

Department of Human Services
Bureau of Human Service Licensing

January 25, 2021

[REDACTED], OWNER
TLC HEALTHCARE LLC
801 ELM SPRING ROAD
PITTSBURGH, PA 15243

RE: DUNLEVY MANOR
2218 ROUTE 88
DUNLEVY, PA, 15432
LICENSE/COC#: 44754

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/23/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *DUNLEVY MANOR* License #: *44754* License Expiration Date: *02/18/2021*
Address: *2218 ROUTE 88, DUNLEVY, PA 15432*
County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7243265611* Email: [REDACTED]

Legal Entity

Name: *TLC HEALTHCARE LLC*
Address: *801 ELM SPRING ROAD, PITTSBURGH, PA, 15243*
Phone: *7243265611* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/20/1996* Issued By: *Dept of L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint,Provisional,Interim* Exit Conference Date: *12/24/2020*

Inspection Dates and Department Representative

12/23/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* Residents Served: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *15*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

12/23/2020 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/13/2021*

1/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/20/2021*

1/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/31/2021*

17 - Record Confidentiality

1. Requirements

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.

Description of Violation

At approximately 9:20 am, the privacy coding documents were attached to the following license inspection summaries and posted in a red binder near the home's front door:

** The license inspection summary, dated 12/3/19, which included the names of residents #1 and #2*

** The license inspection summary, dated 1/3/20, which included the names of residents #3 and #4*

Plan of Correction

Accept

The privacy coding documents that were attached were immediately removed. The administrator and designee did not realize they were not allowed in the folder they thought that all pages of the plan of correction needed to be in the binder. All the POC's in the binder were checked to make sure there was nothing in the file with a name on it. Moving forward when a POC is put in the binder it will be checked by two people to make sure that no pages that have someone name on it are in the binder. This will then be checked monthly to make sure nothing confidential is in the binder. The building is checked daily to make sure all files are locked up and no confidential residents papers are out for anyone to see.

Completion Date: 12/23/2020

25c6 - Refunds

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

The resident-home contracts for resident #5, dated 9/1/20, and resident #7, dated 3/20/20, do not specify the conditions under which refunds will be made, including the refund of admissions fees and refunds upon the resident's death. The resident-home contracts indicate that refunds are at the owner's discretion.

25c6 - Refunds (continued)

Plan of Correction**Directed**

The contract for the residents #5 and # 7 were fixed on to state that everything is prorated as long as they are current on rent. This was completed with these two contracts on 1 -3-2021, other contracts will be fixed by 1-28-21 and signed off by residents to ensure all the contract state the same thing. The language needed to have more details to explain what happened in a refund..

Moving forward a generic blank contract was used to fill in all the blanks and it will be used with all new residents to make sure that every line is filled in properly. The only thing that will need to be filled in will be personal information and price. (attached).

An admission check list was created on 11/5/2020 and will be used with any new residents to make sure moving forward all forms are double checked. this has not been used yet since we have not had a new resident. (attached). two staff have been trained and identified to check the files. a training was done on 1/6/21 with them. (attached). Administrator and or designee will check monthly to make sure everything is filled out properly and in files.

Lastly, a new contract was created for each resident with all the new information and they will all be signed by 1/31/21. (DIRECTED: All residents shall receive a copy of the updated resident-home contract in accordance with 2600.25g. LM 1/25/21). They will be placed in the folder behind the original contract. Also a Letter will be sent out to the family about the three areas that need to be fixed in the contract. Refunds is one of them. This will be mailed out next week with the invoices. (attached is the letter explaining the changes). A copy will also be kept in their files.

Completion Date: 01/03/2021

109a - Pets

1. Requirements

2600.

109.a. The home rules shall specify whether the home permits pets on the premises.

Description of Violation

The home rules included in the resident-home contracts for resident #5, dated 9/1/20, resident #6, dated 11/6/20 and resident #7, dated 3/20/20, do not specify whether the home permits pets.

109a - Pets (continued)

Plan of Correction**Directed**

The contract for the residents #5 and # 7 were fixed on 1/3/21. It was fixed to state "Pet therapy with house Dogs that are vaccinated only. No outside pets. All the other contracts will be fixed by 1-28-21 to ensure they all state the same thing. The Administrator needed to be more accurate and descriptive. (contracts attached for 5 and 7 resident 6 passed away.)

Moving forward a generic blank contract was used to fill in all the blanks and it will be used with all new residents to make sure that every line is filled in properly. The only thing that will need to be filled in will be personal information and price.

(attached) An admission check list was created on 11/5/2020 and will be used with any new residents to make sure moving forward all forms are double checked. this has not been used yet since we have not had a new resident.

(attached). Two staff have been identified and trained to check them. (attached)

Administrator and or designee will check monthly to make sure everything is filled out properly and in the files. Lastly, a new contract was created for each resident with all the new information and they will all be signed by 1/31/21. (DIRECTED: All residents shall receive a copy of the updated resident-home contract in accordance with 2600.25g. LM 1/25/21). They will be placed in the folder behind the original contract. Also a Letter will be sent out to the family about the three areas that need to be fixed in the contract. Pets are one of them. This will be mailed out next week with the invoices. (attached is the letter explaining the changes). A copy will also be kept in their files.

Completion Date: 01/03/2021

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #6's initial medical evaluation, dated [REDACTED] indicates "see attached" in the medications section; however, no list of medications is attached.

Resident #7's initial medical evaluation, dated [REDACTED] indicates "see attached" in the medications section; however, no list of medications is attached.

REPEAT VIOLATION: 1/13/2020, et. al.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction**Accept**

Attached is Resident number 7 medication list. resident # 6 is not attached because [REDACTED] passed away. We printed off each resident's medication list and had the doctor sign off on every residents sheet. All 16 residents have a signed medication list signed by the Doctor. The medication lists were in the files they were just not signed by a doctor. This was done on 1/8/21.

Moving forward the Administrator and Designee were both given a training on tabula pro the software system(by the tabula pro techs) they taught us how to covert the medication lists to the Medical Evaluation. Moving forward all new residents will now have the initial DME with the Medical Evaluation attached and if medications change all orders with Doctor signatures will be in the file to ensure all orders match the MAR. We have not had any new residents at this time to show. There was also a admission checklist that another staff will go over all forms to make sure everything is in the file on time and completed. This is also part of the new checklist that the administrator and designee fill out weekly and monthly that was created in December (attached). Two staff have been identified and trained on 1-6-21. (attached).

Completion Date: 01/08/2021

184b - Resident's Meds Labeled

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

A 0.5 oz. tube of Ayr saline nasal gel belonging to resident #6 was located in the medication cart, and was not labeled with the resident's name.

Plan of Correction**Accept**

This medication was just brought in from the family and the staff did not write [REDACTED] name on it. That staff was disciplined from the designee due to a training taking place a few weeks prior. The name was added to the medication.

A check list was created for staff in the interim of audits to make sure when something new is brought in it is labeled. They will check it daily to make sure all medications are labeled as soon as they are brought in.

The new pharmacist from the new pharmacy came on 12-4-2020. to do a cart audit and to do a training to make sure all question about the MAR was answered. Cart audits will continue to happen weekly and documented when completed. (attached).

The administrator or designee will schedule the audits weekly. The audit will be done by the designee or the head med tech and they will check the checklist daily to make sure new medications are labeled.

Med tech supervisor and the designee or Administrator will document the days on the weekly check list they administrator and designee have to do.

Completion Date: 12/23/2020

187a - Medication Record

1. Requirements

2600.

187a - Medication Record (*continued*)

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).

Description of Violation

According to staff interviews, resident #6 is administered Ayr saline nasal gel on a daily basis; however, this medication is not included on the resident's December 2020 medication administration record (MAR).

REPEAT VIOLATION: 1/13/2020 et. al.

Plan of Correction**Accept**

The medication was added to the MAR on 12/23/2020.

This medication was brought in by the family after 12-4-2020 when the pharmacist did a med audit. Dunlevy was still trying to learn the process of the new pharmacy because of how different the MAR is. The designee should have added the medication to the MAR but did not catch that. The pharmacist is going to come out on 1-25-21 to do another cart audit and the designee is going to teach another MED TECH to add the medications on the MAR to ensure there are no more breakdowns. A check list was created on 1/11/21 for MED TECH to start checking off daily to ensure everything is matching.

The new pharmacist from the new pharmacy came on 12-1-2020. to do a cart audit and to do a training to make sure all question about the MAR was answered. Cart audits will continue to happen weekly and documented when completed. (attached).

The administrator or designee will schedule the audits weekly. The audit will be done by the designee or the head med tech and they will check the new checklist daily(attached) to make sure new medications are all added to the MAR.

Med tech supervisor and the designee or Administrator will document the days on the weekly check list). And check the check list 5 days a week.

Because this error happened another med training will happen on 1-25-21 when the pharmacist comes out to do any other audit. It the interim each med tech had a one on one training with the designee to ensure they understand how to add and take off meds if the pharmacy does not do it. It is our best practice to have the pharmacy add and delete any medications but in the event they are closed and cannot be contacted staff were taught how to add and remove medications. The pharmacies will go into better detail on his audit on 1-25-2021.

Completion Date: 12/23/2020

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There is no documentation that resident #5, admitted to the home on [REDACTED] was educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

REPEAT VIOLATION: 1/13/2020, et. al.

