



SENT VIA EMAIL: rboris8@aol.com

MAILING DATE: May 19, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 10, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive, with a prominent initial "J" and a long, sweeping underline.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *T.L.C. ADULT CARE CENTER*
Address: *9 RIO VISTA DRIVE,, WEST NEWTON, PA 15089*
County: *WESTMORELAND* Region: *WESTERN*

License Number: *42820*

Administrator

Name: *STEPHANIE SHORT* Phone: *7248723000* Email: *RBORIS8@AOL.COM*

Legal Entity

Name: *TLC ADULT CARE CENTER INC*
Address: *9 RIO VISTA DRIVE, WEST NEWTON, PA, 15089*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/23/1996* Issued By: *Dept. of L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

03/10/2020 - On-Site: Jan Cutter, Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *29*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *0*



[Signature] 4/24/20

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature at resident #1's bathroom sink measured 129.3 degrees Fahrenheit at 10:15 am and 128.3 degrees Fahrenheit at 1:30 pm.

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.)

Maintenance advised of water temp violation at time of inspection. Attached records show appropriate and corrected water temperatures.

Maintenance will continue weekly checks of water temperature and correct as necessary to avoid this violation in the future. See Attached

Legal Entity Representative

Signature 

Printed Name and Title Stephanie R. Shet 4/24/20
care/Admin/CEO Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/12/20
(Date)

Plan of correction implementation status as of 5/12/20
(Date)

The above plan of correction was approved by JW
(initials)

Implemented
 Not Implemented

101j2 - Bedroom Chairs

Regulations

2600.

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

Description of Violation

There were only 3 chairs in the bedroom shared by residents #2, #3, #4 and #5.
 There were only 3 chairs in the bedroom shared by residents #6, #7, #8 and #9.

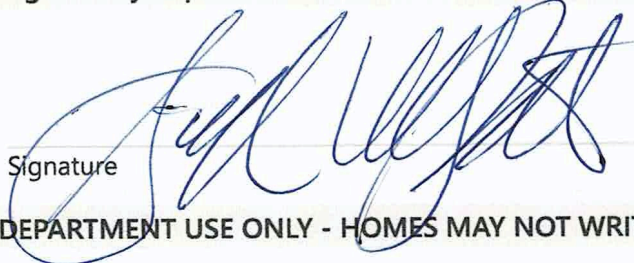
Plan of Correction (POC)

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At time of inspection it was revealed that the appropriate number of chairs were missing. Immediately, chairs were brought to the above referenced residents areas.

This violation has been discussed with staff at the 4/15/20 violation meeting so that we will ensure each resident has the appropriate number of chairs in their areas. Weekly checks will occur to be sure this does not occur in the future. Housekeeping
 STAFF responsible see attached

Legal Entity Representative


Signature 

Stephanie R Sheet 4/24/20
 Printed Name and Title Date
 Director/Admin/RN/CEO

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 (Initials)

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- Not Implemented

101j6 - Mirror

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

There was no mirror in the bedroom of residents #6, #7, #8 and #9.


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.)

Mirrors were kept inside dresser drawers of each resident. Mirrors were placed on top of each resident dresser to ensure they know they are there.

Violation discussed at violation meeting on 4/15/20 to ensure this does not occur again. Staff in charge of weekly deep cleaning are responsible of ensuring they remain out & accessible
See Attached

Legal Entity Representative



Signature

Stephanie R Shet 4/24/20
Center/Admin RN/CEO

Printed Name and Title

Date

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents #6, #7, and #8 did not have a source of light that could be turned on and off at bed side.

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.)

Lights/lamps were placed at residents bedside so that resident can reach to turn them on when needed. All light sources were on dressers beside beds at time of inspection

Violation discussed with staff during violation meeting to check lights @ bedtime to ensure compliance with this regulation. Daily & notify administration if not operable.

Legal Entity Representative

Signature 

Stephanie R Shert 4/24/20
 Printed Name and Title Date
 Assoc Admin / RN / CEO

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103f - Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

There was no thermometer in the kitchen freezer.

There was no operable thermometer in the walk-in commercial freezer. The outside thermometer measured 15 degrees Fahrenheit at 10:30 am and again at 1:30 pm.

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.)

Thermometers have been purchased (see attached receipt) to ensure the appropriate temperatures in each of the above referenced refrigeration units.

Violation discussed with kitchen staff to ensure this violation does not occur in the future. (see staff meeting 4/15/20 previously attached)

Legal Entity Representative


Signature

Stephanie R Short 4/24/20
Printed Name and Title Date
center Admin RN/CEO

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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 10:00 am, there was a dining room table and four chairs partially blocking the passageway from the dining room.

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 dining room table and four chairs have been re positioned to ensure adequate space for emergency egress. Fixed immediately during inspection 3/10/20 by Admin.

This violation has been discussed with staff to ensure this does not occur again in the future. (Refer to 4/15 Staff meeting)

Legal Entity Representative

Signature

Printed Name and Title

Date

Stephanie R Sheet 4/24/20
Admin / RN / CEO

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141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #6's most recent medical evaluation was completed on 8/20/2018.

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.)


PCP only sees yearly @ TLC unless
Acute problem. Seen 9/15/2017 + 8/20/18. Signed
4/16/2018 + 4/22/2019.

See Attached.

Revision Shulzozo

Resident no longer lives at facility.
Admin immediately reviewed all resident files to
ensure all medical evaluations were current. Admin
Responsible to review monthly at end of month for
upcoming month to avoid this violation from occurring
again.

Legal Entity Representative


Signature 

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Printed Name and Title Date
Curee/Admin/RN/CEO

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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

There was a plastic bag hanging on a post on the front porch containing cigar packs and cigar butts which poses a fire hazard.

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 Area designated as "Smoking Area" has been updated. The plastic bag has been removed and the appropriate fireproof receptacle/ashtray has been put in place. (see attached receipt)

The violation has been addressed with the staff to ensure that all smoking products are fully extinguished. see Attached

Legal Entity Representative


Signature

Stephanie R Short 4/24/20
Printed Name and Title Date
owner/Admin/RN/CEO

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183e - Storing Medications

Regulations

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2's Genteal Tears, instill 1 drop into each eye four times a day, was opened on 1/22/2020; however, according to the manufacturer's instructions open bottles of Genteal Tears must be discarded after 30 days.

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 staff & spoke to CAET Auditor at Mission pharmacy regarding expiration of eye drops after 30 days.
(see attached)
Admin ordered a new bottle immediately on 3/10 after inspection.
Admin & Pharmacy Auditor responsible monthly for checking dates to adhere to compliance & avoid another occurrence.

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Signature

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Printed Name and Title Date
Admin / RN / CED

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #2's One Touch Ultra Mini glucometer was not set to the correct date and time.

Repeat violation 8/16/2019

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 consulted with pharmacy and company to Calibrate meter Not able to accomplish. New meter ordered and calibrated to correct date + time. (see attached)

Admin to check glucometers monthly during exchange of MMS.

Legal Entity Representative

Signature 

Stephanie R Sheet 4/24/20
 Printed Name and Title Date
 Center Admin / BA / CEA

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