



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **TLC ADULT CARE CENTER INC**
LEGAL ENTITY

To operate **T.L.C. ADULT CARE CENTER**
NAME OF FACILITY OR AGENCY

Located at **9 RIO VISTA DRIVE, WEST NEWTON, PA 15089**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **30**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **February 1, 2024** until **February 1, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **428200**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: February 1, 2024

[REDACTED]
TLC Adult Care Center Inc.
[REDACTED]

RE: T.L.C. Adult Care Center
License/COC #: 428200

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on September 22, 2023, and December 21, 2023, and the corrections you have made after our inspections, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

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

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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: *11/23/2023*
Address: *9 RIO VISTA DRIVE, WEST NEWTON, PA 15089*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *TLC ADULT CARE CENTER INC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/29/1996* Issued By: *Dept. of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *09/22/2023*

Inspection Dates and Department Representative

09/22/2023 - On-Site [REDACTED]

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: *6*

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: *5* Have Physical Disability: *0*

Inspections / Reviews

09/22/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/20/2023*

Inspections / Reviews (*continued*)

11/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/07/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/20/2023

11/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/07/2023

01/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person A was hired on [redacted]/2022 and started on [redacted]/2022; however, [redacted] Pennsylvania Criminal background history check on record was completed on 3/9/2018.

Plan of Correction

Accepted [redacted] - 11/30/2023)

Background checks in question have been completed in accordance as requested.

(see attached)

All new hires will have background check within 1 week of being hired.

Administrator to review files for background check on all employees to ensure all background checks have been completed. Admin will ensure staff will not work unsupervised until background check completed per TLC hiring policy and in accordance with OAPSA.

Licensee's Proposed Overall Completion Date: 11/20/2023

Implemented [redacted] - 01/25/2024)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.

Description of Violation

Direct care staff person B did not receive annual training in Medication Self-Administration and Care for Residents with Dementia and Cognitive Impairments during the 2022 training year.

Plan of Correction

Accepted [redacted] - 11/30/2023)

Staff person was properly trained on June 2, 2023 (see attached), including meeting needs of residents and personal care needs, including medication self administration and care for residents with dementia and cognitive impairments.

Administrator is in contact with local RISE program to secure the necessary training contact name at RISE is [redacted] [redacted] As part of quality assurance admin will review staff training, which was implemented 10/22/23, and review quarterly in future to ensure all DCS persons complete annual training on all required topics in accordance with 2600.65.

65f - Training Topics (continued)

Licensee's Proposed Overall Completion Date: 11/20/2023

Implemented [redacted] 01/25/2024)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive annual training in Falls and Accident Prevention during the 2022 training year.

Plan of Correction

Accept [redacted] - 11/30/2023)

Training needs completed annually regarding the falls and accident prevention in accordance with 2600 65.g.

Training related to falls and accident prevention was completed by RISE program, [redacted] June 15, 2023 and administrator to review training requirements and schedule training in accordance with the training schedule as set up by administrator annual calendar. Admin will within 30 days of 11/13/23 ensure for quality assurance of review of all DCS persons and quarterly thereafter completed annual training required by 2600.65

Licensee's Proposed Overall Completion Date: 11/20/2023

Implemented [redacted] - 01/25/2024)

82b - Poisonous Material Storage

4. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

At 10:20 am, multiple chemicals to include Kitchen Komplete heavy duty kitchen cleaner and Do It All foaming germicidal cleaner, with manufacturer's labels indicating if swallowed contact poison control center or physician, were stored on the same shelf with various spices and soups in the dry food storage area in the main kitchen.

Plan of Correction

Accept [redacted] - 11/30/2023)

The chemicals in question have been removed from the space reserved for spices and is currently in a space that is reserved for those chemicals that would be considered Poisonous.

Administrator to continue to advise the kitchen staff of the importance of keeping the poisonous cleaners away and in separate location from any and all food storage areas. Administrator has designated a space away especially for these cleaners. Admin and co owner have initiated since day of inspection to monitor poisonous materials are

82b - Poisonous Material Storage (continued)

stored separately from food, food preparation surfaces and dining surfaces 3 times weekly.

Licensee's Proposed Overall Completion Date: 11/20/2023

Implemented [redacted] - 01/25/2024)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:15 am and 10:30 am, the temperature in the freezer compartment of the Insignia brand white refrigerator/freezer in the main kitchen of the home was 14 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 11/13/2023)

The kitchen is active during the morning hours and at the time of the inspection the temperature was below acceptable. The freezer temperature should be at 0 degrees or below and said temperature is being accomplished, (see attached).

Temperatures are being monitored several times per day in the refrigerator and freezer, including the outside walkin unit to make sure that the temperatures in all units are in accordance with acceptable standards.

