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

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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**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **July 15, 2026** until **July 15, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **173640**

ISSUING OFFICER

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 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: July 15, 2026

[redacted]
President/CEO
[redacted]

RE: Lakeview at Tel Hai Personal Care
License #: 173640

[redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on May 20 and 21, 2026, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

July 15, 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 05/20/2026, 05/21/2026 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: *C-2 LP* **Date**: *05/27/1988* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *99* **Waking Staff**: *74*

Inspection Information

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

Reason: *Renewal, Complaint, Provisional, Incident* **Exit Conference Date**: *05/21/2026*

Inspection Dates and Department Representative

05/20/2026 - On-Site: [redacted]

05/21/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *75*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Lakehouse* **Capacity**: *25* **Residents Served**: *19*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *75*

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

Have Mobility Need: *24* **Have Physical Disability**: *1*

Inspections / Reviews

05/20/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/19/2026*

06/23/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/14/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/25/2026*

Inspections / Reviews *(continued)*

06/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/14/2026*

07/15/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/14/2026*

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

103f - Refrigerator/Freezer Temps

1. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On [redacted] around 10:00 AM, the temperature in the refrigerator in the home's 3rd floor activity room was 50 degrees Fahrenheit and the freezer section was 25 degrees Fahrenheit.

Plan of Correction ***Accept [redacted] - 06/23/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/20/2026 by the VP of Resident Services to take the refrigerator out of service, obtain a new thermometer and adjust the temperature of the refrigerator.

To enhance the currently compliant operations, on 06/22/2026 the Administrator and/or Health Services Coordinator will provide education to the Lakeview Team related to food stored in the refrigerator must be at or below 40 degrees. Frozen food must be stored at 0 degrees, with a completion date of 07/13/2026.

Effective 06/15/2026 the Administrator will perform weekly checks of temperature log books, through 07/13/2026 to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/13/2026*

Implemented [redacted] - 07/15/2026)

103g - Storing Food

2. Requirements

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

Description of Violation

On [redacted] there was a tray of yellow cake, which was not covered or dated, in the main kitchen refrigerator.

Repeat Violation - [redacted] et al.

Plan of Correction ***Accept [redacted] - 06/23/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/20/2026 by the Culinary Manager to remove the tray of cake from the refrigerator and dispose of it.

To enhance the currently compliant operations, on 05/20/2026 the Culinary Services Manager will conduct in-service training for team members, with a completion date of 7/13/26.

103g Storing Food (continued)

Effective 06/15/2026 the Culinary Services Manager will perform twice per day audits of the walk in refrigerator, through 07/18/2026 to maintain ongoing compliance with ensuring food is stored in closed or sealed containers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *06/20/2026*

Implemented [redacted] - 07/15/2026)

187b - Date/Time of Medication Admin.

3. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] every 4 hours as needed. The resident's March medication administration record (MAR) does not include the initials of the staff person who administered it on 03/13/2026 at 09:00 PM.

Resident [redacted] is prescribed [redacted] every 8 hours as needed. The resident's April MAR does not include the initials of the staff person who administered it on [redacted] at 08:20 AM.

Resident [redacted] is prescribed [redacted], and [redacted] at 08:00 PM daily. The resident was not administered these medications on [redacted] and [redacted]; however, they were documented as administered on the resident's March MAR by staff A and by staff B, respectively.

Plan of Correction ***Accept [redacted] 06/23/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/22/2026 by the Health Services Coordinator to review the medication omissions and initial omissions with the team members involved.

To enhance the currently compliant operations, starting on 06/09/2026 the Health Services Coordinator will provide education to the Med Techs and Nurse Team Leaders for following the prescriber's orders, and ensuring the proper documentation with a completion date of 06/30/2026.

Effective 06/22/2026 the Health Services Coordinator and/or Administrative Intern will perform weekly audits of med carts to check for medications administered per schedule, through 07/17/2026. A second audit will be completed by the Health Services Coordinator and/or Administrative Intern weekly to check that all PRN narcotics are signed out both in the Narcotics book and in the MARs to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented [redacted] 07/15/2026)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] treatment twice a day at 08:00 AM and 04:00 PM; however, this treatment was discontinued by staff C in error on [redacted] and was not reinstated until [redacted]. The resident missed total 7 treatments from [redacted] till [redacted].

Resident [redacted] is prescribed [redacted] and [redacted] at 08:00 PM daily. However, the resident was not administered these medications on [redacted] and [redacted]

Plan of Correction ***Accept [redacted] - 06/24/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing: At the time the error was identified the order was restarted, the resident was assessed by nurse for any adverse effects, family and DHS were notified. The resident was assessed by the PCP for any adverse effects on 4/27/26.

The team member who had discontinued the order was educated about the error. A root cause analysis was completed by the Health Services Coordinator to determine the reason the medication error was discontinued.

On 5/13/26 an education was completed by Health Services Coordinator for all Team Leaders. This specific med error and the causes was reviewed at that meeting.

Effective 06/22/2026 the Health Services Coordinator and/or Administrative Intern will perform weekly audits of prescriber order audit, through 07/13/2026, A second audit will be completed by the Health Services Coordinator and/or Administrative Intern weekly to check that all PRN narcotics are signed out both in the Narcotics book and in the MARs to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/13/2026*

Implemented [redacted] 07/15/2026)