



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 30 2018

Ms. Leah Laffey  
Owner  
TLC Healthcare, LLC  
801 Elm Spring Road  
Pittsburgh, Pennsylvania 15243

RE: Dunlevy Manor  
2218 Route 88  
Dunlevy, Pennsylvania 15432  
License #: 447540

Dear Ms. Laffey:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 4, 2018 and October 10, 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, 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		
Legal Entity Address: 801 ELM SPRING ROAD, PITTSBURGH, PA 15243		
Certificate(s) of Occupancy C-2 LP 06/20/1996 L&I		
Staffing Hours Resident Support: 0                      Total Daily Staff: 22                      Working Staff: 17		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Interim		
On-Site Inspections Dates and Department Representatives On-Site 10/04/2018: Marini, Michael; Klein, Scott 10/10/2018: Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p><b>RECEIVED</b> NOV 01 2018 WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 24 Number of Residents Served: 15 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: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 10 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 2	

Violation Report: 44754 - 10/04/2018 - Marini, Michael  
PCH Name: DUNLEVY MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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

Staff person A did not receive fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2017 training year.

Staff person B did not receive training on emergency preparedness procedures and recognition and response to crises and emergency situations 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.

Immediately upon discovery the administrator contacted the Charleroi Fire Dept. and Fire Safety and Emergency Preparedness inservice completed on 10-12-2018.

Staff person A & B were both present for the inservice.

The administrator will schedule annual inservice and training for all staff to remain in compliance with state Regulation 2600.65(g)

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/25/2017 *J. al.*

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 11-1-2018

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

The above plan of correction is approved as of

11/21/18  
(Date)

Plan of correction implementation status as of 11/21/18  
(Date)

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

The above plan of correction was approved by

*IM*  
(Initials)

NOV 01 2018

WEST REGIONAL OFFICE  
Human Services Licensing

Violation Report: 44754 - 10/04/2018 - Marini, Michael  
PCH Name: DUNLEVY MANOR

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

On 10/4/18, there were multiple extension cords laying across the front walkway and porch, posing a tripping hazard. Spot lights were plugged into these extension cords.

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.

Immediately upon discovery the administrator removed the spot light and extension cords to prevent a tripping hazard.

The administrator educated staff on the importance of walkways being free of tripping hazards.

The grounds will be checked by med tech daily to ensure no tripping hazards around the grounds.

The administrator will include exterior building hazards into yearly inservice on Fall Prevention

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  
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Susan M. DeLuca

Date: 11-1-2018

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(Date)

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(Initials)

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(Date)

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Violation Report: 44754 - 10/04/2018 - Marini, Michael  
PCH Name: DUNLEVY MANOR

WEST REGIONAL OFFICE: 1000  
Human Services Building

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

On 10/4/18 at 11:45 AM, the kitchen refrigerator, on the right, was 48 degrees Fahrenheit.

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.

Immediately upon discovery the administrator had cook remove food from the refrigerator and refrigerator is not being used.

The administrator educated the kitchen staff of the importance to check thermometers daily.

The cook will check thermometers daily to ensure refrigerator & freezers remain at the temperatures as per regulation 2600.103(f)

Documentation of daily refrigerator/freezer temperatures shall be kept. IM

Immediately: All staff persons shall be educated that the kitchen refrigerator on the right shall not be used until it is serviced or replaced. IM

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/25/2017 et. al.

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
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Date

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IM  
(Initials)

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(Date)

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- Not Implemented

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44754 - 10/04/2018 - Marini, Michael  
PCH Name: DUNLEVY MANOR

1. REGULATION 55 Pa.Code §2600  
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  
On 10/4/18, the home served 16 residents requiring a minimum of 48 gallons of emergency drinking water. However, there were only 29 gallons of water on site and the home does not have a contractual agreement with a vendor to provide water in an emergency.

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 went to Wal-Mart and bought 20 gallons of water with state inspector Michael Marini present to see water was brought in immediately

The Administrator contacted Crystal Springs to check delivery date of water. 7 5 gallon jugs of water will be delivered 10-10-18

This ensure we have enough emergency water on hand. 20gal + 45gals = 65gals in house.

Immediately: A designated staff person shall inspect the storage area monthly to ensure at least 1 gallon of emergency drinking water is present per resident per day for 3 days. *IM*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/25/2017 *et al.*

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: *11-1-2018*

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(Initials)

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  - Partially Implemented - Inadequate Progress
  - Not Implemented

NOV 01 2018

WEST REGIONAL OFFICE  
Human Services Division

Violation Report: 44754 - 10/04/2018 - Marini, Michael  
PCH Name: DUNLEVY MANOR

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

An inspection of the furnace was completed on 9/12/17. However, the next furnace inspection was not completed until 10/9/18.

