



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: FEBRUARY27, 2024**

[REDACTED]

Owner  
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 December 6, 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: *04/08/1996* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Monitoring* Exit Conference Date: *12/06/2023*

**Inspection Dates and Department Representative**

12/06/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *24* Residents Served: *8*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *8*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *5* Have Physical Disability: *0*

**Inspections / Reviews**

**12/06/2023 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/05/2024*

Inspections / Reviews (*continued*)

02/22/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2024

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At approximately 10:05 a.m., copies of the most recent licensing inspection summaries, dated 3/16/23, 5/31/23 and 8/9/23, were not posted in the home.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

The most recent licensing inspection summaries dated 3/16/23, 5/31/23 and 8/9/23 have been posted in the home. Administrator or designee will check weekly to ensure inspection summaries are posted and document compliance on a form.

Licensee's Proposed Overall Completion Date: 01/04/2024

5a1 - DHS Access

2. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

Beginning at approximately 9:30 a.m., an agent of the Department made multiple requests to staff person A to access resident and staff records which were locked in a cabinet in the home. However, the records were not provided until approximately 2:35 p.m. REPEAT VIOLATION; 8/16/22 et al

Plan of Correction

Directed [REDACTED] - 02/16/2024)

The key to the filing cabinet was damaged and would not operate the lock on the filing cabinet. A local locksmith was called immediately to gain access to the filing cabinet. The locksmith arrived at 1:00 pm, successfully opened the lock and any requested documents were immediately provided to the surveyor. The locksmith made duplicate keys so that this will not occur in the future.

DIRECTED: Within 24 hours of receipt of the plan of correction - The administrator will ensure that agents of the Department are provided immediate access records upon request. If records are kept in locked area, a system will be implemented to ensure the area can be unlocked immediately. [REDACTED] 2/16/24

18 - Compliance With Laws

3. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The home

18 - Compliance With Laws (continued)

has a gas furnace and a gas hot water heater in the main hallway.

At approximately 10:17 a.m. the first alert carbon monoxide detector in the hallway, next to bedroom #4, did not have batteries installed, therefore, the device was inoperable.

At approximately 10:26 a.m. the first alert carbon monoxide detector in the hallway, next to bedroom #11, did not have batteries installed, therefore, the device was inoperable.

Plan of Correction

Directed [redacted] - 02/22/2024)

On the date of the survey, both carbon monoxide detector batteries were replaced and were functioning properly. Going forward, the carbon monoxide detectors will be tested weekly to ensure proper operation. The test will be documented on a form by the administrator/designee.

DIRECTED: Within 5 days of receipt of the plan of correction: The administrator will ensure that the batteries are labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner. - [redacted] 2/16/24

54a - Direct Care Staff

4. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person B does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. REPEAT VIOLATION: 10/4/22 et al

Plan of Correction

Directed [redacted] - 02/16/2024)

High school diploma for staff person B has been placed in file. All employee files were audited by the administrator and found to have the proper documentation to include a high school diploma or GED.

DIRECTED - Within 24 hours of receipt of the plan of correction: The administrator will ensure all newly hired staff have a high school diploma prior to work in direct care. Documentation will be kept. - [redacted] 2/16/24

64c - Annual Training

5. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

64c - Annual Training (continued)

Description of Violation

Staff person [redacted] the administrator, did not complete any annual training during the 2022 training year.

Plan of Correction

Directed [redacted] - 02/16/2024)

List of administrators annual training was placed in the administrator's file

DIRECTED: Within 15 days of receipt of the plan of correction - The administrator will ensure that 24 hours annual training relating to job duties is completed. Documentation will be kept in the home. - [redacted] 2/16/24

89b - Hot Water Temperature

6. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 12/6/23 at 10:10 a.m., the hot water temperature in the common bathroom that has a whirlpool tub measured 128 degrees Fahrenheit.

Plan of Correction

Directed [redacted] - 02/22/2024)

Water heater temperature was adjusted on the day of the survey and water temperatures measured to be below 120 degrees. Going forward, administrator or designee with check water temperatures weekly and document on a form.

DIRECTED: Within 1 calendar day of receipt of the plan of correction - If hot water testing has not already begun, the administrator or designated staff person will begin to measure water temperatures weekly. The water temperature in different areas of the home will be monitored, to include multiple bathrooms. In the event water temperatures are higher than 120 degrees Fahrenheit, the administrator will immediately take action to ensure temperatures are adjusted to lower the temperature to under 120 degrees Fahrenheit. - [redacted] 2/16/24

VIOLATION WITHDRAWN 2/22/24

132a - Monthly Fire Drill

8. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of November 2023.

Plan of Correction

Directed [REDACTED] - 02/16/2024)

All work completed except November due to personnel death

DIRECTED: Within 24 hours of receipt of the plan of correction - The administrator will monitor all fire drills and the fire drill record to ensure at least one unannounced fire drill is conducted monthly. Documentation will be kept at the time of each fire drill and available to the Department upon request. - [REDACTED] 2/16/24

132b - Safety Inspection/Fire Drill

9. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection completed by a fire safety expert was conducted on 11/28/22.

The last fire drill conducted by a fire safety expert was conducted on 5/9/22.

Plan of Correction

Directed [REDACTED] - 02/16/2024)

All work completed except November due to personnel death

DIRECTED: Within 24 hours of receipt of the plan of correction - The administrator will contact a fire safety expert and schedule a fire safety inspection and drill. Documentation will be kept. - [REDACTED] 2/16/24

DIRECTED: Within 15 days of receipt of the plan of correction - The administrator will ensure a fire safety inspection and fire drill is conducted by a fire safety expert. Documentation of this fire drill and fire safety inspection shall be kept. - [REDACTED] 2/16/24