



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**JUN 21 2018**

Ms. Stephanie R. Short, RN  
Owner/Administrator  
TLC Adult Care Center, Inc.  
9 Rio Vista Drive  
West Newton, Pennsylvania 15089

RE: T.L.C. Adult Care Center  
Certificate #: 428200

Dear Ms. Short:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 27, 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](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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: T L C ADULT CARE CENTER		License Number: 42820
Address: 9 RIO VISTA DRIVE, WEST NEWTON, PA 15089		County: Westmoreland
Administrator: Stephanie Short		Region: WEST
Legal Entity Name: TLC ADULT CARE CENTER INC		
Legal Entity Address: 9 RIO VISTA DRIVE, WEST NEWTON, PA 15089		
Certificate(s) of Occupancy C-2 LP 01/23/1996 L & I		<b>RECEIVED</b>  MAY 14 2018  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 33	Waking Staff: 25
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/27/2018: Summers, Vicky; Grace, Desmond		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 30	Number of Residents who:	
Number of Residents Served: 27	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 27	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 6	
Number of Current Hospice Residents: 7	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 17		

*Stephanie Short  
Admin/ENVCES* / *[Signature]* 5/10/18

Violation Report: 42820 - 02/27/2018 - Summers, Vicky  
 PCH Name: T L C ADULT CARE CENTER

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**

The licensing inspection summary, dated 3/8/17, was posted in the living area on the old side of the home and contained the resident privacy coding document including the names of residents #1 and #2.

**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.*

During Inspection MARCH 2017 Admin was cited for not having a binder with violations accessible to the public. Was told to make a copy of the entire report when received & place in a binder. Admin did as was directed not realizing the last page contained resident names. Page was removed by Admin on site inspection 2/27. Violation will not occur again now that Admin aware.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Admin / RN / CEO Stephanie R Sheet	Date 5/16/18
--	-----------------

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

The above plan of correction is approved as of 5/17/18  
 (Date)

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

Plan of correction implementation status as of 5/17/18  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

MAY 14 2018

Violation Report: 42820 - 02/27/2018 - Summers, Vicky  
PCH Name: T L C ADULT CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 2/13/18 from 3:00 PM - 11:00 PM, and on 2/21/18 from 3:00 PM - 11:00 PM, there were an average of 27 residents present in the home; however, no staff persons were present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

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.

When doing QM & employee CEU training in Jan for the upcoming year Admin looked at wrong date on CPR Renewal card. Admin will have spouse/co-owner verify renewal dates yearly with her so recurrence of violation does not happen again. Admin contacted ambulance service on 2/27 after inspection & employee attended CPR class on 3/1/18. (See Attached) Also Admin coordinating with instructor to have all employees trained not just Charge Aides that are med techs. This will allow for 1 employee present in building CPR trained at all times regardless of shift.

Immediately: The administrator or designee will review the staff schedule at least weekly to ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. *P.W. 5/17/18*

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

*Stephanie R Sheet Admin/evlceo*      5/10/18

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

The above plan of correction is approved as of 5/17/18  
(Date)

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

Plan of correction implementation status as of 5/17/18  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *P.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42820 - 02/27/2018 - Summers, Vicky  
 PCH Name: T L C ADULT CARE CENTER

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 were no screens in the windows in the following locations;

- \* windows across from bedroom #3
- \* windows on the left side of common area across from the stairs
- \* window by the common area near the rear exit door

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.

I don't agree with this violation. AS  
 yes the screens were missing but the windows were  
 closed AS it was winter. Each year in the Fall we  
 have the windows cleaned. Service man has Always  
 been instructed to remove damaged ones & give to  
 owner so that come spring they would be replaced.  
 Harsh weather & extreme temps ruin screens. Most  
 people remove them for winter & replace in the spring  
 so they don't get damaged & constantly need replaced.

Please see Attached for purchase  
 of 3 new screens & 1 repair.

Owners will adhere from this point  
 forward to keep screens, in good repair, in ALL year  
 long unless notified otherwise.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Stephanie R Short Admin/Exec Date 5/16/18

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

The above plan of correction is approved as of 5/17/18  
 (Date)

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

Plan of correction implementation status as of 5/17/18  
 (Date)

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

Violation Report: 42820 - 02/27/2018 - Summers, Vicky

MAY 14 2018

PCH Name: T L C ADULT CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

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 cement pad at the end of the exit ramp lifts and rocks approximately 1-2 inches when stepped on posing a fall hazard.

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.

