

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate **COLONIAL GARDENS GUEST HOUSE**
NAME OF FACILITY OR AGENCY

Located at **121 STEPPLAND ROAD, BUTLER, PA 16002**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

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 **May 25, 2013** until **May 25, 2014**,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 28 2013

Ms. Linda Mueller, 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 (Department) licensing inspection on January 16, 2013, 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 Human Services 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 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: COLONIAL GARDENS GUEST HOUSE		License Number: 445700
Address: 121 STEPPLAND ROAD, BUTLER, PA 16002		County: Butler
Administrator: Linda Mueller		Region: WEST
Legal Entity Name: R LYNN AND LINDA MUELLER		
Legal Entity Address: 208 RIVER FOREST DRIVE, FREEPORT, PA 16229		
Certificate(s) of Occupancy C-2 LP 12/18/1985 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 35 Waking Staff: 26		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/16/2013: Miller-Linhart, Alden; Bacher, Mike		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 40 Number of Residents Served: 35 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 21 Have Mental Illness: 35 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44570 - 01/16/2013 - Miller-Linhart, Alden
 PCH Name: COLONIAL GARDENS GUEST HOUSE

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2 2013

2a. DESCRIPTION OF VIOLATION

Western Field Office

There were large quantities of cigarette butts located on the sidewalk leading to the home's main entrance and large quantities of discarded cigarette butts located at the entrance on side of the building.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All residents are psychiatrically disabled and smoking relieves a lot of stress however, a meeting was held with all smokers who reside in the home. It was discussed again that smoking is only permitted in the smoking area during the winter months and during bad weather. This is to include all smoking staff as well. Smokers were informed that if they continue to smoke at non-smoking areas, the entire home/area will be designated non-smoking. Smoking will then have to be done off the property.

Signs were posted on all doors leading to the non-smoking porches and yard areas. All benches and chairs were removed from the porches and the ramp area to discourage smokers from going to those areas to smoke.

Additional benches and cigarette cans were placed in the smoking area. Maintenance staff is to monitor the smoking area daily and replace the cans as needed. They will also survey the non-smoking areas to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Linda Mueller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LINDA MUELLER OWNER/ADMINISTRATOR* Date *3/1/2013*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-5-13 (Date)

Plan of correction implementation status as of 3-5-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *3-5-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *LM* (Initials)

Violation Report: 44570 - 01/16/2013 - Miller-Linhart, Alden
PCH Name: COLONIAL GARDENS GUEST HOUSE

2/2013

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

Western Field Office
Adult Bed Care Monitoring

2a. DESCRIPTION OF VIOLATION

Resident bedroom #4 does not have a bedside lamp or source of lighting that can be turned on/off at bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The resident in bedroom #4 likes to move his bed depending on his mood. The over the bed light was placed over the bed by the maintenance staff during the inspection. Housekeeping staff were notified that if the bed is moved away from the over bed light they are to notify the maintenance staff to change the lights position again so that it complies with DPW regulations. Housekeeping staff will check the rooms on a daily basis to ensure that all beds have a lamp within reach of the bed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Mueller*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Mueller owner/ADMINISTRATOR* Date *3/1/2013*

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(Date)

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(Initials)

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Violation Report: 44570 - 01/16/2013 - Miller-Linhart, Alden
PCH Name: COLONIAL GARDENS GUEST HOUSE

2 2013

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

Western Field Office
Adult Family Care Licensing

- (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 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.

2a. DESCRIPTION OF VIOLATION

Resident #1's January 2013 medication administration record does not indicate the prescribed artificial tears eye lubricant cream, apply a thin ribbon to left eye 3 times daily for dry eye.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A meeting was held with the medication staff and the process for recording new medications was reviewed. Administration staff will be told by medication staff of any new medications brought in by family members on an off shift so that administration staff can ensure that the medications were properly documented on the MAR. Administration staff will review the MAR and compare the current medications to the MAR every 2 weeks to ensure that all medications are properly documented on the MAR.

3-20-13 - Resident #1's MAR will be updated to include all prescribed medications. 3-5-13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/07/2012	
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Signature of Legal Entity Representative (Required on EVERY Page) *Linda Mueller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Mueller owner/ADMINISTRATOR* Date *3/1/2013*

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