

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

February 10, 2025

[REDACTED]
TLC ADULT CARE CENTER INC
[REDACTED]
[REDACTED]

RE: T.L.C. ADULT CARE CENTER
9 RIO VISTA DRIVE
WEST NEWTON, PA, 15089
LICENSE/COC#: 42820

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/19/2024 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] v

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *T.L.C. ADULT CARE CENTER* License #: *42820* License Expiration: *02/01/2025*
 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. L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint* Exit Conference Date: *09/19/2024*

Inspection Dates and Department Representative

09/19/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *30* Residents Served: *26*

Secured Dementia Care Unit
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

09/19/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/12/2024*

10/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/07/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/29/2024*

Inspections / Reviews *(continued)*

10/31/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/01/2024

02/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

25a Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident’s designated person if any, prior to signature.

Description of Violation

Resident [redacted] date of admission was on [redacted]. However, the resident did not have a resident-home contract completed.

Plan of Correction

Accept [redacted] 10/31/2024)

Admin developed spread sheet began implementing 09/23/24 of all residents and 2600 requirements of pre assess, admission date, contract, initial assess, support plan,DME, dates noted and next date due with documentation and verification of second signature by co-owner confirming completed .Admin will review weekly Starting 09/23/25 for 3 months with documented support of compliance in accordance with contract requirements and yearly thereafter with yearly QM reviews.

Contract completed on March 7, 2024 with, Administrator or designee shall complete this contract and review and explain its content to the resident and/or residents designee prior to signature. Administrator developed spreadsheet with admission date for review 1 week following admission by designee who will follow by calendared reminder.

Licensee's Proposed Overall Completion Date: 10/29/2024

Implemented [redacted] 02/10/2025)

42c Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident [redacted] date of admission was on [redacted]. The resident did not have an initial or annual resident assessment and support plan completed. Resident [redacted]s most recent documented medical evaluation was completed on [redacted] On [redacted] at approximately 4:30 p.m., resident [redacted] was found on [redacted]recliner in the common area with [redacted] brief saturated with urine. [redacted] pants and urine pad were also soaked through with urine.

Plan of Correction

Accept [redacted] 10/31/2024)

Admin will review within 15 days of admission starting 09/23/24 initial assessment completed and support plan completed and documented with second person co-owner initials completed by 12/1/24. Will review weekly for 3 months beginning 09/23/24 and yearly thereafter upon QM review. Staff addressed with documentation of assessing resident every hour for incontinence and document in communication book of results. to remain on scheduled toileting schedule per support plan. upon waking, before and after meals and at HS along with twice overnight.Staff educated on dignity and respect per resident rights and documented. Admin to review upon hire and yearly by ombudsman and or as needed if occurrence arises.

On 09/17/24 resident was found soil and cleaned up immediately by staff on duty, starting 10/23/24, all staff educated on dignity and respect. resident on toileting schedule and checked hourly.

Licensee's Proposed Overall Completion Date: 10/29/2024

Implemented [redacted] - 02/10/2025)

141a - Medical Evaluation

3. 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.

Description of Violation

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an initial documented medical evaluation completed.

Resonant [redacted] date of admission was on [redacted] However, the resident’s initial documented medical evaluation was completed on [redacted]

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an initial documented medical evaluation completed.

Resident [redacted] date of admission was on [redacted]. However, the resident’s Initial documented medical evaluation was completed on [redacted]

Plan of Correction

Accept [redacted] 10/31/2024)

Spread sheet developed and implemented 09/23/24 as stated for all residents documentation with support signature of completion within 30 days of admission or 30 days prior to and yearly thereafter unless significant change.Admin will review weekly starting 09/23/24 for next three months to ensure compliance.

Administrator had all medical evaluations completed on 09/25/24. Administrator or designee to review weekly for 1 month starting 9/23/24 with verification completed by administrator and or designee by developed spreadsheet beginning 9/23/24 .All will be completed by 12/01/24 and reevaluated at beginning of calendar year.

Licensee's Proposed Overall Completion Date: 10/29/2024

Implemented [redacted] 02/10/2025)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

Resident [redacted] most recent documented medical evaluation was completed on [redacted]

Resident [redacted] date of admission was on [redacted] However, the resident has not had an annual documented medical evaluation completed.

Resident [redacted] most recent documented medical evaluation was completed on [redacted].

Resident [redacted] most recent documented medical evaluation was completed on [redacted]

Resident [redacted] most recent documented medical evaluation was completed on [redacted]

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept (█ - 10/31/2024)

Admin will review starting 09/23/24, and each calendar year upon QM review to ensure all residents med evaluations completed in accordance with annual requirement and documented on developed spread sheet with second signature of completion. All to be completed as of 12/1/24.

Administrator has completed all annual reviews of aforementioned residents 09.25/24. Spreadsheet developed to remind follow up on annual reviews. Reviewed annually thereafter following QM review.

Licensee's Proposed Overall Completion Date: 10/29/2024

Implemented (█ - 02/10/2025)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident █ is prescribed █ take 1/2 by mouth daily. However, the resident's September 2024, Medication Administration Record indicates, █ take 1/4 7.5 mg by mouth at bedtime.

Resident █ is prescribed █ take 1/2 tablet by mouth at bedtime. However, the resident's September 2024, Medication Administration Record indicates █ tablet take one tablet by mouth at bedtime.

Plan of Correction

Accept (█ - 10/31/2024)

Admin will monitor and review MAR weekly starting 09/19/24 for 3 months with documentation of any findings or none and educate / provide retraining to staff and monthly thereafter starting 09/20/24. Documentation to be kept in MAR book. All med trained staff educated on violation and plan of correction 9/20/24 with documentation .

