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

July 17, 2026

[redacted], OWNER/ADMINISTRATOR
TLC ADULT CARE CENTER INC
9 RIO VISTA DRIVE
WEST NEWTON, PA, 15089

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/03/2025 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: *T.L.C. ADULT CARE CENTER* **License #**: *42820* **License Expiration**: *02/01/2026*

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: *9 RIO VISTA DRIVE, WEST NEWTON, PA, 15089*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *06/29/1996* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *33* **Waking Staff**: *25*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *11/03/2025*

Inspection Dates and Department Representative

11/03/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* **Residents Served**: *27*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *26*

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

Have Mobility Need: *6* **Have Physical Disability**: *1*

Inspections / Reviews

11/03/2025 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/04/2025*

12/26/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/16/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/02/2026*

Inspections / Reviews *(continued)*

02/23/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/16/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/17/2026*

07/17/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/16/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42s - Privacy

1. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At 11:11 a.m., there was no lock for privacy on the shared bathroom in resident bedroom #8.

Repeat Violation: 11/1/24

Plan of Correction ***Accept (- 12/26/2025)***

Replacement of lock in bathroom #8 replaced 12/11/25 by Maintenance. (see attached receipt).

Management will complete weekly checks to determine privacy needs are being met. In addition any repair/replacement items needed will be completed following weekly inspection. Management will document in maintenance binder, the date changed and repaired and initiated

Licensee's Proposed Overall Completion Date: *12/11/2025*

Implemented (- 07/17/2026)

65e - 12 Hours Annual Training

2. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.
1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person A received only 2 hours of annual training in training year January 1, 2024 to December 31, 2024.

Plan of Correction ***Accept (- 02/23/2026)***

Administrator completed staff person "A"s training on 11/15/24 for 01/01/24 - 12/31/24 (see attached) and documented and initiated in newly developed weekly review binder. Administrator and other manager , will meet weekly for 2 hours to review yearly staff training requirements met needed and document and initial the date when and what was completed. Also review of yearly scheduled topics per TLC (see attached 2025 staff "A" training schedule.

Licensee's Proposed Overall Completion Date: *01/14/2026*

Implemented (- 07/17/2026)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

65f - Training Topics *(continued)*

3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in the following topics during training year January 1, 2024 to December 31, 2024:

1. Medication self-administration training.

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

3. Care for residents with dementia and cognitive impairments.

4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

5. Personal care service needs of the resident.

6. Safe management techniques.

7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Plan of Correction ***Accept ([redacted] - 02/23/2026)***

Staff person "A"s training completed on 11/14/2024 and documented and initiated in newly created weekly review binder. Administrator and other management, [redacted] will meet weekly for 2 hours and review employee files for training requirements met and needed and document and initial what is completed and date along with needs pending per requirements and yearly scheduled trainings.

Licensee's Proposed Overall Completion Date: *01/14/2026*

Implemented ([redacted] - 07/17/2026)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in the following topics during training year January 1, 2024 to December 31, 2024:

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

3. Resident rights.

65g Annual Training Content (continued)

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
5. Falls and accident prevention.

Staff person B did not receive training in the following topics during training year January 1, 2024 to December 31, 2024:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
5. Falls and accident prevention.

Plan of Correction ***Accept (- 02/23/2026)***

Administrator on 11/7/25 initiated a training day for staff person "B". (see attached). Administrator and other management, will meet weekly for 2 hours as part of Quality Management review to review employee files for training requirements met and needed and document and initial what is completed and date completed along with needs pending per regulation requirement and compare to yearly TLC plan of yearly training scheduled.

Update: No training receive in 2024 all trainings completed 11/7/2025

Licensee's Proposed Overall Completion Date: *01/14/2026*

Implemented (- 07/17/2026)

107c - Food/Water 3 Day Supply

5. Requirements

2600.
107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home served 27 residents, requiring 81 gallons of emergency drinking water. However, the home does store any emergency drinking water. The home does not have a contract with a local bottled water supplier that includes the following:
• The amount of water to be delivered
• A guarantee that the water will be delivered immediately upon request, 24 hours per day
• A guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

Plan of Correction ***Accept (- 02/23/2026)***

81 gallons of emergency water will be on site to provide in emergency situation. Please see receipt for same attached.

Proposed Overall Completion Date: 01/14/2026

Licensee's Proposed Overall Completion Date: *01/14/2026*

107c - Food/Water 3 Day Supply *(continued)*

Implemented (- 07/17/2026)

132e - Fire Drill Sleeping Hours

6. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 3/15/25 at 4:02 a.m.

