



CERTIFIED MAIL – RETURN RECEIPT

REQUESTED MAILING DATE: **FEBRUARY 28, 2023**

[REDACTED]
TLC Healthcare, LLC
[REDACTED]

RE: Dunlevy Manor
2218 Route 88
Dunlevy, Pennsylvania 15432
License/COC #: 447544

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on August 16, 2022, October 4, 2022, October 5, 2022, October 11, 2022, and November 14, 2022, of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 447544) to operate the above facility. The Department's decision to revoke your license is based on the violations attached to this notice and your failure to comply with the Department's regulations, gross incompetence, negligence and misconduct in operating the facility, mistreatment or abuse of residents being cared for in the facility, and failure to submit and comply with an acceptable plan to correct noncompliance items and is made pursuant to 62 P.S. § 1026 (b)(1); (4); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa. Code § 2600.269 (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
17	II	15	\$5	\$75	5 calendar days from mailing date of this letter
101(j)(7)	II	15	\$5	\$75	5 calendar days from mailing date of this letter
132(d)	II	15	\$5	\$75	5 calendar days from mailing date of this letter
141(a)	II	15	\$5	\$75	5 calendar days from mailing date of this letter
141(b)(1)	II	15	\$5	\$75	5 calendar days from mailing date of this letter
183(d)	II	15	\$5	\$75	5 calendar days from mailing date of this letter
187(b)	II	15	\$5	\$75	5 calendar days from mailing date of this letter
225(a)	II	15	\$5	\$75	5 calendar days from mailing date of this letter
225(c)	II	15	\$5	\$75	5 calendar days from mailing date of this letter
227(a)	II	15	\$5	\$75	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not

been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to REVOKE your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

The enclosed violation report specifies plans of correction and dates by which corrections must be made. If you choose to appeal, an acceptable plan of correction must be followed during your operation pending your appeal. Dunlevy Manor is required to remain in full compliance with all applicable statutes and regulations, including but not limited to Article X of the Human Services Code, 62 P.S. §§ 1001 et seq., and 55 Pa. Code Ch. 2600 (relating to Personal Care Homes)

Sincerely,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *DUNLEVY MANOR* License #: *44754* License Expiration: *02/05/2023*
Address: *2218 ROUTE 88, DUNLEVY, PA 15432*
County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Fine* Exit Conference Date: *08/16/2022*

Inspection Dates and Department Representative

08/16/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* Residents Served: *13*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *9* Have Physical Disability: *0*

Inspections / Reviews

08/16/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/29/2022*

Inspections / Reviews (*continued*)

09/06/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/09/2022

09/09/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 09/19/2022

01/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2022

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

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 Violation

On [REDACTED] at approximately 9:47 a.m., 10:45 a.m., and 1:57 p.m. an agent of the Department requested access to incident reports and the resident record for resident #1 who passed away on date-of-death #1. However, the home did not provide the requested documentation to the Department.

REPEAT VIOLATION 2/8/22 et. al.

POC Submission

Directed [REDACTED] - 09/09/2022)

This resident's record was misfiled in a box marked for the correct month but the wrong year. Going forward, the administrator/designee will Ensure records are filed appropriately so that they are immediately available when requested or needed. The administrator or designee will inventory storage boxes monthly to ensure correct filing and document the compliance on a checklist.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all resident records to ensure all required records are available in the home and accessible to the Department upon request. 9/9/22 [REDACTED]

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall conduct a monthly of all resident records to ensure all required records are available in the home and accessible to the Department upon request. 9/9/22 [REDACTED]

Licensee's Plan Completion Date: 09/06/2022

Implemented [REDACTED] - 01/17/2023)

141a - Medical Evaluation

2. 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.

Description of Violation

Resident #2's initial medical evaluation, dated [REDACTED], does not include the medical professional's license number, that area of the form was left blank.

POC Submission

Directed [REDACTED] - 09/09/2022)

This resident did have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on the form specified by the Department, within 60 days prior to admission or within 30 days after admission. However the CRNP did not include the medical professional license number. The medical professional license number has been added to the form. The administrator/designee will review the current resident records to ensure medical evaluations were completed for residents. Going forward, the administrator or designee will ensure medical evaluation forms are completed timely and documented on a compliance checklist.

141a - Medical Evaluation (continued)

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall review all newly completed medical evaluation forms to ensure all medical evaluation forms are complete and accurate.

9/9/22 [REDACTED]

Licensee's Plan Completion Date: 09/06/2022

Not Implemented [REDACTED] - 01/17/2023)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

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

Description of Violation

Resident #3's most recent medical evaluation is dated [REDACTED].

REPEAT VIOLATION 5/16/22, 2/8/22 et. al.

POC Submission

Directed [REDACTED] - 09/09/2022)

During the covid pandemic, the physician was not physically visiting the building due to the pandemic, but was completing evaluations via telemedicine. An annual medical evaluation has been completed for this resident. Going forward, the administrator or designee will ensure annual medical evaluation forms are completed timely, documented on the appropriate form and compliance documented on an inspection checklist.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all resident records to ensure a current medical evaluation has been completed for each resident and documented on a form specified by the Department. The administrator or designee shall also audit each medical evaluation form for accuracy and completeness. 9/9/22 [REDACTED]

Licensee's Plan Completion Date: 09/06/2022

Not Implemented [REDACTED] - 01/17/2023)

187b - Date/Time of Medication Admin.

4. 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 #4 is prescribed Deep Sea 0.65% Nose Spray – Instill 4 sprays in each nostril 4 times a day. However, on 8/12/22 at approximately 5:00 p.m. direct care staff person A administered 4 sprays of Deep Sea 0.65% nose spray in each nostril and the medication administration record was not initialed at the time of administration and was left blank.

