

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **R. LYNN AND LINDA MUELLER**

To operate **COLONIAL GARDENS GUEST HOUSE**

Located at **121 STEPPLAND ROAD, BUTLER, PA 16002**

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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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 **40**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Public Welfare 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 **March 21, 2011** until **March 21, 2012**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445700

Robert E. Robinson

ISSUING OFFICER

R. C. Myers

DIRECTOR

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 21 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

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 16002

Dear Ms. Mueller:

As a result of the Department of Public Welfare's licensing inspection on January 3, 2011 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'RM' or similar initials, followed by a horizontal line.

Ronald Melusky
Acting Director


Enclosures
License
Violation Report

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

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|--|-------------------|--|----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL GARDENS GUEST HOUSE, 121 STEPPLAND ROAD BUTLER, PA 16002 | | CURRENT LICENSE NUMBER 445700 | |
| INSPECTION DATES (Include all dates of the inspection) 01/03/2011 | | REGIONAL REPRESENTATIVE Kathy Kruppa, Joseph Phillips | |
| 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 RN Administrator | | | |
| SIGNATURE OF LEGAL ENTITY <i>Linda Mueller</i> | DATE 2/28/2011 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan B. Lambert (g)</i> | DATE 3-4-11 |

| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | 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 |
|--|---|-----------------------------|---|-----------------------------|
| 16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hot line 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). | On 8/6/10, resident #6 fell out of bed and was transported to the Butler Hospital. Resident #6 was diagnosed with a subdural hematoma and altered mental status. The home did not submit an incident report to the Department for this incident. Western Region MAR 3 2011 | 1/11/2011 1-11/2011 | Administrator reviewed with staff types of incidences that are reportable to DPW. If the Administrator is unavailable to send in the report the designee will do so. The Administrator will ensure that all incident reports are submitted in a timely fashion; via fax with f/u by the U.S. Mail service. <i>The home submitted the incident report for resident #6</i> 3-4-11 | 3-4-11 |

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

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| <p>51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).</p> <p>Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15</p> | <p>Staff member A, hired 8/16/10, lived out of the state and back moved back into the state less than a year ago. No FBI criminal history check was completed. Staff member A has a charge of retail theft and theft by unlawful taking and there is no designation of the grade of the offense indicated on the Pennsylvania criminal history check to determine if the staff person has a prohibitive offense.</p> <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">MAY 3 2011</p> <p style="text-align: center;">Adult Residential Licensing</p> | <p style="text-align: center;">AWAITING FBI CLEARANCE.</p> <p style="text-align: center;">3-25-11</p> | <p>Administrator did the PA Criminal Background Check, however was unaware that the employee left the state. An FBI check was submitted 1/14/2011 And once the report is received it will be faxed/mailed to DPW. Until we receive the FBI check, she will be suspended from working at the home. AS DCS.</p> <p><i>The Administrator and all staff involved in the hiring and retention of state persons will complete the on-line Older Adult Protective Services Act training course. Documentation will be kept. 3-4-11</i></p> | <p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p style="text-align: center;">3-4-11</p> <p>Date Initials (DPW)</p> |

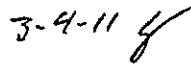
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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| SIGNATURE OF LEGAL ENTITY <i>Linda Mueller</i> | DATE 2/28/2011 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION | DATE 3-4-11 |

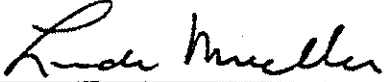
| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
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| (relating to protective services for older adults) and other applicable regulations. | | | | |
| <p style="font-size: 1.2em; margin: 0;">Western Region</p> <p style="font-size: 0.8em; margin: 0;">March 2, 2011</p> <p style="font-size: 0.8em; margin: 0;">Adult Residential Licensing</p> | | | | |


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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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| 96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. | The first aid kit in the nursing office does not include gloves and thermometer. | 1/11/2011 | All first aid kits were checked for gloves & thermometers. The first aid kit in the office had gloves but they were in a plastic bag. The thermometers that are used in the first aid kits are Tempa-DOT single use clinical thermometers, see enclosed. The Administrator or designee will check the first aid kits the first week of each month to ensure that all supplies are accounted for. | 3-4-11  |
| Western Region 2011 Adult Residential Licensing | | | | |

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| 141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization | The medical evaluation for resident #1, dated 10/4/10, does not include a medication regimen. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">15 3 2011</p> <p style="text-align: center;">Adult Residential Licensin:g</p> | 2/4/2011 | Medical evaluation for resident #1 had a list of the inpatient drugs attached not the discharged medications. The VA hospital doctors and CRNP's were notified via email and U.S.Mail (see attached)of what is required by DPW. Administrator or designee will check each medical evaluation to ensure that the discharge medications are listed properly. | 3-4-11  |

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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| NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL GARDENS GUEST HOUSE, 121 STEEPLAND ROAD BUTLER, PA 16002 | | CURRENT LICENSE NUMBER 445708 | |
| INSPECTION DATES (Include all dates of the inspection) 01/03/2011 | | REGIONAL REPRESENTATIVE Kirby Kruppa, Joseph Phillips | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Reported on FIRST PAGE only unless multiple representatives produce the plan) Kim M. Leary | | | |
| SIGNATURE OF LEGAL ENTITY Kim M. Leary | | DATE 1/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION |
| | | | DATE 3-7-11 |

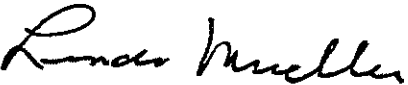
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| history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request. | Western Region MAR 3 2011 Adult Residential Licensing | | | |

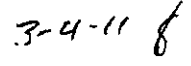
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| 187d The home shall follow the directions of the prescriber. | Resident #3 was not administered the prescribed medication Omeprazole 20 mg on 12/31/10. | 1/12/2011 | The Administrator held a staff meeting with all medication administering staff regarding the importance of signing the MAR after administering medications. We reviewed the proper procedure for documentation of a missed or not given medication. Each medication staff was observed through the medication administration process by the medication trainer. The medication trainer will do spot checks on the MAR and review the medication process as necessary. | |
| <p style="font-size: 1.2em; font-weight: bold;">Western Region</p> <p style="font-size: 1.2em; font-weight: bold;">Adult Residential Licensing</p> | | | | |

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| 251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry. | Resident #2's medication administration record (MAR) has an entry for 12/31/10 has white out in the initial block for Midodrine 2.5mg. Resident #1's MAR for 12/14/10 has an entry that has white out in the initial block for Thiamine 100 mg, Lisinopril 5 mg, and Multit vitamins. | 1/12/2011 | As with 251b, the Administrator also reviewed the documentation process on the MAR and stressed the uses of white out is prohibited. How to correct an error on the MAR was reviewed with each staff. The medication trainer will review the MAR's on a weekly basis. If errors occur that staff member will be retrained as needed. | 3-4-11  |
| <p style="font-size: 24px; opacity: 0.5;">Western Region</p> <p style="font-size: 24px; opacity: 0.5;">3 2011</p> <p style="font-size: 18px; opacity: 0.5;">Adult Residential Licensing</p> | | | | |