

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JAI JALARAM CARE, LP
LEGAL ENTITY

To operate COLONIAL LODGE RETIREMENT COMMUNITY
NAME OF FACILITY OR AGENCY

Located at 2015 NORTH READING ROAD, DENVER, PA 17517
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 75
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 January 15, 2012 until January 15, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 322580

Robert E. Robinson

ISSUING OFFICER

R. C. King

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

FEB 03 2012

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

Ms. Lois D. Clymer, Administrator/Owner
Jai Jalaram Care, LP
Colonial Lodge Retirement Community
2015 North Reading Road
Denver, Pennsylvania 17517

Dear Ms. Clymer:

As a result of the Department of Public Welfare's licensing inspection on December 1, 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 be 'R Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011		REGIONAL REPRESENTATIVE Serena Chou, Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/12/12

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
25a) Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	<ul style="list-style-type: none"> Resident # 2, admitted 10/13/2011, did not have a resident-home contract completed until 10/24/2011. Resident # 4, admitted 10/14/2011, did not have a resident-home contract completed until 10/18/2011. Resident # 6, admitted 2/28/2011, did not have a resident-home contract completed until 3/3/2011. 	1-12-12 DNL/BLV	The administrator is conducting an in-service training with all staff who assist with the admission of new residents to reinforce that the contract must be completed within 24 hours of admission. The administrator will develop a checklist for new admissions that includes the completion of the contract within the 24 hours of admission and obtaining the required signatures on the contract. The administrator or designee will review the records of all new admissions within 5 days of admission to review that the resident-home contract has been completed.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1/12/12 Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011		REGIONAL REPRESENTATIVE Serena Chou, Ron Mimich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Leo D. Chynar</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 1/12/12

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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person B, whose first day of work was 9/8/2011, did not receive the following required training: <ul style="list-style-type: none"> Evacuation procedures Staff duties during fire drills, emergency evacuation and transportation Designated meeting places and/or fire safe zones Smoking safety procedures and smoking areas Location of fire extinguishers and their use Smoke detectors and fire alarms Use of telephone and notifying emergency services 	1-3-12 1-12-12 ONGOING	Staff person B was given the training required in general fire safety, emergency preparedness, with all topics required by the regulation included in the training. To prevent further occurrences the administrator is developing a new checklist for all new staff and volunteers that lists all of the training topics that are required to be trained on prior to or on the first day of work. The administrator is conducting an in-service training with all staff persons who are responsible for training of new staff. The administrator or designee will review the personnel records of all new hires or volunteers within the first 40 hours of work to ensure that training requirements are being met and documented.	Steps have been taken to correct violation; full compliance is not verifiable 1/12/12 Date Initials (DFW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011		REGIONAL REPRESENTATIVE Serena Chou, Ron Mianich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>David D. Ulyane</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberger</i>	DATE 1/12/12

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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			<u>Cont'd</u>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
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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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Staff person B completed their 40th scheduled work hour on 9/13/2011. The staff person did not receive the required training in the following: <ul style="list-style-type: none"> Resident rights Emergency medical plan Mandatory reporting of abuse and neglect under OAPSA Reportable incidents 	1-3-12 1-12-12 ONGOING	Staff person B has now completed the training on resident rights, emergency medical plan, OAPSA and mandatory abuse reporting and reportable incidents. The administrator is developing a new checklist to be used for all new staff and volunteers that will include all topics that are required to be trained on within the first 40 working hours. The administrator will hold an in-service training for all staff who are responsible for the training of new hires and volunteers. The administrator or designee will review the personnel records of all staff and volunteers within the first 40 working hours to ensure that all initial training requirements are being met and documented.	Steps have been taken to correct violation; full compliance is not verifiable Date: 1/12/12 Initials: (DRW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Joe D'Agostino</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberg</i>	DATE 1/12/12

REGULATION 55 Pa.Code §2600 and conditions.	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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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>James D. Chyne</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Capl B...</i>	DATE 1/12/12

