

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

November 27, 2023

[REDACTED]
TEL HAI RETIREMENT COMMUNITY
[REDACTED]
[REDACTED]

RE: LAKEVIEW AT TEL HAI PERSONAL
CARE
PO BOX 190,4200 TEL HAI CIRCLE
HONEY BROOK, PA, 19344
LICENSE/COC#: 17364

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/26/2023, 09/27/2023, 09/29/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LAKEVIEW AT TEL HAI PERSONAL CARE License #: 17364 License Expiration: 04/20/2024
 Address: PO BOX 190,4200 TEL HAI CIRCLE, HONEY BROOK, PA 19344
 County: CHESTER Region: SOUTHEAST

Administrator

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

Legal Entity

Name: TEL HAI RETIREMENT COMMUNITY
 Address: PO BOX 190,1200 TEL HAI CIRCLE, HONEY BROOK, PA, 19344
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/27/1988 Issued By: CWOPA L & I

Staffing Hours

Resident Support Staff: 106 Total Daily Staff: 203 Waking Staff: 152

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 09/27/2023

Inspection Dates and Department Representative

09/26/2023 - On-Site: [REDACTED]
 09/27/2023 - On-Site: [REDACTED]
 09/29/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 66
 Secured Dementia Care Unit
 In Home: Yes Area: Lakehouse Capacity: 25 Residents Served: 21
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 66
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 31 Have Physical Disability: 1

Inspections / Reviews

09/26/2023 - Full
 Lead Inspector: [REDACTED] ers Follow-Up Type: POC Submission Follow-Up Date: 10/26/2023

Inspections / Reviews *(continued)*

11/09/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/17/2023

11/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at [REDACTED], empty cellophane pill packets containing names and medications of resident 1, resident 2, and resident 3 were unlocked, unattended, and accessible on the top of the medication cart in the hallway in an open clear plastic green container.

Plan of Correction

Accept ([REDACTED] - 11/09/2023)

1. The empty cellophane pill packets in the green bin on the med cart has been moved and is now locked within the med cart when the team member is away from the cart, on the day of inspection by the med tech.
2. Team member education regarding the new process to be completed by Nov 30, 2023, by the DON.
3. Complete an audit of three random times per week to ensure empty pill packs are being kept in the cart and out of view. This will be done for four weeks, completed by November 30th, 2023, by the ED.
4. Results of audit to be reviewed at the December PI meeting.

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ([REDACTED] - 11/27/2023)

25b - Contract Signatures

2. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 2/1/2023, for resident 4 was not signed by the resident. Contract was signed by the power of attorney, and states "resident unable". The resident was not given the opportunity to sign. The resident was able to sign his/her RASP.

Plan of Correction

Accept ([REDACTED] - 11/09/2023)

1. The contract was signed by the resident on September 29, 2023, by the business manager.
2. Team members are to be educated on the need to re-approach residents multiple times if they are unable to sign the document upon admission to be completed by Nov 30, 2023, by the ED.
3. An audit of contracts will be completed by the admissions coordinator, 5 random contracts per week for the next four weeks. by the business manager. To be completed by Nov 30 2023.
4. Results of the audits will be reviewed at the December PI meeting. by the ED.

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

25b - Contract Signatures (continued)

Implemented (SW - 11/27/2023)

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 8/29/2023, at approximately 6:12 am, staff person B, was observed, on a camera installed by the residents family located in resident 5's room, taking resident #5's billfold out █████ bag which was attached to █████ walker. The billfold contained approximately \$100 and when checked the money was no longer in the billfold.

Plan of Correction

Directed █████ - 11/09/2023)

1. The team member identified in this theft was suspended immediately after the incident and then subsequently terminated from employment following the facility investigation. In addition, the a complaint about the individual was filed with the Pa State Police and the licensing board, by the administrator.
2. Staff will be educated regarding the violation of resident rights by November 30, 2023, by the administrator.
3. Administrator or health service coordinator will review Resident Rights with residents at the next Resident Council meeting.
4. Administrator or health service coordinator will audit the complaint log for any trends weekly for four weeks to be completed by Nov 30, 2023.
5. Complaint log will be reviewed at PI meetings, by the administrator for the next six months.

