

Department of Human Services
Bureau of Human Service Licensing

June 17, 2021

██████████ OWNER/ADMINISTRATOR
TLC ADULT CARE CENTER INC
9 RIO VISTA DRIVE
WEST NEWTON, PA 15089

RE: T.L.C. ADULT CARE CENTER
9 RIO VISTA DRIVE
WEST NEWTON, PA, 15089
LICENSE/COC#: 42820

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/17/2021, 02/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

May 19, 2021

██████████ OWNER/Administrator
TLC ADULT CARE CENTER INC
9 RIO VISTA DRIVE
WEST NEWTON, PA 15089

RE: T.L.C. ADULT CARE CENTER
9 RIO VISTA DRIVE
WEST NEWTON, PA, 15089
LICENSE/CO# : 42820

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/17/2021, 02/18/2021 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,
Janine Wenzig

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: *TLC ADULT CARE CENTER* **Licen e #:** *42820* **Licen e Expiration Date:** *07/02/2021*
Addr e : *9 RIO VISTA DRIVE, WEST NEWTON, PA 15089*
County: *WESTMORELAND* **Region:** *WESTERN*

Administrator

Name: [REDACTED] **Phone:** *7248723000* **Email:** [REDACTED]

Legal Entity

Name: *TLC ADULT CARE CENTER INC*
Address: *9 RIO VISTA DRIVE, WEST NEWTON, PA, 15089*
Phone: *7248723000* **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Re ident Support Staff: *0* **Total Daily Staff:** *27* **Waking Staff:** *20*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal, Complaint* **Exit Conference Date:** *02/18/2021*

Inspection Dates and Department Representative

02/17/2021 - On-Site: [REDACTED]
02/18/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* **Residents Served:** *23*

Secured Dementia Care Unit

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

Hospice

Current Re ident : *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *23*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *4* **Have Physical Disability:** *0*

Inspections / Reviews

02/17/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *03/12/2021*

5/11/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/14/2021*

5/19/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/24/2021*

6/17/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. On 2/17/21, no carbon monoxide detector was present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act. The home has a natural gas powered hot water tank in the basement.

Plan of Correction

Accept

The water tank in violation is not a fossil-fuel burning device or appliance it uses electricity.

Completion Date: 02/22/2021

Document Submission

Implemented

The water tank is electric and not a fossil fuel burning appliance.

42s - Privacy

1. Requirements

2600.

- 42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 2/18/21, shared resident bathrooms throughout the home did not have locks on the doors to provide privacy during bathing, dressing, changing and toilet, including the bathroom across from bedroom [redacted] and the shared resident bathroom in bedroom [redacted]

Plan of Correction

Accept

Privacy locks have been installed on all bathroom/shower room doors in violation.

Completion Date: 03/19/2021

Document Submission

Implemented

Privacy locks have been installed on bathroom/shower room doors.

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

51 - Criminal Background Check (continued)

Description of Violation

Staff person A, hired [REDACTED], does not have a criminal history check completed. Staff person A has been providing unsupervised direct care to residents in the home as recent as 2/17/21, on the 3:00 p.m.-11:00 p.m. shift.

Plan of Correction

Accept

Staff person A no longer works for this employer. To avoid this violation in the future criminal background checks will be completed within the first 30 days of employment.

Completion Date: 03/22/2021

Document Submission

Implemented

Future criminal background checks will be completed within 30 days of hire. new employees who have one from another facility will also have another current one obtained.

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

Staff A no longer works for this employer. To avoid this violation in the future the new hire will be required to provide the appropriate qualifications prior to starting work.

Completion Date: 03/22/2021

Document Submission

Implemented

Future employees will provide proof of diploma to admin upon first day of work .

63a - First Aid/CPR Training

1. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training (continued)

Description of Violation

On 2/12/21, on the 3:00 p.m.-11:00 p.m. shift, 23 residents were present in the home. However, no staff certified in first aid and obstructive airway techniques and CPR were present in the home. Staff person B's certification in first aid and obstructive airway techniques and CPR expired on 4/6/2020.

On 2/12/21, on the 7:00 p.m.-11:00 p.m. and the 11:00 p.m.-7:00 a.m. shifts, 23 residents were present in the home. However, no staff certified in first aid and obstructive airway techniques and CPR were present in the home.

On 2/14/21, on the 7:00 p.m.-3:00 p.m. and the 11:00 p.m.-7:00 a.m. shifts, 23 residents were present in the home. However, no staff certified in first aid and obstructive airway techniques and CPR were present in the home. Staff person B's certification in first aid and obstructive airway techniques and CPR expired on 4/6/2020 and staff person C's certification in first aid and obstructive airway techniques and CPR expired on 7/8/2020.

