

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

January 9, 2025

[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 10/23/2024 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: Other Date: 05/27/1988 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 10/23/2024

**Inspection Dates and Department Representative**

10/23/2024 - 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: Lakehouse Capacity: 25 Residents Served: 16  
 Hospice  
 Current Residents: 5  
 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: 19 Have Physical Disability: 1

**Inspections / Reviews**

10/23/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/16/2024

11/20/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/20/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/22/2024

Inspections / Reviews *(continued)*

11/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/20/2024

01/09/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 101j7 - Lighting/Operable Lamp

## 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

## Description of Violation

On [REDACTED] at 02:35 PM, the bedside lamp for resident [REDACTED] was not working and there was no other source of light that can be turned on/off at bedside.

## Plan of Correction

Accept [REDACTED] - 11/20/2024)

1. Resident's lamp was in the room, but was unplugged.
2. Resident was provided with a touch light in her room.
3. The administrator completed an audit of all rooms on the third floor on 11/12/24.
4. Administrator or designee will complete an audit of [REDACTED] resident rooms each week for the next four weeks. Starting the week of 11/18/24. To be completed by 12/13/24.
5. Results of the audit will be shared at the monthly Performance Improvement meetings which occur on the third Wednesday of each month starting on 11/20/24.
6. Education will be provided for team members about light sources at bedside at next team meeting which is scheduled for 11/19/24.

Proposed Overall Completion Date: 12/18/2024

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented ([REDACTED] - 01/09/2025)

## 182c - Medication Administration

## 2. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

## Description of Violation

On [REDACTED] at 08:00 AM, staff A was filling a resident's medication cup when resident [REDACTED] approached the medication cart. Staff A pushed the medication cup aside and filled a new cup of medications for resident [REDACTED] who inadvertently picked up the wrong cup and ingested the medications prepared for another resident. Staff A failed to follow the proper medication administration procedures by filling two cups of medications for two different residents at a time.

## Plan of Correction

Accept [REDACTED] - 11/26/2024)

1. Med Tech was educated on proper medication pass on 10/17/24.
2. HSC will complete a medication administration audit. It will include completing 2 random medication observations a week for 4 weeks. Starting during the week of 11/18/24 and ending the week of 12/9/24. The state med observation form and an internal audit tool will be used.
3. Results of the audits will be reviewed at the monthly Performance Improvement meeting which occurs on the third Thursday of each month. Next PI meeting is scheduled for 11/20/24.
4. The Administrator will provide education regarding proper medication administration and review of medication administration policy to Med Techs and Nurses at the next team meetings scheduled for 11/19/24.

## 182c - Medication Administration (continued)

Proposed Overall Completion Date: 12/18/2024

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [REDACTED] - 01/09/2025)

## 183e - Storing Medications

## 3. 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], a blister card of [REDACTED] prescribed for resident [REDACTED] with an expiration date of [REDACTED] was still in the home's medication cart.

Repeat Violation: [REDACTED]

## Plan of Correction

Accept [REDACTED] - 11/26/2024)

1. The expired medication was immediately removed from the medication cart.
2. HSC will complete a weekly med cart audit from the week of 11/18/24 and ending the week of 12/9/24. Three residents will be selected at random to ensure they have all the medications in the cart to match their emar, checking for expired medications, and reviewing the narcotic log for accuracy. This will be done in addition to routine cart audits completed by team members. An internal audit tool will be utilized.
3. Results of the audit will be reviewed at the monthly PI meeting which is scheduled for the third Wednesday of every month. Next meeting is to occur on 11/20/24
4. Administrator will educate Med Techs and Nurses about expired medications in the medication cart at the next team meeting scheduled for 11/19/24.