Directed Plan of Correction █████ 11/9/23)

- In addition to the steps in the plan noted above, the administrator will conduct a training on abuse and neglect, outlining financial abuse to all staff members of the home by 11/30/23.
- The administrator will conduct periodic visits on the 11-7am shift to observe staff to resident interaction, at least once monthly for the next six months.

Proposed Overall Completion Date: 11/30/2023

Directed Completion Date: 11/30/2023

Implemented (████ - 11/27/2023)

96b - First Aid Location

4. Requirements

2600.

96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff person C, did not know the location of the first aid kit.

Plan of Correction

Accept (████ - 11/09/2023)

1. The staff person was immediately educated regarding the location of the first aid kit, by the administrator on

96b - First Aid Location (continued)

the day of the inspection.

- 2. Staff will be educated regarding the location of first aid kits by November 30, 2023, by the nursing supervisor.*
- 3. Administrator will interview 3 staff per week for four weeks to make sure they are aware of the location of the first aid kit. To be completed by November 30, 2023.*
- 4. Results of the audit will be reviewed at the December PI meeting.*

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented () - 11/27/2023)

103i - Outdated Food**5. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated water dispenser containing oranges in the entrance lobby of the building on 9/26/2023.

Plan of Correction

Accept () - 11/09/2023)

- 1. The flavored water container in the lobby is provided to enhance resident hydration. A new flavor is provided each morning and the set up is broken down in the evening after dinner service. A date was added to the signage that identifies what the flavor is of the day.*
- 2. Policy was updated on September 26, 2023 to include the following: Culinary department will keep a log of the date, flavor, set up and break down time.*
- 3. Signage will be present next to the water container indicating the date and flavor.*
- 4. A culinary team member will complete an audit once per week for four weeks to make sure the date is on the signage. To be completed by November 30, 2023.*
- 5. Results of the audit will be reviewed at the December PI meeting.*

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented () - 11/27/2023)

125a - Combustible Storage**6. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There were 4 cardboard boxes containing air filters stored next to the water heater, which is propane powered, in the water heater room.

Plan of Correction

Accept () - 11/09/2023)

- 1. The boxes were immediately removed from the area, by the maintenance director.*
- 2. An education with the facilities team was completed on 10/11/23 regarding proper storage, by the maintenance director.*

125a - Combustible Storage (continued)

3. *The room has also been marked to show where items may not be stored.*
4. *The boiler room will be inspected by Director of Facilities or designee once a week for 4 weeks to assure proper storage. Audit to be completed by 11/30/2023.*
5. *Results of the audit will be reviewed at the December PI meeting.*

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented (████) - 11/27/2023)

141b1 - Annual Medical Evaluation**7. Requirements**

2600.

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

Description of Violation

Resident 6's most recent medical evaluation was completed on 8/22/2023. The resident's previous medical evaluation was completed on 6/29/2022.

Plan of Correction

Accept (████) - 11/09/2023)

1. *The resident's medical evaluation was signed on 8/22/23. The resident was seen during the correct time frame, 7/6/23, , but the PCP did not complete the DME in a timely manner.*
2. *In the future, rather than faxing and calling this PCP's office, if the DME is not completed timely, a team member will drive to the office to obtain it.*
3. *Over the next 30 days, all admissions will be audited for the correct dates on their DMEs. Audits to be completed by November 30, 2023, by the health service coordinator.*
4. *Results of the audit to be shared at the December PI meeting.*

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented (████) - 11/27/2023)

185a - Implement Storage Procedures**8. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On █████, resident 7's █████ was not calibrated correctly. It read the time of █████, when the correct time was █████.

185a - Implement Storage Procedures (continued)

On 9/13/2023 the glucometer read 96; however the MAR was documented as read 97.

Plan of Correction

Accept ([REDACTED] - 11/09/2023)

1. The glucometer was immediately recalibrated for the correct time, by the health service coordinator.
2. Team members will be educated on the use of glucometers and documentation on MAR. To be completed by November 30, 2023.
3. Health Service Coordinator will complete a weekly audit for four weeks of glucometer readings against MAR to ensure accuracy. Audit to be completed by November 30th, 2023.
4. Results of this audit will be reviewed at the December PI meeting.

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ([REDACTED] - 11/27/2023)

187b - Date/Time of Medication Admin.

9. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 3 is prescribed [REDACTED] tablet [REDACTED]. Resident 3's [REDACTED] medication administration record does not include the initials of the staff person who administered [REDACTED] on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 11/09/2023)

1. Team members will be educated on completing the proper documentation when administering medication, by the health services coordinator by 11/30/23.
2. Health Services Coordinator will complete missed documentation review for completion weekly times for four weeks. Audit to be completed by November 30th, 2023.
3. Results of the audit will be reviewed at the December PI meeting.

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ([REDACTED] - 11/27/2023)

227d - Support Plan Medical/Dental

10. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessments for resident 8, dated 3/15/2023 and 5/27/2023, does not indicate a letter selected for the question "

227d - Support Plan Medical/Dental (continued)

Obtaining clean and seasonal clothing."

Plan of Correction

Accept [REDACTED] - 11/09/2023)

1. The support plan was reviewed for accuracy and corrected by the Health Services Coordinator.
2. The support plan process/policy will be reviewed at the next Performance Improvement meeting.
3. Health Services Coordinator will review new RASPs for all appropriate sections selected weekly for four weeks. Audit to be completed by November 30th, 2023.
4. The results of the audit will be reviewed at the December PI meeting.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 11/27/2023)

231e - No Objection Statement**11. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident 4 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident has not objected to the admission as only the POA signed the document.

Plan of Correction

Accept [REDACTED] - 11/09/2023)

1. The documentation was signed by the resident on September 29, 2023.
2. Team members are to be educated on the need to re-approach residents multiple times if they are unable to sign the document upon admission to be completed by November 30, 2023, by the administrator.
3. An audit of documentation will be completed by the admissions coordinator, 5 random contracts per week for the next four weeks. To be completed by Nov 30 2023.
4. Results of the audit will be reviewed at the December PI meeting.

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 11/27/2023)

231h - Resident-Home Contact**12. Requirements**

2600.

231.h. The resident-home contract specified in § 2600.25 (relating to resident-home contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.

Description of Violation

The resident-home contract, dated 2/1/23, for resident 4 does not include a disclosure of service, special programming services, admission and discharge criteria. .

231h - Resident-Home Contact (*continued*)**Plan of Correction**

Accept [REDACTED] - 11/09/2023)

1. The disclosure of service was signed by the resident on September 29, 2023.
2. Team members are to be educated on the need to re-approach residents multiple times if they are unable to sign the document upon admission to be completed by November 30, 2023, by the administrator.
3. An audit of the disclosure of service will be completed by the admissions coordinator, 5 random contracts per week for the next four weeks. To be completed by Nov 30 2023.
4. Results of the audit will be reviewed at the December PI meeting.

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 11/27/2023)

252 - Record Content

13. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.

252 - Record Content (continued)

26. A termination notice, if any.

Description of Violation

Resident 3's record does not include eye, hair color, or identifying marks.

Resident 5's record does not include eye, hair color, or identifying marks.

Resident 9's record does not contain eye color or identifying marks.

Plan of Correction

Accept ([REDACTED] - 11/09/2023)

1. All resident records contain a color picture of the resident in the front of the chart. This picture is also present on the Electronic Medical Record.
2. The admission assessment form was reviewed and the identifying marks, eye color and hair color are confirmed to be on the record.
3. An audit of all medical records will be completed to insure identifying marks are noted in the record. This will be completed by the Administrator by November 30, 2023.
4. Results of the audit will be reviewed in the December PI meeting.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 11/27/2023)