

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

February 16, 2024

[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 01/10/2024 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: [REDACTED]
 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: 0 Total Daily Staff: 108 Waking Staff: 81

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/16/2024

Inspection Dates and Department Representative

01/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 76
 Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Unit Capacity: 25 Residents Served: 22
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 32 Have Physical Disability: 1

Inspections / Reviews

01/10/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/26/2024

Inspections / Reviews *(continued)*

02/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/15/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/04/2024

02/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/15/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [REDACTED] medical evaluation, dated [REDACTED], did not include the medical information pertinent to the diagnosis and treatment.

Resident [REDACTED] medical evaluation, dated [REDACTED], did not include the medical information pertinent to the diagnosis and treatment.

Plan of Correction

Accepted [REDACTED] 02/01/2024)

1. The medical evaluations were reviewed by the Health Services Coordinator, no medical information was pertinent, and it was determined that a N/A should have been entered in this box [REDACTED].
2. An audit of the medical evaluations will be completed within the next 30 days of all medical evaluations to be sure medical information pertinent to the diagnosis and treatment is present. If no medical information is pertinent, a N/A will be entered.
3. Health Services Coordinator will complete the audit.
4. The results of the audit will be reviewed at the next Performance Improvement meeting following the audit completion.

Proposed Overall Completion Date: 02/23/2024

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [REDACTED] - 02/16/2024)

252 - Record Content

2. 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.

252 - Record Content (*continued*)

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.
26. A termination notice, if any.

Description of Violation

Resident [REDACTED] and [REDACTED] record does not include a record of incident reports for the individual residents.

Plan of Correction

Accept [REDACTED] - 02/01/2024)

1. The incident reports were immediately filed in the resident record.
2. Team members who are responsible for filing the incident reports have been educated regarding this requirement.
3. An audit will be done monthly by the Administrator for the next 3 months comparing incident reports completed and incident reports filed on the Medical Record.
4. Results of the audit will be shared at the Performance Improvement meeting.

Proposed Overall Completion Date: 04/23/2024

Licensee's Proposed Overall Completion Date: 04/23/2024

Implemented [REDACTED] - 02/16/2024)