

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WHEELER CARE CENTERS, INC.

LEGAL ENTITY

To operate COLONIAL WOODS

NAME OF FACILITY OR AGENCY

Located at 1710 CREEK ROAD, GLENMORE, PA 19343

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 31
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: 198230

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

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

FEB 14 2012

Mr. Fred Wheeler, President
Wheeler Care Centers, Inc.
P.O. Box 70
Glenmore, Pennsylvania 19343

RE: Colonial Woods
1710 Creek Road
Glenmore, Pennsylvania 19343

Dear Mr. Wheeler:

As a result of the Department of Public Welfare's licensing inspection on December 15, 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.


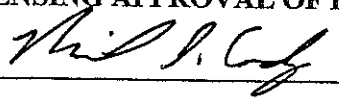
Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Director

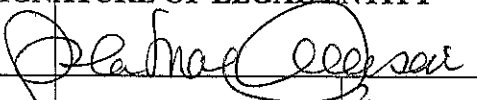
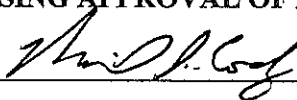
Enclosures
License
Violation Report

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

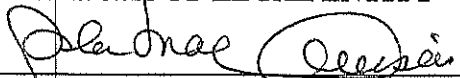

NAME AND ADDRESS OF PERSONAL CARE HOME Colonial Woods, PCH 1710 Creek Road, Glenmoore, PA 19343		CURRENT LICENSE NUMBER 198230	
INSPECTION DATE(S) (Include all dates of inspections) 12/15/2011		REGIONAL REPRESENTATIVE Rebecca Riel; Jaime Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE Multiple representatives produce the plan)		SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless	
SIGNATURE OF LEGAL ENTITY 	DATE 1/12/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/25/12

1	REGULATION 55.Pa Code § 2600.	2 VIOLATION	3 DATE BY COMPLIANCE VERIFIED BY	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
25c1	Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own fund for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.	The contracts for Resident #1, #2, #3, & #4, who receive SSI, do not specify the amount of the personal needs allowance the resident shall retain. The current personal needs allowance is \$85.	12/15/2012 1/11/2012	<p>Immediate: Colonial Woods' Admission Agreement has been changed to include: SSI and SSD Resident are required to have an \$85 per month needs allowance. (Copy attached.)</p> <p>SSI and SSD residents and their Designated Representatives have received a revised copy of the Paragraph 10 and have been asked to review the change; sign at the bottom; and, return to Colonial Woods where it will become an addendum to the Admission Agreement</p> <p>On-going: All future Admission Agreements will include this language.</p>	NSC 1/25/12


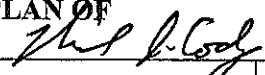
VIOLATION REPORT
PERSONAL CARE HOMES – 55Pa. Code Chapter 2600

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	VIOLATION/CLASS		DATE BY 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)
	54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma; GED; or, active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.		Direct Care Staff Person A does not have a high school diploma; GED diploma; or, active registration status on the Pennsylvania nurse aide registry. 12/15/2011 1/3/2012	Immediate: Employee A was contacted immediately who went on-line and ordered verification of graduation from her high school in Chicago. Verification was received and a copy faxed to Regional office to prove verification. (Copy attached.) On-going: Interviewee and re-hires will be required to furnish proof of high school diploma or GED prior to being hired.
				DATE COMPLIANCE VERIFIED BY DPW NSC 1/25/12

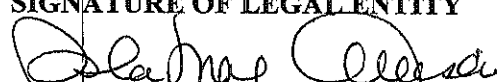
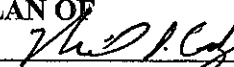
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	65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35P.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	Direct Care Person A did not received training in emergency preparedness procedures and recognition and response to crises and emergency situations during training year 2010.		Immediate: Since this training had been scheduled for Year 2010 there is nothing we can do to correct her training oversight. Ongoing: Training Sign-in sheets and individual training sheets already exists; and, is completed for each staff member receiving training. Closer attention to all details of training must be done. A review of these documents by two staff members will be done on a quarterly basis to assure all training has been completed. If not, staff members lacking training, as scheduled, will have to complete the training within one week; and, receive a Corrective Action in their permanent personnel file.	Steps have been taken to correct violation; full compliance is not verifiable 1/25/12 Date Initials (DPW) MS

