



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 8, 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 inspections on August 9, 2023 of the above facility, the violation with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary was found.

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

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

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: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Monitoring* Exit Conference Date: *08/16/2023*

**Inspection Dates and Department Representative**

08/09/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *24* Residents Served: *9*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *9*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *7* Have Physical Disability: *0*

**Inspections / Reviews**

08/09/2023 - Partial

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

## 23a - Activities of Daily Living Assistance

### 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

#### Description of Violation

*The assessment and support plan for resident #1, dated 12/24/22, indicate the resident is a two-person assist for transfers. On 8/9/23, at approximately 10:00 a.m., staff person A, transferred resident #1 from one wheelchair to another wheelchair by [REDACTED]*

*The assessment and support plan for resident #2, dated, 4/14/23, indicates the resident is a two-person assist for transfers. Interviews indicate staff person B has transferred [REDACTED] by [REDACTED] on numerous occasions.*

#### Plan of Correction

*Directed [REDACTED] - 08/25/2023)*

*Within 24 hours of receipt of the plan of correction – The administrator or designated staff person will review staff schedules daily to ensure sufficient staffing is provided to ensure all residents receive assistance with ADLs, including transferring, as indicated in the residents' assessments and support plans. [REDACTED] 8/25/23*

*Within 24 hours of receipt of the plan of correction – The administrator will ensure that staff provide residents assistance as indicated in their assessments and support plans, including the assistance each resident needs for transferring. [REDACTED] 8/25/23*

*Within 48 hours of receipt of the plan of correction – All staff will be reeducated on the needs of the home's residents as indicated in their assessments and support plans, including the assistance each resident needs for transferring. [REDACTED] 8/25/23*

**Directed Completion Date: 08/31/2023**