

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

July 10, 2024

[REDACTED]
TEL HAI RETIREMENT COMMUNITY
[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 05/02/2024 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: 04/20/2025
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: COPA L&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 105 Waking Staff: 79

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 05/02/2024

Inspection Dates and Department Representative

05/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 100	Residents Served: 80		
Secured Dementia Care Unit			
In Home: Yes	Area: Lakehouse	Capacity: 25	Residents Served: 21
Hospice			
Current Residents: 7			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 80		
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 25	Have Physical Disability: 1		

Inspections / Reviews

05/02/2024 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/23/2024

05/21/2024 - POC Submission
Submitted By: [REDACTED] Date Submitted: 06/20/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/26/2024

Inspections / Reviews *(continued)*

05/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/24/2024

07/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at 7 pm, and on [redacted] at 3 pm, there were allegations of resident to resident abuse in the home. These allegations were reported to the department, however these allegations were not reported to the local area agency on aging.

Plan of Correction

Accepted [redacted] - 05/24/2024)

1. The Chester County Department of Aging was verbally notified of the allegations immediately at the time of each incident.
2. The Mandatory Abuse report forms for each incident were completed and submitted to The Chester County Department of Aging on 5/20/24
3. The policies regarding abuse reporting were reviewed and updated on 5/20/24
4. All abuse allegations will be reviewed at the monthly PI meeting to be sure that the proper reporting was completed. The next PI meeting is scheduled for June 19th, 2024.
5. The administrator will educate those responsible for reporting abuse to the department . They will be educated regarding proper reporting by June 20th.
6. Ongoing compliance will be measured by reviewing all reportable incidents related to abuse for the next six months. This audit will start for the month of May 2024. This audit will be completed monthly for the next six months, to be completed by November 30, 2024.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented ([redacted] - 07/10/2024)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Tom's Toothpaste, with a manufacturer's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible in Memory Care room 309. Not all the residents of the home, including resident 1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accepted [redacted] - 05/24/2024)

1. The Tom's of Maine toothpaste was immediately removed from the resident's bathroom.
2. Administrator will provide education to the team working on the memory care unit regarding poisonous materials needing to be locked unless being used with supervision. Education initiated on 5/22/24.

82c - Locking Poisonous Materials (continued)

3. Weekly audits of the memory care unit, checking rooms for poisonous materials, will be completed by team leaders for the next four weeks, beginning the week of May 20th, 2024. Five random rooms will be checked each week.
4. Results of the weekly audit will be reviewed at the next Performance Improvement Meeting. The next PI meeting is scheduled for June 19, 2024.

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [REDACTED] - 07/10/2024)

183d - Prescription Current**3. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED], [REDACTED] tablet, prescribed for individual 2, was in the home's medication cart; however, resident [REDACTED] does not have a current order for this medication.

Plan of Correction

Accept [REDACTED] - 05/24/2024)

- The [REDACTED] was immediately removed from the medication cart.
- The Administrator will provide education to Nurse Team Leaders and Med Techs regarding the regulation that only current prescriptions may be kept in the home. Education was started on May 22, 2024.
- The Health Services Coordinator, LPN/Team Leaders and Med Tech/Team Leaders will complete a weekly medication cart audit for the next four weeks. Audit will consist of 5 random residents matching their orders with their medication on the cart. The weekly audits will begin the week of May 20, 2024.
- Results of this audit will be reviewed at the next Performance Improvement meeting. The next PI meeting is scheduled for June 19, 2024.

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [REDACTED] - 07/10/2024)

183e - Storing Medications**4. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED] at [REDACTED] prescribed to resident [REDACTED], with an open date of 2/17/24, was on the home's medication cart. According to the manufacturer's instructions, this medication must be disposed of 6 weeks after opening.

Plan of Correction

Accept [REDACTED] - 05/24/2024)

- The bottle of [REDACTED] was immediately disposed of from the medication cart.
- The Administrator will provide education for all Med Techs and LPNs regarding the storage of medications on the med cart. To be completed by 6/20/24
- A weekly audit of 5 random residents will be completed by the LPN Team Leaders and/or the Med Tech team

183e - Storing Medications (continued)

leaders for the next four weeks. The audits will monitor expired medication on the medication cart. Audits to begin the week of 5/22/24.

4. Results of the audit will be reviewed at the next Performance Improvement meeting. The next PI meeting is scheduled for June 19, 2024.

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [REDACTED] 07/10/2024)

184b - Labeling OTC/CAM**5. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [REDACTED] an open bottle of [REDACTED] labeled "House" was in the medication cart. This medication was not labeled with any resident's name.

Plan of Correction

Accept [REDACTED] 05/24/2024)

1. The bottle of house stock Milk of Magnesia was disposed of immediately.
2. Moving forward any bottle of house stock medication that is opened will be designated to one resident. Where available Lakeview will now provide house stock medications in single dose cups.
3. The policy has been reviewed and updated on 5/20/24.
4. A weekly audit of 5 random residents will be completed by the LPN Team Leaders and/or the Med Tech team leaders for the next four weeks. The audit will monitor bottles of house stock not being shared. The audit will begin the week of 5/22/24.
5. Administrator will complete education related to house stock medication to LPNs and Med Techs. Education began on 5/22/24.
5. Results of the audit will be reviewed at the next Performance Improvement meeting. The next performance improvement meeting is scheduled for June 19, 2024.

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [REDACTED] - 07/10/2024)