



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: MAY 23, 2023

Ms. Stephanie Short, Owner/Administrator
TLC Adult Care Center, Inc.
9 Rio Vista Drive
West Newton, Pennsylvania 15089

RE: T.L.C. Adult Care Center
License/COC #: 428201

Dear Ms. Short:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on January 18, 2023, January 26, 2023, and February 2, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items, failure to comply with the acceptable plan to correct noncompliance items, and mistreatment or abuse of residents being cared for in the facility, the Department hereby REVOKES your certificate of compliance (license number 428200) dated July 2, 2022 – July 2, 2023, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 23, 2023 to November 23, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

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)
<u>Section:</u>					
65(a)	II	28	\$5	\$140	5 calendar days from mailing date of this letter
65(b)	II	28	\$5	\$140	5 calendar days from mailing date of this letter
65(d)	II	28	\$5	\$140	5 calendar days from mailing date of this letter
141(a)	II	28	\$5	\$140	5 calendar days from mailing date of this letter
141(b)(1)	II	28	\$5	\$140	5 calendar days from mailing date of this letter
187(b)	II	28	\$5	\$140	5 calendar days from mailing date of this letter
190(a)	II	28	\$5	\$140	5 calendar days from mailing date of this letter
225(a)	II	28	\$5	\$140	5 calendar days from mailing date of this letter
227(a)	II	28	\$5	\$140	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 issue a PROVISIONAL 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. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Lestia Fetzer, Workload Manager
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.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: Gene Cuccarese, Office of General Counsel
Theresa Hartman, Bureau Director
Sheila Page, Director of Operations
Brent Sutherland, Regional Director

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

Facility Information

Name: *T.L.C. ADULT CARE CENTER* License #: *42820* License Expiration: *07/02/2023*
 Address: *9 RIO VISTA DRIVE, WEST NEWTON, PA 15089*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: *Stephanie Short, RN* Phone: *724-331-5453* Email: *rboris8@aol.com*

Legal Entity

Name: *TLC ADULT CARE CENTER INC*
 Address: *9 RIO VISTA DRIVE, WEST NEWTON, PA, 15089*
 Phone: *7248723000* Email: *rboris8@aol.com*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: Total Daily Staff: *32* Waking Staff: *24*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *02/02/2023*

Inspection Dates and Department Representative

01/26/2023 - On-Site: Amy Duncan, Lisa Flinner-Alman
02/02/2023 - Off-Site: Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *28*

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: *28*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *1*

Inspections / Reviews

01/26/2023 - Partial

Lead Inspector: *Amy Duncan* Follow-Up Type: *POC Submission* Follow-Up Date: *02/13/2023*

02/15/2023 - POC Submission**Submitted By:** *Robert Short***Date Submitted:** *03/08/2023***Reviewer:** *Jon Kimberland***Follow-Up Type:** *POC Submission***Follow-Up Date:** *02/22/2023***03/01/2023 - POC Submission****Submitted By:** *Robert Short***Date Submitted:** *03/08/2023***Reviewer:** *Jon Kimberland***Follow-Up Type:** *Document Submission***Follow-Up Date:** *03/08/2023***04/28/2023 - Document Submission****Submitted By:** *Robert Short***Date Submitted:** *03/08/2023***Reviewer:** *Jon Kimberland***Follow-Up Type:** *Enforcement*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 1/18/23, staff person A, the home's administrator, was told that resident #1 was very upset about how she was treated by staff person B the previous evening. The resident reported that staff person B had yanked her top off and hurt her shoulder. When she responded, ouch, the staff person said, Oh come on, you're OK. When resident #1 asked staff person B to hand her some lubricating jelly for her nose, staff person B said that they didn't have time for that right now. I don't like you. No one here likes you. Multiple staff interviews indicated that resident #1 was extremely tearful and upset after this incident and into the following day. However, this allegation of abuse was not reported to the Department until 1/19/23.

