

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 22, 2012 until March 22, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445700

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

APR 17 2012

Ms. Linda Mueller, 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 March 7, 2012, and the corrections you have made after our inspection, we have found the above personal care home 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,

A handwritten signature in black ink, appearing to read '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 GARDENS GUEST HOUSE, 121 STEPPLAND ROAD BUTLER, PA 16002		CURRENT LICENSE NUMBER 445700	
INSPECTION DATES (Include all dates of the inspection) 03/07/2012		REGIONAL REPRESENTATIVE Dennis Ropon, Brenda McAfee	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LINDA MULLER ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Muller</i>	DATE <i>3/21/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gab/m</i>	DATE <i>3-26-12</i>


REGULATION 55 Pa.Code §2600	VIOLATION	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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	Resident #7's bedroom has two 3'x5' throw rugs. The throw rugs are not secure and slide on the floor presenting a slip and fall hazard.	<i>3/12/12</i>	Resident #7 bedroom carpets were removed and new rubber backed carpets were purchased and replaced the old ones. Housekeeping staff will check the rooms to ensure any throw carpets have a good rubber backing to ensure safety. <i>The checks will be conducted at least weekly. 3-26-12</i>	<i>3-26-12 ✓</i>
<p>RECEIVED</p> <p>MAR 23 2012</p> <p>Western Field Office Adult Residential Licensing</p>				

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REGULATION 55 Pa.Code §2600	VIOLATION	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
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency procedures are not posted in a conspicuous and public place in the home. The emergency procedures are locked in the home's office. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center;">MAR 23 2012</div> <div style="text-align: center; font-size: 0.8em;">Western Field Office Adult Residential Licensing</div>	3/12/12 A copy of the home's emergency procedures was placed in the outer office area where all residents, staff and visitors have access to them. Administrative staff will check monthly to ensure that the copy is there.	3-26-12 g

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REGULATION 55 Pa.Code §2600	VIOLATION	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	The medication administration record for resident #1 does not include Furosemide 20mg, 1-tab PO QD or the administration of the medication on the mornings of 3/1/12 through 3/4/12. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; margin-top: 10px;">MAR 23 2012</div> <div style="text-align: center; font-size: 0.8em;">Western Field Office Adult Residential Licensing</div>	3/20/12	The administrative staff will review medications and compare to MAR on a biweekly basis. All new orders will be rechecked by the administrator or RN staff. Administrative staff inadvertently omitted Putting the furosemide on the March MAR. All staff were reeducated to review MAR when administrating medications.	3-26-12

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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.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">REVOKED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">MAR 23 2012</div> <div style="font-size: 0.8em;">Western Field Office Adult Residential Licensing</div>		

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SIGNATURE OF LEGAL ENTITY <i>Leid Mueller</i>	DATE 3/21/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	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
187d The home shall follow the directions of the prescriber.	On 3/2/12 the home received a physician's order to hold resident #1's Furosemide 20mg, 1- PO QD. The home administered the medication on the mornings of 3/3/12 and 3/4/12. Repeated Violations: 12/03/2011	3/15/12 <i>withdrawing</i>	Please see attached clinic notes and MAR. Resident was ordered Furosemide initially on 2/17/12 which was started on the morning of 2/18/12. Patient was seen on 2/24/12 by PCP Dr. Sylves, who wrote to keep the Lasix. Administrative staff inadvertently omitted putting the medication on the MAR for March. The medication was not ordered to be held. All staff were reeducated to review MAR when administrating medications.

RECEIVED

MAR 23 2012

Western Field Office
Adult Residential Licensing