

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

April 24, 2026

[REDACTED]
TEL HAI RETIREMENT COMMUNITY
[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 03/03/2026 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:** 08/27/2026
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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 94 **Waking Staff:** 71

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 03/03/2026

Inspection Dates and Department Representative

03/03/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 100	Residents Served: 71		
Secured Dementia Care Unit			
In Home: Yes	Area: 3rd Floor	Capacity: 25	Residents Served: 19
Hospice			
Current Residents: 2			
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: 23	Have Physical Disability: 1		

Inspections / Reviews

03/03/2026 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/23/2026

03/25/2026 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 04/17/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/30/2026

Inspections / Reviews *(continued)*

04/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/17/2026

04/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED], the audible door alarm was not operable allowing resident [REDACTED] who resides in the secured dementia care unit, to elope unnoticed.

Plan of Correction

Accept [REDACTED] - 03/25/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/22/2026 by the Facilities Services Director to repair the alarm by putting new batteries in the device.

On 3/20/26 an additional alarm was installed on the door. This alarm notifies the mobile phone carried by the team leader, the Health Services Coordinator's phone and the Administrator's phone whenever the door is opened. This alarm also notifies the IT department when the battery on the alarm is running low.

Administrator provided education to the team members, starting on 3/11/26 regarding not using these doors to enter and exit the secured dementia unit. Any team members who were unable to attend the in-person meeting by 3/31/26 will be assigned minutes to review on the computerized learning system.

To enhance the currently compliant operations, starting on 01/22/2026 the Team Leaders will check that the door is properly closed every shift, with a completion date of 04/16/2026.

Effective 3/23/26 Health Services Coordinator or Administrator will perform weekly audits of the unit that doors are all locked, alarm is working and furniture and equipment is in good repair, clean and free of hazards. Audits will continue through 04/16/2026 to maintain ongoing compliance.

Any deficiencies will be corrected immediately, and findings will be documented and reported to the Vice President of Resident Services for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented [REDACTED] - 04/24/2026)

234b - Support Plan Needs Elements

2. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The assessment for resident [REDACTED], dated [REDACTED], indicates the resident has a need for suicide ideation supports. The resident's support plan dated [REDACTED] does not document how this need will be met.

The assessment for resident [REDACTED] dated [REDACTED], indicates the resident has a need for de-escalation and aggression supports. The resident's support plan dated [REDACTED] does not document how this need will be met.

234b - Support Plan Needs Elements (continued)**Plan of Correction****Accept (████ - 04/01/2026)**

In response to the violation on █████ by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 3/4/26 by the Health Services Coordinator to update both RASPs.

Health Services Coordinator will provide education related to behavioral portion of the RASP to Team Leaders to be completed by April 3, 2026.

Effective 03/09/2026 the Health Service Coordinator will perform weekly audits of two RASP and addendums, through 04/09/2026 to maintain ongoing compliance with ensuring the support plan identifies the resident's physical, medical, social, cognitive and safety needs.

To ensure long term compliance, for the next six months, the Health Services Coordinator, Social Worker and Administrator will review a RASP each week during the stand up meeting. At that review the team will check that the support plan identifies the resident's physical, medical, social, cognitive and safety needs. An audit form will be completed to document the review each week.

Any deficiencies will be corrected immediately, and findings will be documented and reported to the Vice President of Resident Services for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 04/09/2026

Implemented (████ - 04/24/2026)