Resident #5 is prescribed Novolog Flexpen Syringe – Inject 6 units subcutaneously 3 times a day before meals. However, on 8/12/22 at approximately 5:00 p.m. direct care staff person A administered 6 units of Novolog insulin and the

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

medication administration record was not initialed at the time of administration and was left blank.

REPEAT VIOLATION 2/8/22 et. al.

POC Submission

Accept [redacted] - 09/09/2022)

Staff person A states that the medications were administered as ordered and has corrected the administration record. All medication administration staff will be re-educated on medication administration by 9/10/22 to include correct dose, medication, resident, time and route and documented at the time of the administration. The administrator or designee will review MARs daily for completeness/errors and document the compliance on an inspection checklist.

Licensee's Plan Completion Date: 09/06/2022

Not Implemented [redacted] - 01/17/2023)

225a - Assessment 15 Days

5. 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 #2's initial assessment is dated [redacted]. However, resident #2 was admitted to the home on [redacted]

REPEAT VIOLATION 5/16/22

POC Submission

Directed ([redacted] - 09/09/2022)

The written initial assessment that is documented on the Department's assessment form within 15 days of admission was dated incorrectly and should have read 6/10/22 rather than 7/10/22. This error has been corrected. All active resident records were reviewed and found to be in compliance. Going forward, the administrator or designee will review all new resident records weekly to ensure the written initial assessment is documented within 15 days of admission. Compliance with this will be documented on a compliance inspection checklist.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall audit all newly completed resident assessments to ensure accuracy and completion, including completion dates. 9/9/22 JK

Licensee's Plan Completion Date: 09/06/2022

Not Implemented ([redacted] - 01/17/2023)

227a - Support Plan 30 Days

6. 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 #2's initial support plan is dated [redacted]. However, resident #2 was admitted to the home on [redacted]

227a - Support Plan 30 Days (continued)

REPEAT VIOLATION 5/16/22, 2/8/22 et. al.

POC Submission

Directed [REDACTED] - 09/09/2022)

The written support plan that is documented on the Department's form within 30 days of admission was dated incorrectly and should have read 6/10/22 rather than 7/10/22. This error has been corrected. All active resident records were reviewed and found to be in compliance. Going forward, the administrator or designee will review all new resident records weekly to ensure the support plan is documented within 30 days of admission. Compliance with this will be documented on a compliance inspection checklist.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall audit all newly completed resident support plans to ensure accuracy and completion, including completion dates. 9/9/22 [REDACTED]

Licensee's Plan Completion Date: 09/06/2022

Not Implemented [REDACTED] - 01/17/2023)

251e - Records Availability

7. Requirements

2600.

251.e. Resident records shall be made available to the resident and the resident's designated person during normal working hours.

Description of Violation

On 4/1/22 at 8:50 a.m. legal representation, the appointed designated person for the Estate of resident #1 who passed away on date-of-death #1, transmitted a facsimile letter containing a request for a complete copy of all medical records pertaining to resident #1's stay at the personal care home from 3/1/21 through 3/27/21 to include copies of all admission records, care plans, minimum data sets, doctor's notes, nurse's assessments and notes, medication administration records, treatment administration records, activities of daily living, diagnostic reports, laboratory results, history and physical, consultations, therapy records, and the like. However, the home has not provided the requested information to the designated person as of 8/16/22.

POC Submission

Directed [REDACTED] - 09/09/2022)

The home has not received a facsimile request for records. If the department could share the contact information, the home could provide the information to the designated person.

This resident's record was misfiled in a box marked for the correct month but the wrong year. Going forward, the administrator/designee will Ensure records are filed appropriately so that they are immediately available when requested or needed. The administrator or designee will inventory storage boxes monthly to ensure correct filing and document the compliance on a checklist.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all resident records to ensure all required records are available in the home and accessible to the resident and the resident's designated person upon request during normal business hours. 9/9/22 [REDACTED]

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall conduct a monthly of all resident records to ensure all required records are available in the home and accessible to the resident and the

251e - Records Availability (continued)

resident's designated person upon request during normal business hours. 9/9/22

Licensee's Plan Completion Date: 09/06/2022

Not Implemented (- 01/17/2023)

253a - Record 3 Years

8. Requirements

2600.

253.a. The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

Description of Violation

On 4/1/22 at 8:50 a.m. legal representation, the appointed designated person for the Estate of resident #1, who passed away on date-of-death #1, transmitted a facsimile letter containing a request for a complete copy of all medical records pertaining to resident #1's stay at the personal care home from 3/1/21 through 3/27/21 to include copies of all admission records, care plans, minimum data sets, doctor's notes, nurse's assessments and notes, medication administration records, treatment administration records, activities of daily living, diagnostic reports, laboratory results, history and physical, consultations, therapy records, and the like. However, the home has not provided the resident record for resident #1 to either the designated person or the Department.

POC Submission

Directed (- 09/09/2022)

The home has not received a facsimile request for records. If the department could share the contact information, the home could provide the information to the designated person.

This resident's record was misfiled in a box marked for the correct month but the wrong year. The record is attached. Going forward, the administrator/designee will Ensure records are filed appropriately so that they are immediately available when requested or needed. The administrator or designee will inventory storage boxes monthly to ensure correct filing and document the compliance on a checklist.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all resident records, including records for residents who were discharged within the last three years, to ensure the records are available in the home and available upon request by authorized persons. 9/9/22

Licensee's Plan Completion Date: 09/06/2022

Not Implemented (- 01/17/2023)