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.

Immediately upon discovery R.H. Barkley Heating was called to confirm service appointment for 10-9-2018.

The furnace inspection was completed on 10-9-18. No issues at all noted.

The administrator will utilize Tabula Pro to set reminders for inspections due to remain in compliance with state Regulation 2600.126(a)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
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Date 11-1-2018

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(Initials)

Plan of correction implementation status as of 11/21/18  
(Date)

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

WEST VIRGINIA UNIVERSITY  
Human Services Licensing

Violation Report: 44754 - 10/04/2018 - Marini, Michael  
PCH Name: DUNLEVY MANOR

1. REGULATION 55 Pa.Code §2600  
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
The most recent fire safety inspection and fire drill conducted by a fire safety expert were completed on 8/9/17.

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.  
Immediately upon discovery the administrator called Charletoi Fire Dept and scheduled training.  
On 10-12-18 Chief Engineer came in and did Fire safety training and a Fire Drill, and a fire safety inspection IM

The administrator added Fire Safety Training and Fire Drill to Tabula Pro to set reminders of when trainings and fire drills are due.

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

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
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(Initials)

Plan of correction implementation status as of 11/21/18  
(Date)  
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 Partially Implemented - Adequate Progress IM  
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Violation Report: 44754 - 10/04/2018 - Marini, Michael  
PCH Name: DUNLEVY MANOR

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 has not had a safe evacuation time designated in writing by a fire safety expert since 8/9/17. The designated safe evacuation time was 3 minutes 6 seconds. The home exceeded this evacuation time during the following fire drills.

Date	Time of Drill	Evacuation Time
9/19/17	6:00 PM	4 minutes 2 seconds
11/10/17	4:00 PM	3 minutes 12 seconds
4/15/18	8:10 AM	3 minutes 20 seconds
5/1/18	4:15 PM	4 minutes 0 seconds
6/16/18	11:00 AM	3 minutes 30 seconds
7/6/18	9:45 AM	3 minutes 45 seconds

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.

Immediately upon discovery fire training and drill set up with the Charleroi Fire Dept. by the administrator

Staff educated by Charleroi Fire Dept. on evacuating residents safely during a fire drill. Evacuation time was 4min 0 seconds, as indicated by the fire safety expert IM on 10/12/18.

The administrator will conduct monthly fire drills as normally done to maintain compliance with state regulation 2600.132(d)

Immediately: A designated staff person shall review the fire drill records monthly to ensure all residents evacuate to a designated meeting place within the time specified by a fire safety expert. IM

Repeat Violation: Yes

Date(s) of Previous Violation(s): 09/25/2017 et. al

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 11-1-2018

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(Date)

*IM*

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(Initials)

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11/21/18  
(Date)

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Violation Report: 44754 - 10/04/2018 - Marini, Michael  
 PCH Name: DUNLEVY MANOR

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

NOV 01 2018

2a. DESCRIPTION OF VIOLATION

The most recent fire drill held during sleeping hours was on 4/26/17 at 6:00 AM, according to the fire drill record. Staff person C, administrator, indicated another fire drill was held during sleeping hours on 3/23/18 at 3:00 AM. However, this was not recorded on the fire drill record and the time between the two drills exceeded 6 months.

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.

Immediately upon discovery the administrator scheduled a fire drill during sleeping hours.

A Fire Drill will be done Nov. 6<sup>th</sup> 2018 during sleeping hours. To be in compliance with state Regulation 2600.132(e)

A reminder will be set on Tabula Pro to ensure fire drills will be done every 6 months during sleeping hours.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

*Susan M. DeLuca*

Susan M. DeLuca

Date 11-1-2018

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 (Initials)

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 (Date)

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RECEIVED

NOV 01 2018

Violation Report: 44754 - 10/04/2018 - Marini, Michael

PCH Name: DUNLEVY MANOR

WEST REGIONAL HEALTH SERVICES  
Human Services

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 #1 is prescribed Latuda 40mg-1 tablet daily. However, the resident's October 2018 medication administration record does not include a diagnosis or purpose 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.

Immediately upon discovery the administrator notified the Pharmacy to correct the M.A.R.

The administrator ensured that the diagnosis was added to the medication Record to be in compliance with State Regulation 2600.187(a)

The med tech will do weekly checks to ensure a diagnosis is listed on all 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 11-1-2018

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(Date)

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(Initials)

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(Date)

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- Not Implemented