

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

July 3, 2023

[REDACTED]
TLC HEALTHCARE LLC
[REDACTED]

RE: DUNLEVY MANOR
2218 ROUTE 88
DUNLEVY, PA, 15432
LICENSE/COC#: 44754

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/31/2023, 06/13/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Monitoring, Interim* Exit Conference Date: *06/13/2023*

Inspection Dates and Department Representative

05/31/2023 On Site [REDACTED]
06/13/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

| General Information | | | |
|---------------------------------------|-----------|---|----------|
| License Capacity: | <i>24</i> | Residents Served: | <i>9</i> |
| Secured Dementia Care Unit | | | |
| In Home: | <i>No</i> | Area: | |
| Capacity: | | Residents Served: | |
| Hospice | | | |
| Current Residents: | <i>5</i> | | |
| Number of Residents Who: | | | |
| Receive Supplemental Security Income: | <i>0</i> | Are 60 Years of Age or Older: | <i>9</i> |
| Diagnosed with Mental Illness: | <i>1</i> | Diagnosed with Intellectual Disability: | <i>0</i> |
| Have Mobility Need: | <i>6</i> | Have Physical Disability: | <i>0</i> |

Inspections / Reviews

05/31/2023 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND