

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

June 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 04/20/2026, 04/20/2026 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

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 97 **Waking Staff:** 73

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 05/04/2026

Inspection Dates and Department Representative

04/20/2026 - On-Site: [REDACTED]
04/20/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 72

Secured Dementia Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 72
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 25 **Have Physical Disability:** 1

Inspections / Reviews

04/20/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/24/2026

Inspections / Reviews *(continued)*

05/26/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/24/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/24/2026

06/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/24/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], at 2:50 p.m., an incident occurred between resident [REDACTED] and their spouse. The home did not report this incident to the department until [REDACTED] at 5:00 p.m.

Plan of Correction

Accept [REDACTED] - 05/26/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/20/2026 by the Administrator to educate Health Service Coordinator all reportable incidents need to be reported to DHS within 24 hours.

To ensure on going compliance starting on 05/25/2026 the Administrator will perform weekly audit of of any new reportable incidents to ensure incident are reported within 24 hours to DHS, through 06/22/2026. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/22/2026

Implemented ([REDACTED] - 06/24/2026)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at 10:02 a.m., a laptop on the 2nd floor with resident information on the screen was unlocked, unattended, and accessible.

Plan of Correction

Accept [REDACTED] - 05/26/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/20/2026 by the Health Service Coordinator to lock the computer fully. Med Tech was notified that despite having the EMAR privacy/lock screen on, the surveyor was able to access the computer and therefore the resident information.

17 Record Confidentiality (continued)

To enhance the currently compliant operations, on 05/13/2026 the Health Service Coordinator educated team leaders that the computer must be locked fully and that the EMAR privacy/lock screen is not sufficient.

Effective 05/25/2026 the Health Service Coordinator will perform weekly checks of of 5 laptop screens per week to ensure they are locked, through 06/22/2026 to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not not allow access to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/22/2026

Implemented [REDACTED] - 06/24/2026)

18 - Compliance With Laws**3. Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On [REDACTED] there was no Influenza Awareness Act (NH 1785). posted in the Memory Care unit. Assisted living residences must post the required influenza information in a public place in the residence year round.

Plan of Correction

Accept [REDACTED] - 05/26/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/21/2026 by the Service Facilitator to where the required Influenza Awareness Act information was obtained and posted in a public location within the Secured Dementia Unit so that it is visible to residents, staff and visitors in compliance with the year round posting requirement. This posting is in addition to the poster located at the front entrance to the community.

To enhance the currently compliant operations, on 05/21/2026 the Administrator and/or Health Services Coordinator will educate the team members that the Influenza Awareness Act information should be posted at all times in the Secured Dementia Unit, with a completion date of 06/15/2026.

Effective 05/21/2026 the Service Facilitator will perform weekly audits of Influenza Awareness poster is posted, through 06/18/2026 to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/15/2026

Implemented [REDACTED] - 06/24/2026)

41c - Rights Poster

4. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster is not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 05/26/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, action was taken on 05/21/2026 by the Service Facilitator to post the resident rights poster in a conspicuous and public location on the secured dementia unit so that it is accessible to residents, visitors and staff. This posting is in addition to the posting already present at the front entrance to the facility.

Administrator and/or Health Services Coordinator will educate team members on the need for resident rights poster to be present on the secured dementia unit. Education will be completed by June 15, 2026.

To enhance the currently compliant operations, on 05/21/2026 the Service Facilitator will verify the posting is present during rounds. This audit will be completed weekly for the next four weeks, with a completion date of 06/18/2026.

Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 06/18/2026

Implemented [redacted] - 06/24/2026)

42b Abuse

5. 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], approximately at 7:20 p.m., staff member A heard resident [redacted] yell, "Don't touch me, get your hands off me." Staff member C observed resident [redacted] hit resident [redacted] on the face, and resident [redacted] hit resident [redacted] back. Resident [redacted] had no noted injuries, while resident [redacted] had a 3 cm abrasion to the chin and a small red mark under the right eye. Both residents were placed on alert charting to monitor.

On [redacted], approximately at 4:10 p.m., staff member B heard resident [redacted] yelling. Staff member B observed resident [redacted] grabbing resident [redacted] by the arms. Resident [redacted] had a 1 x 1 cm bruise noted to the left tricep and a 3 x 3 cm bruise noted to the left bicep. Both residents were separated. Resident [redacted] was placed on one-on-one monitoring.