Plan of Correction

Directed (JK - 03/01/2023)

Incident report to staff person A on January 18, 2023. Internal investigation initiated by Staff member A (admin) on January 18, 2023. Immediate corrective action was taken by termination of staff person B. Staff person A reported incident to son/POA.

Staff person A reviewed with entire staff on February 14, 2023, the older adult protective services act and resident rights. Staff person A has scheduled an in-service with Westmoreland county area of agency on aging on March 30, 2023 at 2pm for all staff to be educated on abuse and reporting. Staffing education will continue annually and during new hire orientation by Admin and area of agency on aging.

Staff person A to interview 3 residents each week for 6 months starting February 22, 2023 and keep documentation of who is interviewed, time of interview and what occurred during the interview. Questions to be asked include; Are you being treated fairly, do you feel intimidated by anyone, do you have concerns regarding the living environment, and do you feel safe. Following completion of 6 months of interviews (July 2023), Admin will interview 1 resident weekly for 3 months ending October 2023.

VIOLATION WITHDRAWN 5/17/23 JK

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall audit all allegations of abuse to ensure any allegation of abuse is reported in accordance with Regulation 2600.15(a). 3/1/23 JK

Directed Completion Date: 03/02/2023

Not Implemented (JK - 04/28/2023)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 7/17/22, emergency management services responded to the home when resident #2 became unresponsive, and

16c - Written Incident Report (continued)

staff person C administered CPR; however, this incident was not reported to the Department.

REPEAT VIOLATION: 4/23/2021 et al.

Plan of Correction

Directed (JK - 03/01/2023)

Department of Licensing educated admin on site on January 26, 2023 regarding written incident reporting, 2600.16.c

Admin educated all staff on February 14, 2023 regarding incident reporting and documented. Admin will report all incidents starting January 26, 2023 within 24 hours to the departments personal care home regional office or the personal care home complaint hotline in writing.

Admin will follow, review and educate staff at monthly staff meeting and discuss reporting requirements, timeliness, address questions and document as of January 26, 2023. Staff meetings to continue monthly for 6 months and then will be held quarterly by admin. Admin will submit, in writing, all incidents to the Department within 24 hours of an incident occurring.

VIOLATION WITHDRAWN 5/15/23 JK

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall audit all reportable incidents and conditions daily to ensure all reportable incidents and conditions are reported in accordance with Regulation 2600.16(c). 3/1/23 JK

Expected Completion Date: 03/02/2023

Not Implemented (JK - 04/28/2023)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 1/18/23, staff person A, the home's administrator, was told that resident #1 was very upset about how she was treated by staff person B the previous evening. The resident reported that staff person B had yanked her top off and hurt her shoulder. When she responded, ouch, the staff person said, Oh come on, you're ok. When resident #1 asked staff person B to hand her some lubricating jelly for her nose, staff person B said that they didn't have time for that right now. I don't like you. No one here likes you. Multiple staff interviews indicate that resident #1 was extremely tearful and upset after this incident and into the following day.

Plan of Correction

Accept (JK - 03/01/2023)

Admin advised of possible mistreatment of resident #1 and internal investigation initiated January 18, 2023.

Pursuant to findings of investigation, Staff person B was terminated immediately on January 18, 2023.

Admin reviewed with entire staff on February 15, 2023 the "Older Adults Protective Service Act". A representative from the area of agency on aging to meet with staff on March 30, 2023 to also review the departments "Older Adults Protective Service Act".

Admin will conduct interviews of 3 residents per month for 6 months starting 02/23 ending July 2023. Residents

42b - Abuse (continued)

will be asked if they are being treated fairly, are being abused in any way, and if they feel safe in the home.

Following 6 months of interviews, admin will conduct 1 interview per month for 3 additional month starting August 2023 and ending October 2023.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented (JK - 04/28/2023)

63d - Certified CPR Staff**4. Requirements**

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

Description of Violation

On 7/17/22, at approximately 11:00 a.m., resident #2 became unresponsive in the home. Staff person C, who was certified in CPR, proceeded to administer CPR to the resident; however, the resident had a current do not resuscitate order in his record. In addition, the trained emergency responder who responded to the call indicated that the resident's vital signs were in the normal range and did not indicate a need for CPR to be administered.

