

Human Services Licensing

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 #4's blood glucose test strips expired in July 2017 and his/her glucometer was not calibrated to the current 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.

Upon discovery the Administrator returned glucometer to Family due to glucose testing discontinued on 9-25-17

The Administrator and med tech's will check medication cart weekly to maintain Regulation 2600.185 (A) to include checking calibration of all glucometers to the current date and time SO 7/26/18

The Administrator will provide yearly training on medication Administration and accountability of medications.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan M. DeLuca Date 11-15-17

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

The above plan of correction is approved as of 7/26/18 (Date)

Plan of correction implementation status as of 7/26/18 (Date)

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

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

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Violation Report: 44754 - 09/25/2017 - Evesges, Joseph
PCH Name: DUNLEVY MANOR

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 #6 is prescribed Senna Plus - (take 2 tablets by mouth at bedtime. However, the resident's September 2017 MAR does not indicate the medication's dosage.

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.

Upon discovery Administrator called RedStone Pharmacy and correction made to medication Record on 9-25-17

The Administrator and Med Techs will check the medications & MAR weekly to maintain Regulation 2600.187(a)

The Administrator will provide yearly medication training to all med techs.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan M. DeLuca*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Susan M. DeLuca* Date *11-15-17*

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

The above plan of correction is approved as of 7/26/18 (Date)

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

Plan of correction implementation status as of 7/26/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44754 - 09/25/2017 - Eveses, Joseph
PCH Name: DUNLEVY MANOR 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 #6's initial assessment, dated 5/2/17, does not address the resident's diagnosis of diabetes mellitus, as indicated on the resident's medical evaluation dated 3/13/17.
Resident #10's initial assessment, dated 9/4/17, does not address the resident's following diagnoses as indicated on the resident's medical evaluation dated 8/26/17:
• Difficulty walking
• Urinary tract infection
• Falls
• Kidney failure
• Bilateral osteoarthritis of the knee
• Hyperlipidemia
• Mechanical soft diet

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.
Upon discovery the Administrator immediately Added the diagnosis to the assessment of Resident #6 on 9-25-17
Also immediately Added diagnoses to Resident # 10's RASP on 9-25-17
The Administrator and or designee will check RASP monthly to ensure all information and changes are Added to updates and changes on Tabula Pro
Resident #10 passed away on [redacted] 17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nusan McQuinn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nusan McQuinn* Date 11-15-17

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

The above plan of correction is approved as of 7/26/18
(Date)
The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 7/26/18
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress SO
 Partially Implemented - Inadequate Progress
 Not Implemented

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

PCH Name: DUNLEVY MANOR		License Number: 44754
Address: 2218 ROUTE 88, DUNLEVY, PA 15432		County: Washington
Administrator: Susan DeLuca		Region: WEST
Legal Entity Name: TLC HEALTHCARE LLC		RECEIVED
Legal Entity Address: 258 WILLIAMS BOULEVARD, WINTERSVILLE, OH 43953		
Certificate(s) of Occupancy C-2 LP 06/20/1996 L&I		MAY 18 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 23	Waking Staff: 17
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspection Dates and Department Representatives On-Site 02/01/2018: Eveses, Joseph; Grace, Desmond		
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: 18 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: 7		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 18 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 0

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MAY 18 2018

Page 2 of 3

Violation Report: 44754 - 02/01/2018 - Eveges, Joseph
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

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
There was a bottle of Arthritis pain relief, 650 mg - take one tablet every four hours as needed, for resident #1, in the home's medication cart. However, the home does not have a current prescription for this medication.

There was a Proventil inhaler for resident #1 in the home's medication cart. However the medication was discontinued on 3/29/17.

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.

Upon discovery the Administrator immediately removed the above medication from the cart and it was destroyed.

The administrator will educate staff on going thru medication cart to check medications that are discontinued and/or expired.

A weekly check will be done by medication tech on the 11-7 shift to remain in compliance with State Regulation 2600.183(d)

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 *5-18-18*

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

The above plan of correction is approved as of 7/26/18 (Date) Plan of correction implementation status as of 7/26/18 (Date)

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

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

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MAY 18 2018

Page 3 of 3

Violation Report: 44754 - 02/01/2018 - Evegus, Joseph
PCH Name: DUNLEVY MANDOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed blood glucose testing twice a day. However, staff interviews indicated the following blood glucose readings were not taken at 5:00 PM as indicated on the resident's January 2018 medication administration record (MAR):

Date(s)	Blood glucose reading
1/5/18	120
1/6/18, 1/7/18, 1/8/18 and 1/9/18	136
1/12/18	136
1/18/18	136
1/25/18	140

Resident #2's blood glucose reading was only taken once on each of the dates listed above.

Resident #3 is prescribed fasting blood glucose testing every morning. However, staff interviews indicated the following blood glucose readings were not taken at 9:00 AM as indicated on the resident's January 2018 MAR:

Date	Blood glucose reading
1/1/18	136
1/6/18	140
1/13/18	150
1/14/18	145

No other blood glucose readings were taken for resident #3 on the dates listed above.

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.

Upon discovery the Administrator reviewed Blood Glucose Reading to see what med tech did not follow proper procedure for obtaining blood glucose reading.

The Administrator counseled the med tech and due to non-compliance the med tech was let go and no longer works here. Immediately, turn at least weekly thereafter. The administrator will review all resident MAR's to ensure compliance with 2800.187(d). See 7/26/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan M DeLuca LPN/RCHA

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

Susan M DeLuca LPN/RCHA

Date 5-18-18

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

The above plan of correction is approved as of

7/26/18
(Date)

Plan of correction implementation status as of

7/26/18
(Date)

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

The above plan of correction was approved by

SD
(Initials)