Plan of Correction ***Accept (- 12/26/2025)***

Administrator immediately conducted sleeping hour fire drill on 11/06/25 (see attached) Administrator overlooked September 2025 due to fire safety and drill with fire expert (see attached) as stated in August to perform in September administrator will add fire drill log review to weekly 2 hour meeting with other management and document dat reviewed to ensure compliance of regulation.

Licensee's Proposed Overall Completion Date: *12/12/2025*

Implemented (- 07/17/2026)

141a - Medical Evaluation

7. 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 #1, admitted on did not have an initial medical evaluation completed.

Resident #2, admitted on , did not have an initial medical evaluation completed.

Resident #3's medical evaluation, dated was not completed on the Department's current standardized form.

Plan of Correction ***Accept (- 12/26/2025)***

Administrator and Management began week of 11/10/25 weekly management meeting for 2 hours to review all resident files for accuracy and updates and initial completion. Residents 1,2,3 all had medical evals 11/26/25 upon visit of house physician (see attached). Documentation will be kept in a binder for review by DHS. Administrator and management will also review beginning of calendar year with QM review and documented of all completion.

Licensee's Proposed Overall Completion Date: *12/12/2025*

Implemented (- 07/17/2026)

190a - Completion Medication Course

8. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course 1/20/23; however, has not successfully completed the annual practicum recertification, administered medications to resident #2 to include the following:
On 11/2/25 & 11/3/25 at 8:00 a.m., Tramadol HCL 50 mg.

Plan of Correction ***Directed ([redacted] - 02/23/2026)***

See attached. This is a work in progress, problems with signing on initially, and communication has been sluggish from the department and Temple. In process of completing and training.

update: Administrator [redacted] on 12/30/25 awaiting a return call from [redacted].
See attached documentation of efforts made by Administrator proving attempting to make contact with training coordinators/personnel.

Proposed Overall Completion Date: 01/14/2026

Directed:
By 3/15/26, staff person A will complete the Department-approved medications administration course. Documentation will be kept.
[redacted] ***2/23/26***

Directed:
By 3/15/26 and monthly thereafter, the administrator or designee qualified to administer medications will audit staff records to ensure all staff persons passing medication have met training requirements. Documentation will be kept.

Directed Completion Date: *03/15/2026*

Implemented ([redacted] - 07/17/2026)

224a - Preadmission Screen Form

9. 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 #1 was admitted to the home on [redacted] however, the resident's preadmission screening form was not completed.

224a Preadmission Screen Form *(continued)*

Plan of Correction ***Accept (- 02/23/2026)***

Preadmission screen was completed but in wrong file (see attached). also completed in timely manner, did not provide upon inspection and found as stated above on 11/10/25 upon review.

Update: Beginning 01/10/25 Administrator and Co owner will audit all files weekly for 3 months and monthly thereafter and document needs in binder for assurance of correct filing of documentation.

Licensee's Proposed Overall Completion Date: *01/14/2026*

Implemented (- 07/17/2026)

225a - Assessment 15 Days

10. 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

An assessment was not completed for resident #1, who was admitted to the home on

An assessment was not completed for resident #2, who was admitted to the home on

Resident #3's assessment, dated is not completed. All areas for description of service needs, plan to meet service need, frequency and responsible party are blank.

An assessment was not completed for resident #4, who was admitted to the home on

Repeat Violation: 11/1/24

Plan of Correction ***Accept (- 02/23/2026)***

Pre admission screen was completed but not in file, (see attached) Completed in timely manner per regulation Did not provide upon inspection and found as state above 11/10/25.

Update: Beginning 01/10/25, administrator and Co owner will audit all files weekly for the first 3 months and monthly thereafter to ensure the all resident paperwork is stored in the appropriate resident file.

Licensee's Proposed Overall Completion Date: *01/14/2026*

Implemented (- 07/17/2026)

227a - Support Plan 30 Days

11. Requirements

2600.

227a Support Plan 30 Days *(continued)*

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 #1 was admitted on [redacted] however, the resident's initial support plan was not completed.

Resident #2 was admitted on [redacted] however, the resident's initial support plan was not completed.

Resident #3 was admitted on [redacted]; however, the resident's initial support plan was not completed.

Resident #4 was admitted on [redacted] however, the resident's initial support plan was not completed.

Repeat Violation: 11/1/24

Plan of Correction ***Accept ([redacted] - 02/23/2026)***

Administrator responsible for all corrective actions. All support plans will be completed by 12/20/25. Administrator and management [redacted] will review weekly 2 hour meetings and document dates and times completed and accessible to DHS and all Times.

Update: Beginning on 01/10/25 administrator and co owner [redacted] will audit all files weekly for 3 months and then monthly thereafter to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *01/14/2026*

Implemented ([redacted] - 07/17/2026)