

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

November 4, 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 09/08/2025, 09/08/2025 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:** 04/20/2026

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:** 03/19/2024 **Issued By:** Honeybrook Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 77 **Waking Staff:** 58

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal, Incident **Exit Conference Date:** 09/09/2025

Inspection Dates and Department Representative

09/08/2025 - On-Site: [REDACTED]

09/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 49

Secured Dementia Care Unit

In Home: Yes **Area:** Lakehouse **Capacity:** 25 **Residents Served:** 22

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 71

Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 28 **Have Physical Disability:** 1

Inspections / Reviews

09/08/2025 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/06/2025

Inspections / Reviews (*continued*)

10/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/07/2025

10/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/02/2025

11/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [REDACTED] there was a 1/2 full, uncovered, unattended trash can in the Memory Care kitchenette.

Plan of Correction

Accept [REDACTED] - 10/07/2025)

1. Trash can was immediately removed from the Memory Care kitchenette.
2. Culinary Services team members will be educated by Culinary Services Manager and Supervisors on the requirement for all trash cans to have lids unless in active use. Education to be completed by October 31, 2025.
3. Culinary Services Manager and Supervisors will monitor staff for proper disposal of trash when done using bus cart and ensure all trash is taken out immediately or in a trash can with a lid. Audit to be completed 3 times per day for four weeks. Audit to be completed by October 31st, 2025.
4. Results of audit will be reviewed by Administrator, Health Services Coordinator and VP of Resident services when completed but no later than Oct 31, 2025.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [REDACTED] 11/04/2025)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED], in the laundry room on the first floor of the home, there were two bins of clothing pushed up against the electric circuit breaker boxes that had signs posted "do not store anything within 36 inches of electric panels".

Plan of Correction

Accept [REDACTED] - 10/07/2025)

1. The clothing bins were immediately moved from in front of the circuit breaker boxes/electrical panel.
2. Housekeeping supervisor marked off the space on the floor to show a better boundary as to where 36" is from the electric panel.
3. The phone has been relocated so that there is more space to move the carts away from the boundary.
2. Education regarding storage near the circuit breaker box was completed on 10/1/25 by the Housekeeping supervisor for the laundry team members.
3. Audit will be completed of laundry area weekly for the next four weeks. To be completed by October 31, 2025. Laundry supervisor will complete the audit.
4. Results of the audit will be reviewed by Administrator, Health Services Coordinator and VP of Resident Services when complete but no later than Oct 31, 2025.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [REDACTED] - 11/04/2025)

103g - Storing Food

3. Requirements

103g - Storing Food (continued)

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The Ice cream lids in the ice cream freezer was opened and unsealed.

Plan of Correction

Accept [redacted] - 10/07/2025)

1. The lids were adjusted to fit on the ice cream containers at the time of the inspection.
2. New plastic lids that seal better were ordered from the ice cream vendor.
3. Culinary Services team members will be educated on storing food in closed or sealed containers by October 31, 2025. Culinary Services Manager/Supervisors will complete the education.
4. Culinary Services supervisor will monitor for proper lid (sealed), as well as dating and labeling: 3 times a day for 4 weeks to be completed by Oct 31, 2025.
5. Results of the audits will be reviewed by Administrator, Health Services Coordinator and VP of Resident Services when complete and no later than Oct 31, 2025.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 11/04/2025)

103i - Outdated Food

4. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On [redacted], there was a container of corned beef that was labeled with an expiration date of [redacted] in the walk-in refrigerator.

Plan of Correction

Accept [redacted] - 10/07/2025)

1. The corned beef was immediately disposed of at the time of the inspection.
2. Culinary Services Supervisors will educate Culinary team members regarding the requirement of all items to be labeled and dated by October 31, 2025.
3. An audit will be completed- Culinary Services Manager and Supervisors will check walk-in freezer daily for proper labeling, dating and discarding of outdated foods. Monitor 1 time a day for 4 weeks. To be completed by Oct 31, 2025.
4. All results of the audits will be reviewed by Administrator, Health Services Coordinator and VP of Resident Services when complete and no later than Oct 31, 2025.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 11/04/2025)

231c - Preadmission Screening

5. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

231c - Preadmission Screening (continued)**Description of Violation**

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident [REDACTED] written cognitive preadmission screening was completed on [REDACTED].

Plan of Correction**Accept [REDACTED] - 10/07/2025)**

1. The Administrator reviewed the admission documentation and confirmed the discrepancy.
2. Education was conducted with the admissions team on 10/1/25 to reinforce the regulation requiring cognitive preadmission screenings to be completed within 72 hours prior to admission to the SDCU.
3. A revised Admission Checklist has been implemented. It specifies that the cognitive screening dates must be completed within 72 hours of admission to the SDU. Admissions team has been educated on the updated checklist.
4. The Administrator will audit all SDCU admissions weekly for the next 30 days to ensure compliance with § 2600.231(c). Any discrepancies will be addressed immediately, and corrective action will be documented. To be completed by October 31, 2025.
5. Results of the audit will be reviewed by Health Services Coordinator and VP of Resident Services when complete and no later than Oct 31, 2025.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [REDACTED] - 11/04/2025)