



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED for

MAILING DATE: July 2, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: July 2, 2018

Mr. David Shenk
President and Chief Executive Officer
Tel Hai Retirement Community
P.O. Box 190
1200 Tel Hai Circle
Honey Brook, PA 19344

RE: Lakeview at Tel Hai Personal Care
P.O. Box 190
4200 Tel Hai Circle
Honey Brook, PA 19344
License #: 173640

Dear Mr. Shenk:

As a result of the Department's Bureau of Human Services Licensing inspection on April 10 and 13, 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.

Sincerely,

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 17364 - 04/10/2018 - Carrion, David
 PCH Name: LAKEVIEW AT TEL HAI PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

On 03-27-18 housekeeping staff found bed bugs on a pillow in bedroom 324. On 03-29-18, pest control confirmed they were bed bugs. On 04-04-18 housekeeping staff found bed bugs on pillow in bedroom 318, on 04-05-18 pest control confirmed they were bed bugs. On 04-11-18 a canine bed bug inspection found the scent of bed bugs in rooms 304, 307, 312, 314, 315, 322, 326, 327, 405, 411, 427, and the 3rd floor lounge area. Home is considered to have an infestation of bed bugs.

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. On 3/29/18 room # 324 was treated by Orkin exterminator for bed bugs.
2. On 4/5/18 room # 318 was treated by Orkin exterminator for bed bugs. On the same day, follow up treatment was provided for #324.
3. Facility enlisted the use of Canine inspection on 4/11/18 as a preventative measure. Every room in the community- resident room, closet, office- was inspected for the scent of bed bugs.
4. As a preventative measure each room that the canines detected the scent of bed bugs were inspected and treated on 4/12/18.
5. Facility purchased two heating tents to heat treat resident's belongings if any other pests/bugs were found.
6. On 5/10/18 every resident room on the 3rd and 4th floor were inspected by Orkin, Facilities Services, Housekeeping supervisor, Vice President of Resident Services and Health Services Coordinator. Treatment was applied to three additional rooms at that time.
7. As a preventative measure, facility is purchasing mattress and box spring encasements for each resident's mattress and box spring at facility's expense. Purchase and application is expected to be complete by 7/14/18.
8. Housekeeping team members, Facilities Services and Resident Assistants have been inserviced on signs of bed bugs and how to report any suspicious findings.
9. Director of Facilities, Housekeeping Supervisor, Administrator and/or Health Services Coordinator will complete five random inspections of resident rooms monthly for the next six months.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cynthia Dellara*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cynthia Dellara* *Personal Care Administrator* Date *6-15-18*

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

The above plan of correction is approved as of <u>06/29/18</u> (Date)	Plan of correction implementation status as of <u>06/29/18</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented