

Department of Human Services
Bureau of Human Service Licensing

March 9, 2021

██████████ OWNER
TLC HEALTHCARE LLC
801 ELM SPRING ROAD
PITTSBURGH, PA 15243

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/13/2021, 02/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

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 **Licen e #:** 44754 **Licen e Expiration Date:** 02/18/2021
Addr e : 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:** l&i

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 19 **Waking Staff:** 14

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 01/26/2021

Inspection Dates and Department Representative

01/13/2021 - On-Site: [REDACTED]
 02/26/2021 - Off-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 Re ident : 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: 4 **Have Physical Disability:** 0

Inspections / Reviews

01/13/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *02/14/2021*

2/23/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *03/02/2021*

3/3/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/11/2021*

3/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Repeat Violation

Agents of the Department requested resident financial records from staff person staff A, the home's administrator, and staff person B on 1/14/21, 1/19/21 and 1/21/21. However, the home failed to provide Agents of the Department with these records.

Repeat Violation: 12/03/2019

Plan of Correction**Accept**

This resident was the ex-resident that the state asked to see a copy of ■ financial records including refund records. Any payment received by the home for this resident's stay was given to the inspector upon arrival. The refund records were not in there because we do not feel we owned a refund. The designee was not familiar enough with the contract to know how to explain this to the inspector.

Our contract states in the refund section that a 30 day notice is required.(attached) The resident came to us on Feb 5, 2020 and ■ left on Feb 13, 2020. When ■ came to the building ■ was showing signs that ■ might need a more secure facility. Peeing everywhere trying to escape the building just a few examples. The family was hoping ■ would do well at a personal care home however due to ■ behaviors they began looking for a more secure facility. The family and Viaquest found ■ a more secured facility quickly when ■ started showing behaviors that sent ■ to the hospital for an evaluation. We never gave a 30 day notice because it was too early to decide if we would be able to get ■ under our Doctors care and stabilized ■ Therefore, the family would still have been responsible for the payment from the day ■ left for 30 days. We did not ask for any more money once the month ended. ■ paid for one month of service 2300 the 500 dollar admission fee was also waived.

■ was sent to the hospital on ■ after ■ was displaying unsafe behaviors, peeing on things, yelling and screaming, rolling around on the ground. The police had to be called and ■ tried to stab a police officer with a fork. Once sent to the hospital for evaluation the family told Dunlevy they found a more secure facility for this resident and ■ would not be coming back. If they would not have been able to find ■ another place once ■ was evaluated and once safety was maintained we would have take him back to the facility. But, while ■ was in the hospital they found ■ a more secured facility. We do not feel this make our contract void they still have to pay for the 30 days due to no one giving a 30 day notice.

This documentation should have been in ■ file. Moving forward anyone who leaves the facility that does not leave because of death there will be documentation from the Administrator or designee explaining the situation to ensure there are no issues or questions about if we do or do not owe a refund. IF they are owed a refund a copy will be kept on file. An audit was completed on 2/21/21 of all current resident files.

The administrator or designee will check monthly to make sure all the proper documentation is in files and refunds are all sent out and a copy is made. The Designee and/or Administrator were given a training by an Administrator from another building on February 18, 2021 and February 23, 2021 in that training DHS access was discussed in detail. The Administrator showed the designee where everything is kept that DHS will need access to if they come to the building.

Completion Date: 02/18/2021

5a1 - DHS Access (continued)

Document Submission

Implemented

sent

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Repeat Violation

Due to COVID-19, Governor Wolf signed an Emergency Disaster Declaration on 3/6/20. As a result, regulation §2600.141(b)(1) has a limited suspension. The suspension shall end when Governor Wolf ends the Disaster Proclamation, unless OLTL has stated a different time or unless OLTL later sets another time. The limited suspension states "If the resident's primary care physician determines that the medical evaluation can be conducted at a later date, then the facility can postpone the medical evaluation to the date determined by the physician; provided that, the medical evaluation must be performed no later than 90 days after the Emergency Declarations is lifted. The facility shall document the primary care physician's determination in the resident's record for subsequent review." Resident #1's most recent medical evaluation was conducted on 9/11/19 and the home has no documentation from her primary care physician indicating the medical evaluation can be conducted at a later date.

Repeat Violation: 01/13/2020 et al, 12/03/2019

Plan of Correction

Accept

There was not a DME because the Doctor was not coming into the building during this time due to the pandemic. The Doctor was only seeing people on Telemedicine that needed to be seen and if anything needed up dated it would have been added to the DME in the file until [redacted] could get into the building. This resident was not one of the residents that anything changed medically for [redacted] DME to change. All [redacted] issues are more behavioral. The Administrator did not catch in the Emergency Disaster Declaration that something needed to be kept in the file from the Doctor stating this [redacted] though The DME's were on suspension at the time unless there were changes that a new one was needed. [redacted] had a new DME completed on 2/12/21 (attached). At this time all resident files have been audited. All DME's and all other paperwork have been updated the Doctor came and picked up all paperwork and signed off anything that was needed and as soon as the residents get their second vaccine on February 15th [redacted] will begin to schedule on site isits again.

Also the files were in process of all being audited due to the inspection that just took place. Due to that inspection in December and January checklist have been created and utilized (attached) to show that all files are now complete and everything is in files and how moving forward everything will be in files on the correct date.

The administrator and/or designee will be checking files monthly to ensure nothing is missed. This will be done by the designee and/or Administrator as well as one of the two staff designated to check files once a month and to ensure we have this issue fixed once and for all. The audits were done slowing and another administrator from another place come and gave the Administrator and the designee a teaching on how to fill out all the forms correctly and when to update etc. Also a refresher DME, Assessment training was completed on 2-18-21. (attached).

Completion Date: 02/12/2021

Document Submission

Implemented

sent

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's behavior significantly changed beginning 10/8/20. The home documented multiple incidents of resident #1 engaging in aggressive behavior, yelling, and striking staff or attempting to strike staff on the following dates: 10/8/20, 12/12/20, 12/18/20, 12/20/20, 12/25/20 and 1/10/21. However, these changes are not addressed on [redacted] most recent assessment, dated 1/18/20.

Plan of Correction

Accept

Resident's support plan dated 1/18/20 was all updated and [redacted] new support plan was completed on 1/18/2021 all the necessary changes from her last plan was updated. This was not completed because all the files were being audited because of the annual inspection to make sure every single form was completed, updated and in the files. Resident #1 was not yet completed to make sure everything was updated based off of what was learned at the annual inspection. Resident #1 is now all complete with new DME new Rasp and all updates have been corrected. Forms have been created and now that every resident file has been updated and all correct documentation is in files all records will be checked weekly and monthly (forms attached) by the designee the Administrator and two designated staff to ensure nothing is missed. All updates will not just be documented on incident reports and communication log but the Assessments will be updated with in 5 days of a significant change to reflect the accurate residents behaviors and needs. Administrator and designee will both check monthly to make sure the forms have been completed but [redacted] designated staff and that they have checked to make sure updates are all done in the allotted time frame. Also a refresher DME, Assessment training was completed on 2-18-21.

Completion Date: 02/01/2021

Document Submission

Implemented

sent