Plan of Correction

Directed

The resident # 5 was fixed on 1-3-21 and all the flies will be fixed by 1-28-21. The resident rights are in the contract the contract was fixed to add Z. Z states that any resident has a right to refuse medication if they feel a medication error has occurred. All the other contracts will be fixed if needed by 1-28-21 to ensure they all state the same thing. The Administrator needed to be more accurate and descriptive.

(contracts attached for 5.)

Moving forward a generic blank contract was used to fill in all the blanks and it will be used with all new residents to make sure that every line is filled in properly. The only thing that will need to be filled in will be personal information and price.

(attached) An admission check list was created on 11/5/2020 and will be used with any new residents to make sure moving forward all forms are double checked. this has not been used yet since we have not had a new resident. (attached).

Administrator and or designee will check monthly to make sure everything is filled out properly.

Lastly, a new contract was created for each resident with all the new information and they will all be signed by 1/31/21. (DIRECTED: All residents shall receive a copy of the updated resident-home contract in accordance with 2600.25g. LM 1/25/21). They will be placed in the folder behind the original contract. Also a Letter will be sent out to the family about the three areas that need to be fixed in the contract. Resident rights Z was added. This will be mailed out next week with the invoices. (attached is the letter explaining the changes). A copy will also be kept in their files.

Completion Date: 01/03/2021

224a - Preadmission Screen Form

1. Requirements

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.

224a - Preadmission Screen Form (continued)

Description of Violation

The preadmission screening for resident #6, dated [REDACTED], is incomplete and blank in numerous sections, to include the resident's level of supervision, mobility needs or ability to self-administer medications. Also, the preadmission screening does not include a determination that the home can meet the resident's needs. This section of the form is also blank.

REPEAT VIOLATION: 12/3/2019

Plan of Correction**Accept**

Resident # 6 has passed away. I placed a copy of resident # 7 completed on [REDACTED] to show that all the pre screening are being check for accuracy. (attached). An audit took place and was finished on 1/15/21 and all Pre screen were checked to make sure everyone has one and all the proper blanks are fixed. Moving forward Administrator or designee will make sure all the blanks are filled it to reflect the needs of the resident to ensure they can be managed at the home. A admission check list was created on 11-5-20 that will be used with all new residents and will be checked off by a second person to ensure all the blanks are filled out. Two staff have been identified and have been trained to know how to properly fill out forms and what to look for to make sure they are filled out. It was added to the 11-3-20 Weekly check list created for the original inspection(attached). The administrator will check the files monthly to make sure everything is attached.

Completion Date: 12/26/2020

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #6 was admitted to the home on [REDACTED]; however, an assessment was not completed.

REPEAT VIOLATION: 12/3/2019

Plan of Correction**Accept**

Resident # 6 has passed away since the audit. The administrator and designee have been working on all the residents files since the inspection on 12/23/2020 Unfortunately [REDACTED] and one other person were two that the audit was not complete on due to timing. The audit on the other resident that was not completed is now complete and in the file. Completed on 1/6/2021. There was nothing cited on this inspection for the other resident so even though it was no audited there was nothing missing. We did have a copy of what was done so far on Tabula Pro for resident #6 but the auditor did not want us to print up since in was not in the file. All files are now audited. Moving forward all files will be updated in a timely manor and any new resident will have all paperwork in the files in on the day it is due. The new admissions check list will be utilized for all new residents and it will be checked off by a second person to ensure everything is in there filled out correctly (attached). Two staff have been trained and identified (attached). The administrator and or designee will check monthly and sign off on monthly checklist that everything is in file and completed. (attached.)

Completion Date: 01/06/2021

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #6 was admitted to the home on [REDACTED]; however, a support plan was not completed.

REPEAT VIOLATION: 5/18/2020 et. al.; 12/3/2019

Plan of Correction**Accept**

Resident # 6 has passed away since the audit. The administrator and designee have been working on all the residents files since the inspection on 12/23/2020 Unfortunately [REDACTED] and one other person were two that the audit was not complete on due to timing. The audit on the other resident that was not completed is now complete and in the file. Completed on 1/6/2021. There was nothing cited on this inspection for the other resident so even though it was no audited there was nothing missing. We did have a copy of what was done so far on Tabula Pro for resident #6 but the auditor did not want us to print up since in was not in the file. All files are now audited. Moving forward all files will be updated in a timely manor and any new resident will have all paperwork in the files in on the day it is due. The new admissions check list will be utilized for all new residents and it will be checked off by a second person to ensure everything is in there filled out correctly (attached). The administrator and or designee will check monthly and sign off on monthly checklist that everything is in file and completed. (attached.)

Completion Date: 01/06/2021