



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: APRIL 18, 2023**

[REDACTED]  
TLC Healthcare LLC  
[REDACTED]

RE: Dunlevy Manor  
2218 Route 88  
Dunlevy, Pennsylvania 15432  
License: 44754

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on March 16, 2023, of the above facility that is operating pending appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

Juliet Marsala  
Acting Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

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: *TLC HEALTHCARE LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/20/1996* Issued By: *Dept. of Labor and Industry*

**Staffing Hours**

Re ident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Fine, Monitoring* Exit Conference Date: *03/16/2023*

**Inspection Dates and Department Representative**

03/16/2023 - 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: *9*

**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: *5* Have Physical Disability: *0*

**Inspections / Reviews**

03/16/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

141a - Medical Evaluation

1. 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

The medical evaluation for resident #1, admitted [REDACTED], was completed on 8/8/2022, more than 60 days prior to admission.

Repeated Violation 10/4/2022 et al

Plan of Correction

Directed [REDACTED] - 04/05/2023)

DIRECTED: Within 48 hours after receipt of the plan of correction: The administrator will review regulation 2600.141(a) and timeframes for completion of medical evaluations. - [REDACTED] 4/5/23

DIRECTED: Within 15 calendar days of receipt of the plan of correction: The administrator or designee shall review all newly completed medical evaluation forms to ensure medical evaluation forms are timely, complete and accurate. [REDACTED] 4/5/23

Directed Completion Date: 04/22/2023