Owner, who does most of the maintenance at TLC, repaired cement pad today 5/11/18.  
Owner, Rob, will walk the grounds of TLC monthly to assess the exterior and ensure everything is in good repair and free of hazards so that violation will not occur again.  
(see attached photo)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Stephanie R Short Admin/Exec

Date 5/11/18

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

The above plan of correction is approved as of 5/17/18  
(Date)

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

Plan of correction implementation status as of 5/17/18  
(Date)

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

Violation Report: 42820 - 02/27/2018 - Summers, Vicky  
PCH Name: T L C ADULT CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #3's bedside lamp is located approximately 3 feet away from the foot of the bed and cannot be reached by Resident #3 from bedside.

Resident #4 does not have an operable source of lighting that can be turned on/off from bedside.

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.

Owner Rob placed battery operated lights for resident #3 + #4 during on site inspection 2/27/18. Each resident had reachable access to a lamp on a dresser between beds until residents #3 [redacted] brought [redacted] a recliner chair about a week before inspection, and rearranged the set up of the room.

Admin will inspect any room that is rearranged immediately in the future to ensure of compliance and no future occurrences.

Immediately: A designated staff person will check resident bedrooms at least weekly to ensure each resident has an operable source of lighting that the resident can turn on/off from bedside. 5/17/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Stephanie R Street Admin/ev/ceo

Date 5/11/18

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

The above plan of correction is approved as of 5/17/18  
(Date)

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

Plan of correction implementation status as of 5/17/18  
(Date)

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

Violation Report: 42820 - 02/27/2018 - Summers, Vicky  
PCH Name: T L C ADULT CARE CENTER

MAY 14 2018

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted 6/2/17; however, the resident's medical evaluations were completed on 9/14/16 and 7/27/17.

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.

Resident was admitted in June 2017 from another PCH. Status remained unchanged upon admission so Admin was going to get new DME when scheduled Sept 2017. Admin did not make a reminder note on calendar & was overlooked. In the future Admin will obtain a new DME for all residents even if from another PCH. This will allow for compliance & no future repeat violations  
Admin obtained new DME 3/1/18 to correct noncompliance (see attached)

Within 5 days of receipt of the plan of correction: A designated staff person will review resident records to ensure each resident has a medical evaluation completed in its entirety and present in the resident's record. *PL 5/17/18*

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date *5/16/18*  
*Stephanie R Short Administratrix*

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

The above plan of correction is approved as of 5/17/18 (Date)

Plan of correction implementation status as of 5/17/18 (Date)

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

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

Violation Report: 42820 - 02/27/2018 - Summers, Vicky  
PCH Name: T L C ADULT CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

At 11:30 AM, there was a bottle of Lidocaine 2% solution, a bottle of Maalox and a bottle of Q-Dryl, belonging to a family member of resident #6, in the shared bathroom medicine cabinet above the sink in bedroom #7.

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.

Admin educated resident & residents on Regulation 2128/18 while [redacted] visiting. Stressed importance of any medication brought in by family needs approved by PCP & locked in med cabinet. Both verbalized understanding of Policy & Procedure. Admin discussed with staff at 2/28/18 staff meeting. (See Attached). Dayshift responsible for checking medicine cabinets daily when in rooms assisting clients to ensure nothing has been placed in there which isn't permitted. This process will assist in repeating violation in the future.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 03/08/2017

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

The above plan of correction is approved as of [Date]      Plan of correction implementation status as of [Date]

MAY 14 2018

Violation Report: 42820 - 02/27/2018 - Summers, Vicky

PCH Name: T L C ADULT CARE CENTER

WEST REGION FIELD OFFICE  
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

On 12/6/17, resident #4 was prescribed Erythromycin eye ointment - apply topically to lower lids three times a day for 2 weeks; however, the medication was still stored in the medication cart.

At 11:30 AM, there was a bottle of Lidocaine 2% solution, a bottle of Maalox and a bottle of Q-Dryl, belonging to a family member of resident #6, in the shared bathroom medicine cabinet above the sink in bedroom #7.

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.

Admin discussed importance of disposing of limited timed medication when dose complete per MD order at staff meeting 2/28/18. All violations were discussed at this time with POC, (see to signed staff attached sheet attached with pg 9 violation). Also Admin met with CAET Auditor from PCA mission pharmacy on 3/19/18. Findings discussed with her. From March 2018 forward she will not only check peris at lock for expired or soon to expire meds but will check that all time limited meds have been removed from CAET (see attached). So that compliance is met and violation to not reoccur.

Medication cart audits shall be conducted at least monthly. *pu. 5/17/18*

Second part previously addressed pg 9

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Stephanie R Sheet Admin/EN/CEO*      Date *5/14/18*

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

The above plan of correction is approved as of 5/17/18 (Date)

The above plan of correction was approved by pu. (Initials)

Plan of correction implementation status as of 5/17/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *pu.*
- Partially Implemented - Inadequate Progress
- Not Implemented