Plan of Correction

Accept [redacted] 05/26/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 03/29/2026 by the team leader to separate residents [redacted] and [redacted]. Resident [redacted] was placed on 1:1 supervision by team members.
- 2. on 04/10/2026 by the team leader to separate resident [redacted] and [redacted]

42b - Abuse (continued)

In both cases reporting/notification was completed for POA, PCP, Dept of Aging and Dept of Human Services.

To enhance the currently compliant operations:

- 1. Between 05/22/2026 and 6/12/2026 the Health Services Coordinator and/or Administrator will provide education regarding resident to resident abuse and methods to prevent these type of incidents from occurring, with a completion date of 06/12/2026. This education will also include therapeutic activities for the 3 main stages of Alzheimer's disease.*
- 2. The Health Services Coordinator and/or Administrator will continue staff to resident 1:1 supervision as an intervention for providing emotional support and behavioral supervision for resident 4. This will continue until interdisciplinary team determines that 1:1 supervision is no longer needed.*
- 3. Starting on 5/22/26 the Health Services Coordinator and/or Administrator will complete non-business hours rounds in the facility at least one time per week through 6/26/26. This would include nights, evenings and weekend shifts.*

The overall completion date is 06/26/2026.

Effective 05/22/2026 the Health Services Coordinator and/or Administrator will perform weekly reviews of rounds that were completed on the unit, through 06/26/2026 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented [REDACTED] - 06/24/2026)

95 - Furniture and Equipment**6. Requirements**

2600.

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

Description of Violation

Room [REDACTED] bathroom sink drain is not working properly, as it is draining slowly.

Plan of Correction

Accept [REDACTED] - 05/26/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/20/2026 by the Housekeeping supervisor to unclog the slowly draining sink.

To enhance the currently compliant operations, the Housekeeping Supervisor will provide education to housekeeping team members to report any slowly draining sinks while completing weekly cleanings. Health Services Coordinator will educate nursing team members to report any slow draining sinks so that they can be addressed right away. Education will be completed by June 12, 2026.

Effective 05/22/2026 the Housekeeping supervisor will perform weekly inspections of two sinks each week to make sure they are draining properly, through 06/19/2026 to maintain ongoing compliance with sinks are draining properly. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

95 - Furniture and Equipment (continued)

Licensee's Proposed Overall Completion Date: 06/11/2026

Implemented [REDACTED] - 06/24/2026)

101j5 - Bedside Table/Shelf

7. Requirements

2600.

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

5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident [REDACTED]'s bed; the bedside table was at the foot of the bed.

Plan of Correction

Accept [REDACTED] - 05/26/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/20/2026 by the Health Service Coordinator to update the resident's RASP to reflect [REDACTED] personal preference of [REDACTED] bedside table being at the foot of [REDACTED] bed.

To enhance the currently compliant operations, the Health Service Coordinator completed an audit of all resident's bedside tables to ensure their RASP reflects when a resident makes a choice to not have their table at the side of their bed.

Health Service Coordinator or designee will perform with every new move in an audit to check the resident's preference of location for their bedside table until 06/11/2026 to maintain ongoing compliance with ensuring each resident has in their bedroom a bedside table or a shelf at the side of their bed. If they do not wish to have one next to the side of their bed, their RASP will be updated accordingly. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/11/2026

Implemented [REDACTED] - 06/24/2026)

252 - Record Content

8. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.

252 - Record Content (*continued*)

10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Residents [REDACTED] and [REDACTED]'s records include a photograph of the residents that is more than 2 years old.

Plan of Correction

Accept ([REDACTED] - 05/26/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/21/2026 by the Service Facilitator to obtain the photographs that were over two years old.

To enhance the currently compliant operations, on 05/21/2026 the Administrator reviewed the regulation with the team members who are responsible to obtain photographs, with a completion date of 05/22/2026.

Effective 05/21/2026 the Service Facilitator performed one time audit to review all resident photographs to make sure they are not out of the two year window. Any deficiencies were corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

To maintain on going compliance the Administrator will complete an audit monthly over the next 3 months to ensure that photographs are updated and no older than two years. Any deficiencies will be corrected immediately and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented ([REDACTED] 06/24/2026)