Proposed Overall Completion Date: 12/18/2024

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [REDACTED] - 01/09/2025)

## 185a - Implement Storage Procedures

## 4. 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

Resident [REDACTED] is prescribed [REDACTED] twice a day as needed. This order and narcotic control record started on [REDACTED]. As of [REDACTED] at 4:00 PM, the remaining balance of [REDACTED] is documented as [REDACTED]. It was signed out on [REDACTED] and [REDACTED], which are documented on resident [REDACTED] October medication administration record (MAR). However, there are four additional initials present on the resident's MAR, indicating that this medication was also administered on the following dates: [REDACTED] at 8:48pm, [REDACTED] at 8:52 PM, [REDACTED] at 8:20pm, and [REDACTED] at 9:34pm. The home could not explain the discrepancy.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept [redacted] - 11/26/2024)

1. This incident was investigated by the Health Services Coordinator.
2. Moving forward the Health Services Coordinator will complete a weekly med cart audit from the week of 11/18/24 and ending the week of 12/9/24. Three residents will be selected at random to ensure they have all the medications in the cart to match their emar, checking for expired medications, and reviewing the narcotic log for accuracy. This will be done in addition to routine cart audits completed by team members. An internal audit tool will be utilized.
3. Results of the audit will be reviewed at the monthly PI meeting which is scheduled for the third Wednesday of each month. Next meeting is scheduled for Nov 20, 2024.
4. The Administrator will educate Med Techs and Nurses about signing out narcotics at the next team meeting scheduled for 11/19/24.

Proposed Overall Completion Date: 12/18/2024

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [redacted] - 01/09/2025)

186b - Medication Used by Resident

5. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On [redacted] at 08:00 AM, resident [redacted] grabbed a medication cup which was prepared for another resident and ingested the pills in the cup. Resident [redacted] took [redacted], which were prescribed for and belonging to another resident.

Plan of Correction

Accept [redacted] 11/26/2024)

1. Team member was educated regarding proper medication administration on 10/17/24.
2. Health Services Coordinator will complete a medication administration audit. It will include completing 2 random medication observations a week for 4 weeks. Starting during the week of 11/18/24 and ending the week of 12/9/24. The state med observation form and an internal audit tool will be used.
3. Results of the audit will be reviewed at the monthly Performance Improvement meeting which occurs on the third Wednesday of the month. The next PI meeting is scheduled for 11/20/24.
4. The administrator will educate Med Techs and Nurses on the proper medication administration process during the next team meeting scheduled for 11/19/24.

Proposed Overall Completion Date: 12/18/2024

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [redacted] - 01/09/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.

187d - Follow Prescriber's Orders (*continued*)

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED] three times a day at 08:00 AM, 02:00 PM, and 08:00 PM. Resident [REDACTED] October medication administration record (MAR) does not indicate that this medication was administered on [REDACTED] at 02:00 PM.

Resident [REDACTED] is prescribed [REDACTED] twice a day at 08:00 AM and 02:00 PM. Resident [REDACTED] was not administered this medication on [REDACTED] at 08:00 AM. Resident [REDACTED] October MAR was documented as administered by staff person B. However, the narcotic control record does not indicate that this medication was signed out, and there is no discrepancy in the narcotics count.

**Plan of Correction**

Accept [REDACTED] - 11/26/2024)

1. Medication errors were reviewed by Health Service Coordinator and team members were educated on 10/28/24.
2. Health Services Coordinator will complete a medication administration audit. It will include completing 2 random medication observations a week for 4 weeks. Starting during the week of 11/18/24 and ending the week of 12/9/24. The state med observation form and an internal audit tool will be used.
3. Health Services Coordinator will additionally audit missed medications weekly from the week of 11/18/24 and ending the week of 12/9/24. An internal audit tool will be used.
4. Results of the audit will be reviewed at the monthly Performance Improvement meetings which are scheduled for the third Wednesday of each month. The next Performance Improvement meeting is scheduled for 11/20/24.
5. The administrator will educate Med Techs and nurses about missed documentation/med errors at the next team meeting which is scheduled for 11/19/24.

Proposed Overall Completion Date: 12/18/2024

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [REDACTED] - 01/09/2025)