pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **TEL HAI RETIREMENT COMMUNITY**
LEGAL ENTITY

To operate **LAKEVIEW AT TEL HAI PERSONAL CARE**
NAME OF FACILITY OR AGENCY

Located at **PO BOX 190,4200 TEL HAI CIRCLE, HONEY BROOK, PA 19344**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **100**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

PROVISIONAL

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **February 27, 2026** until **August 27, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **173641**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: FEBRUARY 27, 2026

[redacted]
President/CEO
Tel Hai Retirement Community
P.O. Box 190
1200 Tel Hai Circle
Honey Brook, Pennsylvania 19344

RE: Lakeview at Tel Hai Personal Care
P.O. Box 190
4200 Tel Hai Circle
Honey Brook, Pennsylvania 19344
License #: 173641

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection October 23, 2025 and December 11 and 12, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 173640 dated April 20, 2025 to April 20, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from February 27, 2026 to August 27, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

Mr. Dave Shenk

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
[redacted]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

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: *PO BOX 190,1200 TEL HAI CIRCLE, HONEY BROOK, PA, 19344*

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

Certificate(s) of Occupancy

Type: *Other* **Date**: *05/27/1988* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *103* **Waking Staff**: *77*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *10/23/2025*

Inspection Dates and Department Representative

10/23/2025 *On Site*: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *77*

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**: *77*

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

Have Mobility Need: *26* **Have Physical Disability**: *1*

Inspections / Reviews

10/23/2025 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *11/17/2025*

11/12/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *12/01/2025*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *11/17/2025*

11/13/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *12/01/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *12/02/2025*

02/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *12/01/2025*

Reviewer: [redacted] **Follow Up Type:** *Enforcement*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted], at approximately 2:00 AM, Staff Person A was seated in the Secured Dementia Care Unit (SDCU) dining room with personal food containers placed on the table. Resident 1 approached the table and began touching the food containers belonging to Staff Person A.

Staff Person A verbally instructed Resident 1 to stop touching their belongings and attempted to retrieve the containers. A brief verbal and physical exchange followed during which Resident 1 made several attempts to reach for the containers while Staff Person A retrieved them.

Staff Person A then stated to Resident 1 "Come on, I'm taking you back to your room". Staff Person B, who was present in the unit at the time, observed Staff Person A grip Resident 1 up by the back of the night shirt and push the resident down the hallway towards the resident's room.

Resident 1 became visibly upset and began yelling "Don't touch me! I'm calling 911! I'm calling the police!". Staff Person B immediately contacted Staff Person C, who arrived on the unit shortly thereafter. Upon arrival, Staff Person C observed Resident 1 in the hallway, visibly distressed and shouting "Get [redacted] away from me! I am reporting [redacted] to the police!".

Plan of Correction ***Accept ([redacted] - 11/13/2025)***

1. Staff Person A was immediately suspended by [redacted] supervisor after the incident. This person was terminated from employment following the facility investigation.
2. Team members will be educated regarding Abuse, Neglect and Resident Rights by November 30, 2025. Administrator and/or Health Services Coordinator will complete the education. This specific incident will be reviewed in the education.
3. Social Worker will review resident rights with the residents at the next Resident Council meeting, scheduled for December 4, 2025.
4. Complaint log will be reviewed at the Performance Improvement meetings, by the administrator, for the next six months. Performance Improvement meeting is held the third Wednesday of each month, next meeting is scheduled for November 19, 2025.
5. The Administrator or Health Services Coordinator will conduct weekly visits on non-business hours (to include nights, evenings and weekends) over the next two months to observe resident and staff interactions. A log will be completed and any observations will be noted and reviewed at the next Performance Improvement meeting which is scheduled for November 19, 2025.

Licensee's Proposed Overall Completion Date: *11/30/2025*

Not Implemented ([redacted] - 02/13/2026)

251b - Record Entries Legible

2. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on Resident 1's Pre-admission screening dated [redacted] Personal Care Admission Agreement dated [redacted] and Admission Agreement for Memory Support Services dated [redacted]

Correction fluid was used on Resident 2's Pre-admission screening dated [redacted]

Plan of Correction ***Accept ([redacted] - 11/13/2025)***

1. Education will be provided to team members regarding Medical Records requirements, including not using correction fluid on written documents.
2. An audit of any other use of correction fluid will be completed for preadmission screenings and for Admission Agreements. This audit will be completed by Administrator and/or Social Services and be done by November 30, 2025.
3. The audit will be reviewed at the next Performance Improvement meeting- scheduled for November 19, 2025. Remaining audits will be reviewed at the December Performance Improvement meeting- scheduled for December 17, 2025.

Licensee's Proposed Overall Completion Date: *11/30/2025*

Implemented ([redacted] - 02/13/2026)

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

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: *PO BOX 190,1200 TEL HAI CIRCLE, HONEY BROOK, PA, 19344*

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: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident, Monitoring* **Exit Conference Date**: *12/12/2025*

Inspection Dates and Department Representative

12/11/2025 On Site: [redacted]
12/12/2025 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *69*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care Unit* **Capacity**: *25* **Residents Served**: *20*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *69*
Diagnosed with Mental Illness: *1*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *26*
Have Physical Disability: *1*

Inspections / Reviews

12/11/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/17/2026*

01/29/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/06/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/09/2026*

02/13/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *02/06/2026*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted], between 7:00 p.m. and 8:00 p.m., staff member A was trying to apply [redacted] cream to resident 1. Resident 1 became agitated and felt uncomfortable and refused the medication. Staff member A called staff member B for help. Staff member B came to the bathroom to assist, and while resident 1 was in the toilet, the resident was yelling, Get away, I don't want this." Resident 1 was fighting both of the staff members and screaming and hollering and would not let the staff members do anything. [redacted] did not want the staff members to touch [redacted]. Staff member A stated that the resident "flipped out." Resident 1 was refusing the treatment, but staff member B was determined to administer the cream and pushed the resident down on the toilet as the resident continued screaming and hollering. Staff member B stated, "We have to do this." Staff member A held the resident in a frog-leg position while staff member B was getting the cream on the finger. The resident "got snappy" and told the staff members to get out of the bedroom, but the staff members continued forcing the treatment, as staff member B stated, "I applied the cream quickly." The [redacted] cream was administered against the resident's will. The resident was not fully dry or dressed when the resident pushed [redacted] up and said, "Get the hell out of my room," and started chasing the staff out of the room. The resident followed the staff members, and staff member B shut the door behind [redacted], leaving the resident inside the bedroom. The resident started pulling the door handle while yelling, trying to open it, and staff member B was outside of the door holding the handle, preventing the resident from opening it. Staff member B held the door for a couple of minutes until the resident stopped yelling and then let go of the door. Resident 1 opened the door and smacked staff member B in the face, and staff member B smacked the resident back. Then resident 1 walked down the hall and kicked staff member C.

When resident 1 refused to take a shower on an unspecified date, staff member B forced staff members C and D to hold the resident in the shower while staff member D washed the resident's hair and staff member C cleansed the resident. Resident 1 dislikes being touched or observed by staff people.

Resident 2 refused to take a shower on an unspecified date, and staff member B pushed the resident on the toilet, grabbed the resident's arm, and forcefully pulled off the resident's clothes. Resident 2 was fighting back and told staff member B to get out of the room. Once all the resident's clothes were off, they picked the resident up off the toilet and forced them into the shower chair. Staff member B hurried up and turned the water on, got the soap, and started soaping the resident.

Staff member B forces the residents to take medications. Staff member B was observed forcing a spoon in the mouth of resident 3 after the resident refused to take the medication. Staff member B was administering resident 3 a crushed pill in pudding, and resident 3 kept trying to walk away. Staff member B tried to hand the medication to the resident, and the resident refused to take it, and the staff member shoved the spoon into the resident's mouth with force.

42b - Abuse *(continued)*

Plan of Correction ***Accept (- 01/29/2026)***

In response to the violation on 12/11/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Administrator and Health Services Coordinator when allegation was first made on . Team member B was immediately suspended pending the investigation. Mandatory reporting was completed immediately to the Chester County Department of Aging and to the Pennsylvania Department of Human Services. Statements from team members involved in the allegation were obtained. POA was informed of the alleged incident on Following the inspection from Pennsylvania Department of Human Services on 12/11/25 and 12/12/25 the Administrator and Health Services Coordinator officially terminated team member B's employment on Prior to termination, this team member had not returned to work following the allegation made on

To enhance the currently compliant operations:

1. *Starting on 01/16/2026 the Administrator and/or Health Services Coordinator will provide education to the team regarding abuse and neglect including the right to refuse medications and treatments, with a completion date of 01/30/2026. Any team member unable to attend one of the in-person trainings (due to part time, pool status, person on vacation, etc) will be assigned a review of the training on the computerized learning system and complete a quiz to demonstrate competency.*
2. *Starting on 01/15/2026 the Administrator and/or Health Services Coordinator will conduct weekly random in-person observations of the team on "off business" hours (weekends, evening shift, night shift). They will document visits and observations on a log and continue this for the next four weeks, with a completion date of 02/12/2026.*
3. *Starting on 1/16/26 the Administrator, Social Worker and Health Services Coordinator will review any concerns that are identified during rounds at the stand up meeting three times per week. This will continue until 2/12/2026.*
4. *Starting on 01/08/2026 the Social Worker will review resident rights at the monthly resident council meeting, with a completion date of 03/05/2026.*

The overall completion date is 1/30/26.

Effective 01/13/2026 the Administrator, Health Services Coordinator and/or Social Worker will perform weekly interviews through 02/11/2026 to maintain ongoing compliance with regarding any improper treatment not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Interviews will include three random team members and three random residents each week. This will continue weekly for the next four weeks. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Vice President of Resident Services for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: *03/05/2026*

Not Implemented (- 02/13/2026)

42c - Treatment of Residents

2. Requirements

2600.

42c Treatment of Residents *(continued)*

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

Description of Violation

Resident 4 refused to take a shower on an unspecified date. The resident did not want to get into the shower. Staff member B pulled off the resident's clothes and forced the resident into the shower. Then the resident stated to staff member B that [redacted] doesn't know what [redacted] has to do, and staff member B told the resident, "You don't have to do [redacted] but sit here." The resident didn't want to shower and didn't feel well. Staff member B will grab the residents with aggressive force and hold them down.

Multiple staff interviewed reported observing staff member B repeatedly forcing residents into eating meals by threatening them and saying, "If you don't eat your food, I'll force it in your mouth."

Plan of Correction ***Accept ([redacted] - 01/29/2026)***

In response to the violation on 12/11/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Administrator and Health Services Coordinator to terminate the employment of the team member B. Prior to termination, the team member had not retuned to work following the allegation made on [redacted]

To enhance the currently compliant operations:

1. *Starting on 01/16/2026 the Administrator and/or Health Services Coordinator will provide education to the team members regarding resident's right to refuse ADLs, medications and meals. Education will also include language being used when talking about persons when talking about and to persons with dementia with a completion date of 01/30/2026. Any team member unable to attend one of the in person training (due to part time, pool status, persons on vacation, etc) will be assigned a review of the information on the computerized learning system and complete a quiz to demonstrate competency.*
2. *The Vice President of Resident Services has obtained the services of an outside educator, [redacted] to provide dementia training and consultation to team members who work on the secured dementia unit. This training is scheduled for January 26, 2026. This training is to include: observation of team member and resident interaction, 1:1 coaching with the team and specific resident care reviews. The goal is to enhance resident quality of life with person centered care as well as enhance staff competencies and comfort for de escalation techniques, with a completion date of 01/26/26.*
3. *On 01/15/2026 the Administrator posted infographic posters regarding (a) person centered dementia care and (b) language to use related to dementia. These will be posted in a prominent place in the team member work area, with a completion date of 01/15/2026.*

The overall completion date is 01/30/2026.

Effective 01/13/2026 the Administrator, Health Services Coordinator and/or Social Worker will perform weekly interviews through 02/11/2026 to maintain ongoing compliance with treating residents with dignity and respect. Interviews will include three random team members and three random residents each week. This will continue weekly for the next four weeks. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Vice President of Resident Services for further review and continuous improvement.

42c Treatment of Residents *(continued)*

Licensee's Proposed Overall Completion Date: *01/30/2026*

Implemented (- 02/13/2026)

202 - Prohibitions

3. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On [redacted] between 7:00 and 8:00 p.m., following an incident in which resident 1 became agitated as a result of an unwanted treatment, resident 1 chased staff members A and B to the bedroom door. In order to prevent resident 1 from leaving the bedroom, staff member B shut the door. The resident began to pull the door handle in an attempt to exit the bedroom, but staff member B was outside the door, holding the handle, preventing the resident from doing so. After holding the door for a few minutes, staff member B released it.

Plan of Correction ***Accept (- 01/29/2026)***

In response to the violation on 12/11/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Administrator and Health Services Coordinator to terminate the employment of team member B. Prior to termination, team member B had not returned to work following the allegation made on [redacted]

To enhance the currently compliant operations:

1. *Starting on 01/16/2026 the Administrator and/or Health Services Coordinator will will provide education to the team members regarding the regulation of prohibited actions described in the violation including secluding a resident in their room, with a completion date of 01/30/2026. Any team member who is unable to attend one of the in person trainings (due to part time, pool status, person on vacation, etc) will be assigned a review of the training on the computerized learning system and complete a quiz to demonstrate competency.*
2. *Starting on 01/15/2026 the Administrator, Health Services Coordinator and/or Vice President of Resident Services will complete documented on unit leadership rounds twice per working day on the Memory Care*

202 - Prohibitions (continued)

Unit. This would be in addition to the random, unannounced off-hours observations that will occur weekly. A log will be kept regarding the rounds that are completed. Rounds will continue for four weeks in this manner, with a completion date of 02/12/2026.

The overall completion date is 02/12/2026.

Effective 01/13/2026 the Administrator, Health Services Coordinator and/or Social Worker will perform weekly interviews through 02/11/2026 to maintain ongoing compliance with regarding any improper treatment not secluding residents in any way. Interviews will include three random team members and three random residents each week. This will continue weekly for the next four weeks. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Vice President of Resident Services for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: *02/12/2026*

Not Implemented (- 02/13/2026)

227d - Support Plan Medical/Dental

4. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 1, dated , indicates the resident might be getting upset under agitation. The resident's support plan, dated , does not document how this need will be met. There are notes attached to the RASP that state that the resident was agitated when cream was administered. There are also no updates on aggression, and it was documented that the resident hit and kicked staff members on and progress notes of stated that the resident punched a staff member in the face and scratched the forearm when attending to get dentures in the common area.

The assessment for resident 5, dated , indicates the resident has a need for a bedside mobility device. The resident's support plan, dated does not document how this need will be met or if the resident was educated on how to use it.

227d - Support Plan Medical/Dental (continued)

Plan of Correction ***Accept ([redacted] - 01/29/2026)***

In response to the violation on 12/11/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/20/2025 to update resident 1 and resident 6 RASPs.

To enhance currently complaint operations:

1) The Health Service Coordinator and/or the administrator will complete education for team members regarding the RASP form, RASP addendum, and when to make updates or changes to these forms. Any team member unable to attend the in-person training (due to part time, pool status, persons on vacation, etc) will be assigned a review in the computerized learning system and complete a quiz to demonstrate competency.

To maintain ongoing compliance with the RASPs the Health Service Coordinator and/or designated team lead will complete a weekly accuracy audit of 5 RASPs and Addendums for four weeks. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *02/11/2026*

Implemented ([redacted] - 02/13/2026)

233c - Key-Locking Devices

5. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the entrance and exit stairwell doors to the Secure Dementia Care Unit (SDCU).

Plan of Correction ***Accept ([redacted] - 01/29/2026)***

In response to the violation on 12/11/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/12/2025 by the Service Facilitator to post the code at the door.

To enhance the currently compliant operations, on 01/16/2026 the Administrator and/or Health Services Coordinator will provide education regarding this regulation of the code being posted with a completion date of 1/30/26. Any team members who are unable to attend one of the in-person training (ie: part-time, pool, persons on vacation, etc) will be assigned the training on the computerized learning system and will complete a quiz to demonstrate understanding.

Effective 01/16/2026 the Service Facilitator will perform weekly audit through 02/13/2026 to maintain ongoing compliance with ensuring that if key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, that directions for their operation are conspicuously posted near the device. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

233c - Key-Locking Devices *(continued)*

Licensee's Proposed Overall Completion Date: *01/30/2026*

Implemented ([redacted] - 02/13/2026)