



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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 7

Restrictions: _____

This certificate is granted in accordance with the Human Services 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 April 20, 2018 until April 20, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **173640**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
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.



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DEPARTMENT OF HUMAN SERVICES

APR 23 2018

Mr. David Shenk
President & Chief Executive Officer
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 #: 173640

Dear Mr. Shenk:

As a result of the Department of Human Services' licensing inspection on February 27, 2018 and February 28, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

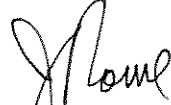
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

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.

Mr. David Shenk

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', written in a cursive style.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 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 4200 TEL HAI CIRCLE, HONEY BROOK, PA 19344		
Certificate(s) of Occupancy LP-B 05/27/1988 CWOPA Dept. of LI		
Staffing Hours Resident Support: 118 Total Daily Staff: 232 Working Staff: 174		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/27/2018; Frauman, Sabrina; Gray, Dean 02/28/2018; Freeman, Sabrina; Gray, Dean		
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: 92 Secured Dementia Care Unit in Home: Yes Area: Lower Level 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: 11		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 87 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 1

Violation Report: 17384 - 02/27/2018 - Freeman, Sabrina
PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 66 Pa.Code §2600
2600.66(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

Ancillary staff person A did not receive training in fire safety or emergency procedures during the 2017 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.

- 1. Ancillary staff person completed fire safety training on 4/9/18 and emergency procedures training on 4/18/18, both provided by Director of Facilities/Fire Safety Expert.
- 2. A review of training assigned to all ancillary staff was completed by Administrator and Vice President of Human Resources. This will ensure that the correct trainings are assigned to all ancillary team members.
- 3. Administrator or designee will complete an audit each quarter, until the end of 2018, to ensure that all ancillary team members complete the required annual training. Results of the audit will be reviewed at the 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 Dallara, RD, LDN PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cynthia Dallara Administrator</i>	Date <i>4-18-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/18/18 (Date)

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

Plan of correction implementation status as of 4/18/18 (Date)

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

Violation Report: 17364 - 02/27/2018 - Freeman, Sabrina
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The secured dementia care unit patio was uneven. The center squares by the drainage, specifically the four surrounding the tiles, were falling into the drain.

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 center squares were immediately repaired on the secure dementia unit patio. See attached photo.
2. The patio area will be inspected monthly for the next six months by the Director of Adult Day Services or designee.
3. Results of the audits 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 Dallara* PD, IDN, PCA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cynthia Dallara Administrator* Personal Care Date *4-18-18*

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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 4/18/18
 (Date)

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Violation Report: 17364 - 02/27/2018 - Freeman, Sabrina
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600 .
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been reviewed, updated and submitted to the emergency management agency since February 7, 2017.

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 written emergency procedures were updated and submitted to Chester County Department of Emergency Services on February 27, 2018. See attached letter.
2. The Executive Vice President of Operations and Administrator will create a tickler system to ensure submission is completed prior to Feb 27, 2019. See attached appointment from Outlook Calendar.

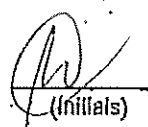
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia Dallara RD, LDN, PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cynthia Dallara Administrator</i>	Date <i>4-18-18</i>
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Violation Report: 17364 - 02/27/2018 - Freeman, Sabrina
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa. Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #1 admitted on [redacted] 17 does not include a determination that the home can meet their service needs.

The pre-admission screening form for resident #2 admitted on [redacted] 17 does not include a determination that the home can meet their service needs.

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 two preadmission screening forms were corrected by the Health Services Coordinator during the renewal inspection.
2. All preadmission screen forms will be double checked by the Service Facilitator or the Admission Coordinator prior to entering in the medical record.
3. A monthly audit of preadmission screenings will be completed by Admissions Coordinator monthly for the next three months. Results of the audits will be reviewed at the Performance Improvement Meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cynthia Dallara RD, LDN, PCA

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

Cynthia Dallara Administrator

Date

4-18-18

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4/18/18
 (Date)

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4/18/18
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)