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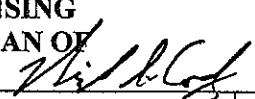
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	65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.	The home's record of training does not include documentation of training received for emergency medical plan and reporting reportable incidents and conditions.	12/20/2011 and 1/24/2012	<p>Immediate: The Emergency Medical Plan was reviewed on 12/20/2011 and redistributed to all direct care staff members. All direct care staff members will be tested on the content of this policy during the January 24, 2012 staff meeting and proper documentation will be maintained.</p> <p>Although specific training on the Emergency Medical Plan was not held in 2011 all direct care staff members were trained in the Emergency Preparedness Plan which includes all applicable emergency medical training (see Emergency Preparedness Plan; Procedure for Major Incident Event; Paragraphs A to L.</p> <p>Ongoing: Add Emergency Medical Plan training to our mandatory training list to reinforce training received in the Emergency Preparedness Plan; and, retain documentation of training.</p>	NSC 1/25/12

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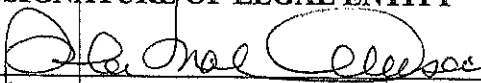
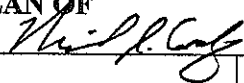
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93a	Each ramp, interior stairway and outside steps shall have a well-secured handrail.		The step between the sunroom and living room of the home does not have a handrail.		12/20/2012		Immediate: Two grab bars were installed on the interior and exterior sides of the stationary French door to provide a resident assistance in entering/exiting through the doorway.		
					4/30/2012		Ongoing: Consideration is being given as to the feasibility of a ramp being installed at this one step. If feasible, without causing an additional concern for resident's safety, a ramp will be built at this one step.		
					1/12/2012		All stairways; outside steps and the ramp will be reviews to assure sturdy handrails are available and in good condition.		

NSC
1/25/12

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	On December 15, 2011, at approximately 2:00 PM, the door to Resident #2's bedroom was blocked by boxes and was unable to be fully opened, preventing full egress from the resident's bedroom in the case of an emergency	1/12/2012	Immediate: This resident was spoken to regarding the existing hazard; educated on the need to keep egress areas clear of items; and agreed to a 12/31/2011 timeframe to purge trash and place wanted but unused items in boxes for storage in our store area. ■■■ was not compliant; therefore, 1/12/2012 it was necessary for Administrative staff to assist ■■■ to clearing the areas around the door and placing items in storage. On-going: Monitor ■■■ room on a bi-monthly basis to assure ■■■ has not 'horded' more items in the egress area(s).	Steps have been taken to correct violation; full compliance is not verifiable 1/25/12 NSC Date Initials (DPW)	

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187a A medication record shall be kept to include the following for each resident for who 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 precautions, if applicable. (12) Diagnosis or purpose for medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<ul style="list-style-type: none"> • The medication administration record for Resident #3 does not include the staff initials for medications at 8 am on 12/9/2011, including Omeprazole/40mg, Polyglycol Powder, Sertalin/50mg, Spironolactone/25mg, and Vitamin B-12/1000mg. • The medication administration record for Resident #5 does not include the staff initials for the medication, Warfarin/2mg at 8 pm on 12/14/2011 • The narcotic count sheet for Resident #6 for Hydrocodone/APAP (5mg/500mg/tab every 12 hours PRN for pain) is signed that the medication was given on 12/13/2011 at 8am and 9pm. The medication administration record was not initialed by staff that it was given. 	1/3/2012 and 1/24/2012	Immediate: Direct Care Staff responsible for administering medications received Colonial Woods policy on Medication Administration to re-read and take a written test. Tests were due in Administration on 1/11/2012. Additional training will be completed during staff meeting on 1/24/2012 Ongoing: Additional observations will be conducted on a monthly basis to reinforce accuracy in all aspects of medication administration—to include documentation on MARS. Documentation of observations will be retained in each staff members Medication Administration training record.	Steps have been taken to correct violation; full compliance is not verifiable 1/25/12 NSC Date Initials (DPW)	