Administrator contacted VA and had medication directions verified on 09/20/24 and forwarded to inspector.

Administrator and or designee will review and document Administrator will review documentation weekly of MAR for 3 months and provide training when errors occur.

Licensee's Proposed Overall Completion Date: 10/29/2024

Implemented (█ - 02/10/2025)

224a - Preadmission Screen Form

6. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident █ date of admission was on █. However, the resident has not had a preadmission screening assessment completed.

224a - Preadmission Screen Form (continued)

Resident [redacted] date of admission was on [redacted]. However, the resident has not had a preadmission screening assessment completed.

Resident [redacted] date of admission was on [redacted]. However, the resident has not had a preadmission screening assessment completed.

Plan of Correction

Accept [redacted] - 10/31/2024)

Admin will review weekly for 3 months starting 09/23/24 from admission date to ensure all residents screenings completed within accordance of 30 days prior to or day of admission. documentation will be kept on spread sheet with support signature completed timely beginning 09/23/24. Admin to review yearly upon QM review as well.

On 09/20/24 Administrator had pre-admission screen completed. Spreadsheet created to assist followup within 1 week of admission and reviewed daily.

Licensee's Proposed Overall Completion Date: 10/29/2024

Implemented [redacted] - 02/10/2025)

225a - Assessment 15 Days

7. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] date of admission was on [redacted]. However, the resident did not have an initial assessment completed.

Resident [redacted] date of admission was on [redacted]. However, the resident did not have an initial assessment completed.

Resident [redacted] date of admission was on [redacted]. However, the resident did not have an initial assessment completed.

Resident [redacted] date of admission was on [redacted]. However, the resident did not have an initial assessment completed until [redacted].

Resident [redacted] date of admission was on [redacted]. However, the resident did not have an initial assessment completed until [redacted].

Resident [redacted] date of admission was on [redacted]. However, the resident did not have an initial assessment completed.

Resident [redacted] date of admission was on [redacted]. However, the resident did not have an initial assessment completed.

Plan of Correction

Accept [redacted] - 10/31/2024)

Starting 09/23/24, Admin will review within 15 days of admission all new clients to ensure compliance along with documentation and second signature completed. Admin will review all new resident files weekly for 3 months of admission and yearly thereafter after yearly QM review. Documentation to be kept on developed spread sheet

09/25/24 Administrator initiated all assessment requirements for aforementioned. Administrator and or designee

225a - Assessment 15 Days (continued)

to review within 15 days of admission with use of calendar as reminder.

Licensee's Proposed Overall Completion Date: 10/29/2024

Implemented [redacted] - 02/10/2025)

225c - Additional Assessment

8. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an annual assessment completed.

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an annual assessment completed.

Resident [redacted] most recent assessment was completed on [redacted].

Resident [redacted]'s most recent assessment was completed on [redacted].

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an annual assessment completed.

Plan of Correction

Accept [redacted] - 10/31/2024)

Starting 09/23/24, Admin will review and complete all support plans by 12/1/24 and beginning of calendar year upon QM review to ensure all assessments completed in accordance with requirements and documented on developed spread sheet for review by DHS as needed.

Beginning 09/25/24 administrator completed all annual assessments completed. Spreadsheet, calendar as reminder of dates to complete. Review by administrator or designee to review annually with reminders with calendar and spreadsheet as reminders upon yearly QM calendar review

Licensee's Proposed Overall Completion Date: 10/29/2024

Implemented [redacted] - 02/10/2025)

227a - Support Plan 30 Days

9. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an initial support plan completed.

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an initial support plan completed.

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an initial support plan completed.

227a Support Plan 30 Days (continued)

Resident [redacted] date of admission was on [redacted]. However, the resident did not have an initial support plan completed until [redacted].

Resident [redacted] date of admission was on [redacted]. However, the resident did not have an initial support plan completed until [redacted].

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an initial support plan completed.

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an initial support plan completed.

Plan of Correction

Accept ([redacted] - 10/31/2024)

Starting 09/23/24, Admin will review beginning of calendar year upon QM review to ensure all support plans are completed in accordance with requirements and documented. Starting 09/23/24, Admin to review and document all new residents files weekly for first three months of admission date and yearly thereafter. All to be completed by 12/1/24.

All Resident support plans completed 09/25/24. Administrator and or designee will review within 30 days of admission and document completed on documented spreadsheet with supportive signature beginning 9/23/24 Administrator and or designee will review yearly upon qm review, calendar to assist with follow up. All support plans to be completed by 12/01/24.

Licensee's Proposed Overall Completion Date: 10/29/2024

Implemented [redacted] - 02/10/2025)

227c - Support Plan Revision

10. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an annual support plan completed.

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an annual support plan completed.

Resident [redacted] date of admission was on [redacted]. However, the resident most recent support plan was completed on [redacted]

Resident [redacted] date of admission was on [redacted]. However, the resident most recent support plan was completed on [redacted]

Resident [redacted] date of admission was on [redacted]. However, the resident has not had an annual support plan completed.

227c Support Plan Revision (continued)**Plan of Correction****Accept** [REDACTED] - 10/31/2024)

Starting 09/23/24, Admin reviewed all support plans. ADMIN will review beginning of calendar year upon QM review to ensure all support plans are completed in accordance with requirements and document on spread developed BEGINNING 9/23/24. for review by DHS as needed. As stated prior admin to review weekly BEGINNING 9/23/24for first 3 months of admission to ensure compliance.ALL SUPPORT PLANS To be completed by 12/1/24.

Support plans to be completed by 11/15/24 by administrator. On January 1, 2025, Administrator will have support plans completed with 30 days of yearly medical evaluations.

Licensee's Proposed Overall Completion Date: 10/29/2024

Implemented [REDACTED] 02/10/2025)