Licensee's Proposed Overall Completion Date: 10/22/2023

Implemented [redacted] - 01/25/2024)

132e - Fire Drill Sleeping Hours

6. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted a fire drill during sleeping hours was on 5/27/2023 at 4:45 am. The previous sleeping hours fire drill was conducted on 7/12/2022 at 4:30 am.

Plan of Correction

Accept [redacted] - 11/30/2023)

The fire drill during sleeping hours needs to be conducted every 6 months and almost an entire year had elapsed between the sleeping hours fire drill.

Administrator has calendar to document completed fire drills and to document when next drill is required. Currently at fire drill during sleeping hours was conducted on May 27, 2023 and September 23, 2023. In addition annual fire safety training was conducted on October 13, 2023 by fire safety expert Tom Bonura. Next sleeping hour fire drill will be held in march 2024.

Licensee's Proposed Overall Completion Date: 11/20/2023

Implemented [redacted] 01/25/2024)

141b1 - Annual Medical Evaluation

7. 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 was completed on [redacted] 2023. The resident's previous medical evaluation was completed on [redacted]/2022.

Repeat Violation 1/26/2023 et al

Plan of Correction

Accept [redacted] - 11/30/2023)

An annual medical evaluation will be completed annually and resident 1 had no annual medical evaluation in accordance with the requirement.

Administrator will review beginning of calendar year upon QM review to ensure all resident medical evaluations are completed in accordance the annual requirement.Admin reviewed all resident files on 10/23/23to ensure all updates are current with 2600.141b.1. Admin desk calendar documented to ensure monthly of updates needed. admin to additionally review monthly when mars completed for upcoming month to ensure compliance.

Licensee's Proposed Overall Completion Date: 11/20/2023

Implemented [redacted] - 01/25/2024)

144c1 - Smoking Area Guidelines

8. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The ash can on the front porch smoking area was filled with flammable debris to include cigarette butts, 2 empty water bottles, an empty coke bottle, 3 empty cigarette packs and a paper drink cup.

Plan of Correction

Accept [redacted] - 11/30/2023)

The ash can on the front porch has been found with debris that could catch fire when cigarettes aren't adequately extinguished.

Administrator has advised staff that the ash can needs to be cleaned during the day when meals are being served to make sure there is a time to complete the task. The administrator will also create a log that will require signatures of the persons who are cleaning out the designated smoking bin. (see attached) As of 11/15 ash can removed from porch area. Ash trays only in area. Each shift to dispose of old cigarette butts when trash taken out to dumpster. 7am,3pm,11pm. Staff advised by admin.

Licensee's Proposed Overall Completion Date: 11/20/2023

Implemented [redacted] - 01/25/2024)

187d - Follow Prescriber's Orders

9. Requirements

187d - Follow Prescriber's Orders (continued)

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Humalog Kwik injection 100 unit/ml before meals per sliding scale 120-150=0 units, 151-180=1 unit, 181-200= 2 units, 201-250=3 units, 251-300=4 units, 301-350=6 units, 351-400=8 units.

On 9/16/2023 at 4:00 pm, resident #2's blood sugar reading was 247, requiring 3 units of insulin; however, the resident was administered administered 4 units of insulin.

Plan of Correction

Accept ([redacted] 11/13/2023)

It was found that the documentation reviewed was indicative of the incorrect dosage of insulin, however after discussing with staff person who administered said insulin, it was determined that the correct dosage of 3 units was given and the documentation was mis recorded as having given 4 units.

Administrator will continue to monitor MAR documentation weekly for 3 months to ensure the proper documentation of dosages are correct. Administrator will continue to provide training when errors or questions arise.

Licensee's Proposed Overall Completion Date: 10/22/2023

Implemented ([redacted] - 01/25/2024)

252 - Record Content

10. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #2's record does not include a photograph that is no more than 2 years old.

Plan of Correction

Accept ([redacted] - 11/13/2023)

upon review of Resident #2 file, it was found that there was no picture of the resident that was no more than 2 years old.

Administrator has since taken the picture of the resident and placed same in the file.

Administrator will make sure that the files are documented with pictures of the residents at the time they are admitted. Administrator to =review all files monthly to ensure that the pictures are no more than 2 years old and update each file accordingly.

Licensee's Proposed Overall Completion Date: 10/22/2023

Implemented ([redacted] - 01/25/2024)

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: *11/23/2023*
Address: *9 RIO VISTA DRIVE, WEST NEWTON, PA 15089*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *TLC ADULT CARE CENTER INC*
Address: *9 RIO VISTA DRIVE, WEST NEWTON, PA, 15089*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/29/1996* Issued By: *Dept. of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Provisional, Monitoring* Exit Conference Date: *12/21/2023*

Inspection Dates and Department Representative

12/21/2023 - On-Site: [REDACTED]

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: *0*

Inspections / Reviews

12/21/2023 - Partial

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

NO DEFICIENCIES FOUND