Plan of Correction

Directed (JK - 03/01/2023)

Staff person C, no longer employed.

Admin educated staff on February 14, 2023 regarding the regulation 63d. Staff members reeducated to CPR procedures via RWNES certified instructor on January 31, 2023. Do no resuscitate orders reviewed by Admin and current DNR list posted to staff accessibility on February 23, 2023.

Admin to update and educate staff posting of DNR list upon new admission and/or change of POLST/living will.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the current CPR/DNR status of each resident. Additional education shall be provided if the resident's wishes change or a new resident is admitted. Documentation of education shall be kept. 3/1/23 JK

Directed Completion Date: 03/02/2023

Not Implemented (JK - 04/28/2023)

65a - FS Orientation 1st Day**5. 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:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

65a - FS Orientation 1st Day (continued)

3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

There is no documentation that direct care staff person C, hired 7/5/22, received orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

REPEAT VIOLATION: 2/17/2021 et al.

Plan of Correction**Accept (JK - 03/01/2023)**

Admin provided orientation to new hire on February 6, 2023 pursuant to 65a.

Admin to complete this orientation with each new hire pursuant to 65a. Admin to review all current employee files on February 27, 2023 to verify all employees have been given orientation. Admin will use employee checklist starting February 27, 2023 upon all new hires so that each new employee receives orientation prior to or on the first scheduled day of work.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented (JK - 04/28/2023)**65b - Rights/Abuse 40 Hours****6. 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:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

There is no documentation that direct care staff person C, hired on 7/5/22, completed training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

REPEAT VIOLATION: 2/17/2021 et al.

Plan of Correction**Accept (JK - 03/01/2023)**

Staff person C no longer employed.

65b - Rights/Abuse 40 Hours (continued)

New hire on February 6, 2023 provided orientation in accordance with 65b.

Starting February 27, 2023, admin to complete orientation with each new hire within the first 40 hours. Admin to review all current employee files on February 27, 2023 to verify all employees have been given orientation. Admin will use employee checklist starting February 27, 2023 upon all new hires so that each new employee receives orientation within 40 scheduled working hours.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented (JK - 04/28/2023)

65d - Initial Direct Care Training**7. 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 C, hired on 7/5/22, provided unsupervised ADL services; however, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

REPEAT VIOLATION: 2/17/2021 et al.

Plan of Correction

Accept (JK - 03/01/2023)

Staff person C no longer employed.

New hire on February 6, 2023 provided orientation in accordance with 65d, including registration for the competency testing.

Starting February 27, 2023, admin to follow for completion of competency testing with each new hire prior to release to unsupervised direct care. Admin to review all current employee files on February 27, 2023 to verify all employees have completed required orientation. Admin will use employee checklist starting February 27, 2023 upon all new hires so that each new employee receives orientation, direct care training and has successfully completed the competency test.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented (JK - 04/28/2023)

141a - Medical Evaluation**8. 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.

141a - Medical Evaluation (continued)

Description of Violation

Resident #2 was admitted to the home on 6/11/21; however, the resident's initial medical evaluation was completed on 7/29/21. In addition, the medication addendum section indicates, "see attachment"; however, nothing is attached.

REPEAT VIOLATION: 4/23/2021 et al.

Plan of Correction

Accept (JK - 03/01/2023)

Have secured a physician to handle medical evaluations, treatment, and necessary paperwork for the residents on January 13, 2023.

DME's for new residents to be completed by Admin within 60 days prior to admission or within 30 days after date of admission to the facility.