Plan of Correction

Accept

All staff members CPR/first aid and obstructive airway techniques training has been updated. All staff CPR/First aid and obstructive airway techniques training will be followed on a calendar to avoid this violation in the future.

Completion Date: 03/22/2021

Document Submission

Implemented

All employees have been updated with first aid and CPR training now that covid rules have allowed for will forward proof of completion.

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, hired [redacted], and staff person D, hired [redacted], did not receive training in any of the orientation topics in accordance with 2600.65a.

Plan of Correction

Accept

Staff A no longer works for this employer but had training 12/28/20, Staff D received the appropriate fire safety and emergency preparedness training on 09/03/20. Training will be provided at either the time of hire or prior to the employee starting work.

Completion Date: 02/19/2021

Document Submission

Implemented

All staff will have 2600.65a requirements and sign prior to start date or upon first day

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

65b - Rights/Abuse 40 Hours (*continued*)**Description of Violation**

Staff person A and staff person D completed his/her 40th scheduled work hour. However, the staff persons did not receive any of the orientation training in the topics in accordance with 2600.65b.

Plan of Correction**Accept**

Staff A no longer works for this employer but received training on 12/28/20, staff D has received the appropriate orientation training on 09/03/20 neither employee signed the staff training sheet. Training will take place within the 40th hour work schedule to avoid this violation in the future.

Completion Date: 02/19/2021

Document Submission**Implemented**

All staff will sign upon day of starting or prior to as per regulation 2600 regulations.

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED] has been providing unsupervised ADL services as recent as 2/17/21. However, the staff person did not complete the Department-approved direct care training course and successfully pass the competency test.

Plan of Correction**Accept**

Staff A is no longer employed by this employer however during the time in question employer sought the result of the competency and successful completion of the training from passavant but never received, employee then resigned. To avoid this violation in the future, employees will be given the direct care training course and receive a passing grade on the competency test prior to providing unsupervised ADL services.

Completion Date 04/29/2021

Document Submission**Implemented**

Admin will obtain new competency test for each employee unless certified and not assume prior job will forward as a professional

89b - Hot Water Temperature

1. Requirements

2600.

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

89b - Hot Water Temperature (continued)

Description of Violation

On 2/17/21 at approximately 10:30 a.m., the hot water temperature at the sink in the bathroom in bedroom [redacted] measured 130.8 degrees Fahrenheit.

REPEAT VIOLATION: 3/10/2020

Plan of Correction

Accept

Adjustments have been made to the water tanks that serve water to the room in violation so that the temperature does not exceed 120 degrees. A DAILY test is being performed to test the temperatures of the water and once regulated to an acceptable temperature weekly water temperature tests will be performed and logged to avoid this violation in the future.

Completion Date: 05/18/2021

Document Submission

Implemented

Facility for past 5 years has checked different rooms weekly for temps. since inspection have been and will continue to check 2 different areas of building weekly. will follow with log.

101j6 - Mirror

1. Requirements

2600.

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

6. A mirror.

Description of Violation

There is no mirror in multiple bedrooms, including the following:

- * Bay window bedroom
- * Bedroom [redacted]
- * Bedroom next to the main entrance

REPEAT VIOLATION: 3/10/2020

Plan of Correction

Accept

Mirrors have been purchased and installed in all of the rooms in violation. Rooms will be checked to ensure all rooms have mirrors to avoid this violation in the future.

Completion Date: 03/09/2021

Document Submission

Implemented

mirrors were in resident drawers that were not looked at and permanent mirrors have been installed to avoid further violations in certain areas.

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

107c - Food/Water 3 Day Supply (continued)

Description of Violation

On 2/18/21, the home served 23 residents, requiring 69 gallons of emergency drinking water. However, the home stores no water on-site and the home's contract with a local bottled water supplier, dated 8/18/2015, indicates they will deliver only within 24 to 48 hours.

Plan of Correction

Accept

An agreement has been made with the homes current foodservice Reinhart/Performance foodservice to deliver emergency water when needed. This agreement will be reviewed annually and an agreement obtained so that emergency water will be available when needed.

Completion Date: 03/22/2021

Document Submission

Implemented

Admin obtained letter from foodservice stating will supply within timely manner. proof of documentation to follow. Also MAWC delivers to facility if outage in area. will give number to MAWC as called with inspector in office and no response up to current date with 5 other follow ups.

121a - Unobstructed Egress

1. Requirements

2600.