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
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff person G, hired on 10/12/2011, began providing unsupervised ADL services on 10/12/2011. The staff person did not complete the direct care competency test until 12/1/2011.	1-12-12	The administrator is developing a checklist for all new hires and volunteers that will include completion of the the direct care course and competency test prior to providing unsupervised ADL's. The administrator is conducting in-service training with all staff who are responsible for the training of new staff to reinforce the requirements of having completed the direct care training course prior to providing unsupervised ADL's and having documentation of the test in the staff person's records. The administrator or designee will review the personnel records of all new staff hired within the first 40 work hours to ensure that all required training is being provided.	1/12/12 <i>JP</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
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SIGNATURE OF LEGAL ENTITY <i>John D. Chyn</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE 1/12/12

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
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual			<i>Compld</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
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SIGNATURE OF LEGAL ENTITY <i>How & Ulyne</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE 1/12/12

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
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.				<i>Contd</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Xero O'Leary</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberg</i>	DATE 1/12/12

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
(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (8) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			<i>Contd</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
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SIGNATURE OF LEGAL ENTITY <i>James D. Clayman</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 1/12/12

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
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				<i>CMA</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
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SIGNATURE OF LEGAL ENTITY <i>Koro Q. Chyn</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberg</i>	DATE 1/12/12

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
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.				<i>Contd</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
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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
144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	<ul style="list-style-type: none"> The home's designated smoking area contained a garbage can lined with a plastic bag and magazine in the enclosed smoking area. Approximately 50 cigarette butts were scattered throughout the home's front entrance and parking lot. <p>Repeated Violations: 10/21/2010</p>	<p>1-4-12</p> <p>1-12-12</p>	<p>A house meeting was held with all residents to review the home's smoking policy and designated smoking area. The flammable items were removed from the enclosed smoking area and the cigarette butts were cleaned from around the front entrance and parking lot. The administrator has added to the checklist for housekeeping that the designated smoking area be checked for flammable items. A mandatory staff meeting is being held during which the smoking policy and location will be reviewed and staff will be instructed on directing residents to the designated smoking area as well as precautions including fire resistant furniture and fireproof receptacles.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>1/12/12</p> <p>Date Initials (DPW)</p>

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

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SIGNATURE OF LEGAL ENTITY <i>Ann R. Lynn</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 1/12/12

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
181f The resident's record shall include a current list of prescription, OTC and OTC medications for each resident who is self-administering his medication.	On 12/2/2011, Resident #9's record did not include a current list of medications. The list in the resident's record did not include Cymbalta, Enalapril, Aspirin, Omeprazole, and Lorazepam.	1-12-12	The MAR for resident #9 has been revised to include all current medications. The administrator or designee will conduct an audit of the medication administration records (MAR's) at the beginning of each month and compare the MAR to the medications stored so that all medications for the resident are recorded on the MAR. The administrator will remind all residents who self-administer their medications to inform the staff of any changes to their list of prescribed medications.	1/12/12 <i>[Signature]</i>

Steps have been taken to correct violation; full compliance is not verifiable
 Date: 1/12/12 Initials (DPW): *[Signature]*

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COLONIAL LODGE

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
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SIGNATURE OF LEGAL ENTITY <i>Jose Q. Clayton</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 1/12/12

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
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	<ul style="list-style-type: none"> On 12/1/2011, Resident # 7's Insulin Solostar, was opened and stored in the refrigerator. The manufacturer's instruction reads, "in use opened, room temperature only." On 12/2/2011, one white round pill, half orange round pill, one purple round pill, one white oblong pill, and one round orange pill were found in medication cart. 	1-3-12 1-13-12	The insulin for resident #7 is now being stored at room temperature after opened. The loose pills that were found were properly discarded. An in-service training is being held for all staff who assist with the administration of medications. Proper storage of all medications according to the manufacturer's instructions, under proper conditions and organization method will be reviewed. Weekly audits of the medication carts and other medication storage areas will be conducted to monitor proper storage.	Steps have been taken to correct violation; full compliance is not verifiable 1/12/12-05 Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011		REGIONAL REPRESENTATIVE Serena Choi, Ron Mummich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>James O'Leary</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE 1/12/12

