pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [redacted]
September 9, 2022

[redacted]

RE: Lakeview at Tel Hai Personal Care
Certificate #: 17364

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on September 21 and 22, 2021 and October 14, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[redacted]

[redacted]
Regional Licensing Director

Enclosure
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *LAKEVIEW AT TEL HAI PERSONAL CARE* **Licen e #**: *17364* **Licen e Expiration**: *04/20/2022*

Address: *PO BOX 190,4200 TEL HAI CIRCLE, HONEY BROOK, PA 19344*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: [redacted]
Address: [redacted]
Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I 2* **Date**: *05/27/1998* **I ued By**: *Honey Brook Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *98* **Waking Staff**: *74*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *09/21/2021*

Inspection Dates and Department Representative

09/21/2021 On Site [redacted]

09/22/2021 - Off-Site: [redacted]

10/14/2021 Off Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *71*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Maple View* **Capacity**: *7* **Residents Served**: *5*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *71*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *27* **Have Physical Disability**: *0*

Inspections / Reviews

09/21/2021 Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/18/2022*

01/24/2022 - POC Submission

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *02/11/2022*

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).

Description of Violation

On [redacted]/21, there were two painters in the home without criminal background checks and were not supervised by staff.

Plan of Correction ***Accept***

1. The two painters were immediately removed from the Personal Care Home.

2. A new policy was developed for the campus, including Personal Care, "Vendor Criminal Background Checks." A copy is attached.

3. An audit of outside vendor background checks will be completed by a facilities team member weekly for the next four weeks.

4. Results of the audit will be reviewed at the Performance Improvement meeting

5. Education on the policy will be provided at the next management team meeting, scheduled for [redacted] 2022

Completion Date: *02/28/2022* ***Licensee's Proposed Date of POC Implementation*** Implemented 9/9/22 PA

181a - Self-adminstration Assist

1. Requirements

2600.
181.a. A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.

Description of Violation

Resident #1 requires assistance with reminders [redacted]. The home has failed to provide this assistance, resulting in medications not being available and physicians orders' not being followed as prescribed.

Plan of Correction ***Accept***

1. When staff was made aware that resident [redacted]

2. A new medication self administration review/assessment was completed with resident #1 on [redacted]/22.

3. Home checks the medication list twice per year with resident. The resident goes independently to the physician office. The resident agrees to notify staff if the resident stops using medications or receives new orders.

4. Health Services Coordinator or designee will check in with resident to reconcile his medication list weekly for 4 weeks.

5. Results of the review will be presented at the Performance Improvement meeting.

Completion Date: *02/28/2022* ***Licensee's Proposed Date of POC Implementation*** Implemented 9/9/22 PA

184a - Labeling OTC/CAM

1. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

184a - Labeling OTC/CAM *(continued)*

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

There was no pharmacy label on the Safe Wash Saline located on the medication cart.

Plan of Correction ***Accept***

1. The safe wash saline was immediately labeled on the medication cart.

2. Med Techs and LPNs will be in-serviced on proper storage of medications by [redacted] 2022.

3. Health Services Coordinator or designee will complete an audit of medication carts for proper labeling weekly x 4 weeks.

4. Results of the audit will be reviewed at the Performance Improvement meeting

Completion Date: *02/28/2022* ***Licensee's Proposed Date of POC Implementation*** Implemented 9/9/22 PA

185a - Implement Storage Procedures

1. Requirements

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 #1 is prescribed: [redacted] *as needed. On* [redacted] */21, the medications were not available in the home.*

Resident #2 is prescribed Milk of Magnesia [redacted]*. On* [redacted] */21, the medication was not available in the home.*

Plan of Correction ***Accept***

1. The medications noted in the violation are available as house stock, but were not on the medication cart at the time of the inspection. House stock items are available and locked at the nurses station.

2. A list of house stock items and their location will be kept on each medication cart.

3. The Medication Assistance policy was updated on 1/17/22, to reflect this process.

4. Med Techs and LPNs will be in-serviced on the updated policy as soon as possible and at the latest by Jan 31st 2022.

5. Health Services Coordinator or designee will audit the medication carts for a list of House stock items weekly for four weeks.

6. Results of the audit will be reviewed at the Performance Improvement Meeting.

Completion Date: *02/28/2022* ***Licensee's Proposed Date of POC Implementation*** Implemented 9/9/22 PA

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.

187b - Date/Time of Medication Admin. *(continued)*

Description of Violation

Resident #3 is prescribed: [redacted]. Resident #3's medication administration record does not include the initials of staff person A, who administered the morning medication on [redacted]/21 at [redacted] am. Failure to complete the electronic signature resulted in resident #3 being administered a second dose of the aforementioned medications.

Plan of Correction ***Accept***

1. Team members involved in the medication error were counseled and provided education upon discovery of the medication error.
2. All Med Techs and LPNs were in-serviced regarding proper medication administration
3. Medication Assistance policy was reviewed and updated on 1/17/22.
4. All Med Techs and LPNs will be educated on policy update as soon as possible but no later than [redacted] 2022.
5. A random audit of 2 med passes per week for the next month will be completed by the Administrator, Health Services Coordinator or designee.
6. Results of the audit will be presented at the Performance Improvement meeting.

Completion Date: *02/28/2022* *Licensee's Proposed Date of POC Implementation* Implemented 9/9/22 PA

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed: [redacted] and [redacted]. However, this medication was not administered by resident #1 on [redacted]/21; because the medication was not available in the home.

Resident #4 is prescribed: [redacted]. However, resident #4 was administered an extra dose of [redacted] on [redacted]/21 at [redacted] pm.

Resident #5 is prescribed: [redacted] at [redacted] am. However, resident #5 was administered the medication on [redacted]/21 at [redacted] am by staff person B. This was observed by the [redacted] representative during a medication pass.

Plan of Correction ***Accept***

1. Resident #1 self administers medications and stopped taking the PRN meds without alerting staff.
2. When staff became aware, meds were reconciled and education provided to alert staff of any changes in physician orders or as needed medication.
3. Medication self-administration review/assessment was completed on 1/17/22 for that resident.
4. LPNs and Med Techs were in-serviced regarding medication errors at the time they occurred.
5. Medication assistance policy was updated on 1/17/22.
6. All Med Techs and LPNs will review the updated policy as soon as possible but no later than 1/31/22.

187d - Follow Prescriber's Orders (continued)

7. *A random audit of the medication passes will be conducted two times per week for the next four weeks.*
8. *Results of the audit will be reviewed at the Performance Improvement meeting.*

Completion Date: *02/28/2022* ***Licensee's Proposed Date of POC Implementation*** Implemented 9/9/22 PA