Administrator to review all resident files starting February 27, 2023. Administrator to use calendar and will diary each update 2 months prior to actual due date of new resident DME to allow for potential delays.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented (JK - 04/28/2023)

141b1 - Annual Medical Evaluation

9. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation is dated 8/26/22; however, the resident's previous medical examination is dated 2/26/20. Also, the resident's health status and cognitive functioning are not indicated. These areas of the form are blank. In addition, the medication addendum section indicates, "See attached"; however, nothing is attached.

REPEAT VIOLATION: 2/17/2021 et al.

Plan of Correction

Accept (JK - 03/01/2023)

Have secured a physician to handle medical evaluations, treatment, and necessary paperwork for the residents on January 13, 2023.

Admin to review all resident files starting February 27, 2023 to be completed by March 3, 2023. Admin will use calendar to document follow up for updates of medical evaluation form.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented (JK - 04/28/2023)

187b - Date/Time of Medication Admin.

10. 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

At approximately 3:00 p.m., multiple medication administration records (MARs) did not include the initials of staff person A, who administered various medications to multiple residents on 1/26/23 at approximately 8:00 a.m., including the following:

- fluticasone 50mcg, folic acid 1000mcg, lisinopril 5mg, omeprazole 20mg, diltiazam 60mg to resident #1
- hydrochlorothiazide 25mg, sertraline 25mg, B12 100mcg, calcium 600mg + D3 to resident #3

REPEAT VIOLATION: 4/23/2021 et al.; 2/17/2021 et al.

Plan of Correction**Accept (JK - 03/01/2023)**

Admin/staff person A, administering medications as licensing inspectors arrive to complete partial inspection. Staff person A educated by licensing personnel to complete MAR's upon administration of each medication.

Admin/staff person educated medication technicians on February 14, 2023 pursuant to 187b.

Admin to review MAR starting March 6, 2023 on a weekly basis until May 2023 and then monthly thereafter starting June 2023.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented (JK - 04/28/2023)

190a - Completion Medication Course

11. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person D, who did not successfully completed the Department-approved modified medications administration course until 1/20/23, administered various medications to multiple residents on numerous dates and times, to include the following daily at 8:00 a.m. from 1/1/23 through 1/5/23:

- fluticasone 50mcg, folic acid 1000mcg, lisinopril 5mg, omeprazole 20mg, diltiazam 60mg to resident #1
- hydrochlorothiazide 25mg, sertraline 25mg, B12 100mcg, calcium 600mg + D3 to resident #3

REPEAT VIOLATION: 4/23/2021 et al.

Plan of Correction**Accept (JK - 03/01/2023)**

On January 20, 2023, Staff person D completed the department approved modified medications administration course.

Beginning March 6, 2023 admin to review personnel files of the medication technicians and use calendar to determine future annual training updates as required by 190a.

Licensee's Proposed Overall Completion Date: 02/28/2023

190a - Completion Medication Course (*continued*)*Not Implemented (JK - 04/28/2023)*

225a - Assessment 15 Days

12. 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 was admitted to the home on 6/11/21; however, an initial assessment was not completed.

REPEAT VIOLATION: 4/23/2021 et al.; 2/17/2021 et al.

Plan of Correction*Directed (JK - 03/01/2023)*

Admin will use calendar to document assessments due within 15 days of admission for each new resident starting February 28, 2023.

Admin will review all resident files starting February 27, 2023 to ensure timely adherence with 225a.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall complete an assessment for resident #2. 3/1/23 JK

Directed Completion Date: 03/02/2023

Not Implemented (JK - 04/28/2023)

227a - Support Plan 30 Days

13. 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 was admitted to the home on 6/11/21; however, an initial support plan was not completed.

REPEAT VIOLATION: 2/17/2021 et al.

Plan of Correction*Directed (JK - 03/01/2023)*

Admin will review all files starting February 27, 2023 and use calendar to ensure all new admissions have support plan completed within 30 days of admission.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall complete a support plan for resident #2. 3/1/23 JK

Directed Completion Date: 03/02/2023

Not Implemented (JK - 04/28/2023)

227a - Support Plan 30 Days *(continued)*