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
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 administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<ul style="list-style-type: none"> The medication administration record for resident # 8 does not include staff initials for the person administering Metoprolol on 11/24/2011. The medication administration record for resident # 10 does not include staff initials for Combivent on 11/16/2011, and 11/24/2011. The medication administration record for resident # 8 does not list the medication, Acetaminophen. The medication administration record for resident # 2 does not include a diagnosis for Coumadin. <p>Repeated Violations: 10/21/2010</p>	<p>1-13-12</p> <p>1-13-12</p> <p>1-13-12</p>	<p>All staff who assist with the administration of medications will attend an in-service training to review the proper medication administration procedures and documentation of the administration of the medications.</p> <p>MAR's will be reviewed at the beginning of each month by the administrator or designee to check that all prescribed medications for each resident are correctly recorded and complete including diagnosis for each medication.</p> <p>The administrator or designee will conduct weekly audits of the medication administration records (MAR's) to ensure that medications are being administered as prescribed and properly documented.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1/12/12 <i>DRW</i></p> <p>Date Initials (DRW)</p>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Koro D. Chyn</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>	DATE 1/12/12

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
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.				<i>Contd</i>

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SIGNATURE OF LEGAL ENTITY <i>Ann D. Chyn</i>	DATE 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberg</i>	DATE 1/12/12

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187d The home shall follow the directions of the prescriber.	<ul style="list-style-type: none"> Resident # 3's Senna was not available from 11/7/2011 to 11/12/2011. Resident # 2's Calcium, Cyanocobalamin, and Acidophilus was not available in the home on 11/1/2011. Resident # 9's Metformin and Vesicare was not available on 12/2/2011. 	1-13-12	The administrator or designee will review all medication administration records (MAR's) at the beginning of each month for completion and accuracy and to compare that the prescribed medications are available for administration in the home. The administrator or designee will develop a system to ensure that all medications are ordered prior to the current supply being depleted. The administrator will work with residents who receive medications from a source other than the main pharmacy used by the home to have medications ordered and in place in a timely manner with a back up system in place to insure that the residents will have the medications. The administrator or designee will work with any residents who desire to self administer medications to assist with ordering and obtaining medications so that the resident's medications will be available as prescribed.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1/12/12 <i>CB</i></p> <p>Date Initials (DPW)</p>

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VIOLATION REPORT
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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident # 6's assessment, completed on 3/7/2011, indicated that the resident is mobile. However, the resident's medical evaluation, dated 2/23/2011, indicated that the resident is "unable to move from one location to another without oral prompting from others".	1-12-12 G.W.G./N.G.	The assessment for resident #6 was revised to reflect the actual condition of the resident as documented on the medical evaluation form. The administrator or designee will conduct an in-service training for all staff involved in the completion of assessments and supports plans during which staff will be educated in the process of completing the assessment which will reflect the condition of the resident and the resident's needs per a review of the medical evaluation as well as the interview and observation process. The administrator will conduct a random sampling of resident records each month to review the assessments to see that the condition of the resident and the medical evaluation is accurately reflected.	1/12/12 CB

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	On 6/27/2011, resident # 6's received physician orders for hospice care. The resident's support plan did not address how the home will assist the resident in meeting these needs.	1-12-12 ONGOING	The support plan for resident #6 was updated to reflect the needs of the resident and how those needs will be met. The administrator will conduct in-service training with all staff who are responsible for the development of support plans to focus on documentation of needed services, how those services will be made available, who will provide the services and any referrals to outside services that may be appropriate. The administrator will conduct random monthly audits on a sampling of resident records to review the resident support plans.	1/12/12 <i>CB</i>

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