



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

JUL 23 2010

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www.dpw.state.pa.us

Ms. Linda Mueller, RN, BSN, Owner/Administrator
R.Lynn and Linda Mueller
208 River Forest Drive
Freeport, Pennsylvania 16229

RE: Colonial Gardens Guest House
121 Steppland Road
Butler, Pennsylvania 16001

Dear Ms. Mueller:

As a result of the Department of Public Welfare's licensing inspection on April 27, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

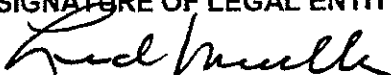
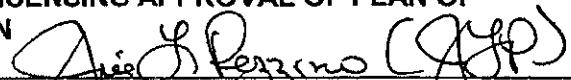
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

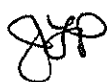
Sincerely,

Jill Pezzino
Regional Licensing Administrator

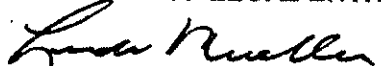
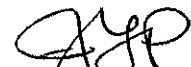
Enclosure(s)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Colonial Gardens Guest House 121 Steppland Road Butler, PA 16002		CURRENT LICENSE NUMBER 445700	
INSPECTION DATE(S) (Include all dates of the inspection) April 27, 2010		REGIONAL REPRESENTATIVE Jan Cutter, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Linda Mueller OWNER/ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/30/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #1 had a medical evaluation completed on 5/29/09, however, the resident experienced significant changes in his /her medical condition and no new medical evaluation was obtained to reflect the following changes: <ul style="list-style-type: none"> The resident became incontinent in June 2009 when he/she developed incontinent issues. 	6/18/10	Any change in a resident's condition whether it is medical or psychiatric, will be reported to the physician and an appointment will be scheduled as soon as possible for a complete evaluation and a new medical evaluation will be obtained. If the resident is no longer Personal Care he/she will be referred to the social worker/case worker for placement to a facility with higher level of care.	7-15-10 

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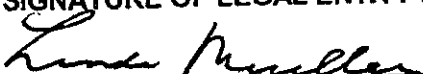

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	<ul style="list-style-type: none"> A catheter was ordered by a urologist in August of 2009. The resident developed a heel ulcer and significant breakdown of the sacral area in March 2010. The resident became immobile in March 2010. 	7-30-10	<p>Staff will be educated to report any changes in the resident's condition to the administrative staff (administrator or assistant administrator) immediately upon finding any changes.</p> <p><i>The administrator or designated staff person will review all current residents medical evaluations to ensure they are accurate and up to date. 6-30-10 JJP</i></p>	

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Linda Mueller</i>	DATE 6/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 6-30-10

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142a The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for such care, including updating the resident's assessment and support plan.	Staff person A, the administrator, did not contact the physician when Resident #1 experienced a rapid health decline in health March 2010; The resident developed a heel ulcer and significant breakdown of the sacral area in March 2010. The resident became very debilitated and immobile in March 2010	6/18/10	The administrative staff will immediately contact the physician when a resident experiences a decline in health and an appointment will be made with the physician to evaluate the resident as soon as possible. Both the assessment and support plan will be updated with the treatment plans that are to be instituted and if a higher level of care is needed the social worker/case worker will be notified to institute the placement.	7-15-10 <i>JYP</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

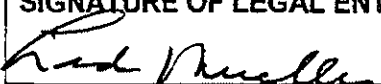
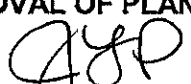
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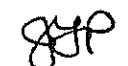
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186b Prescription medications shall be used only by the resident for whom the prescription was prescribed.	Staff person A, the administrator, stated that he/she was treating Resident #1's bedsores and wounds with prescription treatments as well as over the counter treatments (Sodium Chloride, Ascend Thermazene Silver Sulfadiazine cream, Calmoseptine, Derma Gran B wound dressing, and Aloe Vesta ointment) that were left over from other residents.	6/18/10 7-30-10	The administrator or assistant administrator will immediately upon discharge/death of a resident destroy all prescriptions that are left in the home for the said resident. In this case all over the counter drugs were specifically purchased for Resident #1 with the exception of the Sodium chloride, which should have been discarded. <i>The administrator will audit the medication cart and any place where medication is stored to ensure all medication is current and only for the residents residing in the home.</i>	Steps have been taken to correct violation; full compliance is not verifiable. 7-15-10 JJP Date Initials (DPW)

7-30-10 The administrator will audit all medications in the home monthly to ensure they are current and prescribed for current residents living in the home 6-30-10 JJP

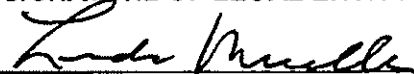
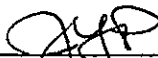
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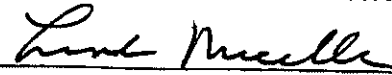
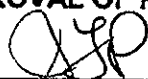
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of	Resident #1 has a prescription for Granulex ; however this information is not on the medication administration record.	6/18/10	Granulex was ordered as a PRN(as needed) spray for Resident #1 to assist in keeping [redacted] skin strengthened due to [redacted] urinary incontinency. It should have been documented on the PRN Medication Administration sheet. All prescription PRN's will be listed on the appropriate Medication Administration sheets.	7-15-10 


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administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.		6/18/10	These will be checked by the Administrator on a monthly basis at the end of each month to ensure that both daily and PRN medicines are correct on the appropriate Medication Administration sheets. All staff will be instructed to chart any prescribed treatments/medications; both daily and PRN; on the Medication Administrative Record.	

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225a 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.	Resident #1's diagnoses as listed on the medical evaluation dated 5/29/09 are Wernicke-Korskoff Syndrome and COPD; however, these diagnoses are not listed on the assessment dated 6/1/09.	6/1/10	All assessments were updated to include all diagnoses that are on the MA55. The administrator will ensure that each initial assessment and any subsequent assessments will include all diagnoses.	7-15-10 

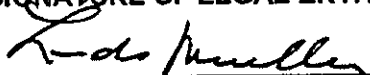

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225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.	Resident #1 experienced significant changes in medical condition prior to the due date of the annual assessment. However, an additional assessment was not completed to address the following concerns: <ul style="list-style-type: none"> The resident became incontinent in June 2009. A catheter was ordered 	6/18/10 7/30/10	When the resident experiences a significant change the assessment will be reviewed and updated in a timely fashion. The administrator or a designated staff person will review all current residents assessments to ensure they include all resident needs and that the home is able to meet the needs of that individual.	Steps have been taken to correct violation; full compliance is not verifiable 7-5-10 Date Initials (DPW)


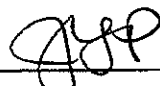
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REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
	by a urologist in August of 2009. <ul style="list-style-type: none"> The resident developed a heel ulcer and significant breakdown of the sacral area in March 2010. The resident became immobile in March 2010. The most recent assessment was dated 6/1/09.			

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #1's support plan (dated 3/25/10) was not updated to reflect the following changes in condition: <ul style="list-style-type: none"> The resident developed a heel ulcer and significant breakdown of the sacral area in March 2010. The resident became immobile in March 2010. 	6/18/10	The support plan will be reviewed and updated to reflect changes in the resident's condition in a timely fashion. The administrator will review with staff any change in the resident's condition when the change occurs and a review of the plan of treatment will be done, the support plan will be update and the treatment options will be noted in the communications book	7-15-10 

7/30/10 All residents in the home will have a detailed, comprehensive support plan that identifies exactly how the home plans to meet their needs based on the home's assessment of that individual. The administrator will review all current resident support plans to ensure all needs have been addressed. 6-30-10 