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

Description of Violation

On 2/17/21, at 9:40 a.m., the only pathway to the fire exit door leading from the tv sitting room to the outside rear of the home was blocked by a recliner and end table, allowing an opening of only 3 feet, which does not enable wheelchairs and walkers to move through safely.

Plan of Correction

Accept

Staff has been trained to keep all egress routes free of any objects that would preclude unobstructed egress. Daily checks are done to ensure that the egress routes are clear and unobstructed to avoid this violation in the future.

Completion Date: 02/19/2021

Document Submission

Implemented

Admin had staff meeting with evidence to follow to advise employees not to leave egress routes obstructed with any object.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

141b1 - Annual Medical Evaluation (continued)

Description of Violation

Resident #1's most recent medical evaluation was completed on 7/16/19 with no documentation the primary care physician's determination in the resident's record for subsequent review.

Resident #2's medical evaluation, dated 3/4/2020, was blank in the areas of Immunization History and General Physical Exam.

REPEAT ON 3/10/2020

Plan of Correction

Accept

All DME that were due during COVID 19 have been extended due to medical facilities being overwhelmed by the pandemic.

All DME will be completed and updated in accordance with the regulation.

Completion Date: 06/01/2021

Document Submission

Implemented

Admin still attempting to obtain new DME's for all residents in home during COVID. all new residents required to have one upon admission from another facility. goal is end of june 2021 not june 1.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed, Vit D, 25 mcg, 1 tab daily. On 2/18/21, at 8:00 a.m., the resident was not administered the medication. However, staff person C signed the resident's medication administration record (MAR) as administered.

Plan of Correction

Accept

Staff C has been advised that the administration of the medication comes first in the process and then the signing of the MAR.

The appropriate training has been given and administrator will continue to oversee the process of medication administration. Additionally the administrator or designee will monitor MAR daily and periodically observe a medication pass for each staff person who administers medication.

Completion Date: 05/18/2021

Document Submission

Implemented

Admin has reviewed mar weekly since inspection for errors on behalf of staff signing for OTC temp meds given by family for acute situations. admin will continue to oversee to ensure accuracy of administration and continuance or discontinuation. numerous family wanted prn meds for covid as advised by CDC for assist with virus.

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.

225a - Assessment 15 Days (continued)

Description of Violation

On 2/18/21, an assessment was not completed for resident #2, who was admitted to the home on [REDACTED]

Plan of Correction

Accept

The assessment has been completed and updated.

Administrator will ensure the completion of the initial assessment within 14 days of admission.

Completion Date: 02/26/2021

Document Submission

Implemented

Assessment will be completed within 15 days of admission by admin per 2600 regulations. Admin thought all was excluded until 90 days after full reopening after covid lifted regs.

225c - Additional Assessment

1. Requirements

2600.

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

Description of Violation

On 2/17/21, resident #1's most recent assessment was completed on 7/5/19.

On 2/18/21, resident #3's most recent assessment was completed on 3/5/19.

Plan of Correction

Accept

The assessments and support plans have been completed. Administrator will review all assessments and support plans of current residents to ensure they are current.

Completion Date: 05/18/2021

Document Submission

Implemented

Due to circumstances with COVID/staffing etc and assumption from e mail that all was on hold until 90 days after opening when restrictions lifted not completed. admin has obtained all documentation from pop's to extend until declarations lifted. documentation to follow . Knowing currently from inspection admin will continue to adhere to 2600 regs as advised.

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

On 2/18/21, a support plan was not completed for resident #2, who was admitted to the home on [REDACTED]

227a - Support Plan 30 Days (*continued*)**Plan of Correction****Accept**

The support plan has been completed.

Administrator will continue to update files in accordance with the regulation in the absence of a national pandemic.

Completion Date: 02/26/2021

Document Submission**Implemented**

Admin will adhere to regulation of support plans as advised during inspection that wasn't on hold due to pandemic misunderstanding . will have all completed within 30 days of admission as always have in past.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On 2/17/21, resident #1's most recent support plan was completed on 7/19/19.

On 2/18/21, resident #3's most recent support plan was completed on 3/21/19.

Plan of Correction**Accept**

Resident 1 and 3 has been updated, unfortunately resident #3 is now deceased.

Administrator will continue to follow up on the support plan in accordance with the regulation and in the absence of a national pandemic.

Completion Date: 02/26/2021

Document Submission**Implemented**

as stated numerous times admin now advised of regulation regardless of pandemic and will adhere to regulation of support plan as always have in past . within 30 days and yearly or if change in condition of a resident.