



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 27, 2013

Ms. Lois Clymer, Administrator
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 Human Services licensing inspection on February 14, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure(s)

Violation Report: 32258 - 02/14/2013 - Rosenblat, Dale
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 12/31/12, an allegation of abuse against Residents' #2, #3, #4 and #5 was reported to the home. The home did not report the allegation to the local Area Agency on Aging or the State Department of Aging.

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.

① The allegation of abuse against Residents #2, #3, #4, and #5 will be reported to the local Area Agency on Aging via Act-13 Mandatory Abuse Report by [redacted] on or before June 19, 2013

② Any future allegation of abuse will be reported to the local Area Agency on Aging via Act 13 Mandatory Abuse Report immediately by the administrator or assistant administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lois Clymes

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Lois Clymes

Date 6-18-13

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

The above plan of correction is approved as of 9-26-13
 (Date)

The above plan of correction was approved by BE
 (Initials)

Plan of correction implementation status as of 9-26-13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32258 - 02/14/2013 - Rosenblat, Dale
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 12/31/12, an allegation of abuse against Residents' #2, #3, #4 and #5 was reported to the home. The home has not submitted an incident report to the Department.

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.

① The allegation of abuse against Residents #2, #3, #4 and #5 will be reported to the Department of Public Welfare using the Bureau of Human Services Licensing Incident Reporting Form by [REDACTED] on or before June 19, 2013.

② Any future allegations of abuse will be reported to the Department of Public Welfare using the above mentioned form by the administrator or assistant administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lou Clymer</i>	Date <i>6-18-13</i>
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Violation Report: 32258 - 02/14/2013 - Rosenblat, Dale
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

During the period of 12/12/12 to 12/31/12 Resident #1 was reported to be engaged in inappropriate behavior with Residents' #2, #3, #4 and #5. Staff Person B reported that Resident #1 has mild dementia. The home has not assisted the Resident to secure health care to address this need, including updating the resident's assessment and support.

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.

- ① On Mar. 20, 2013 Resident #1 had a consultation with [REDACTED] of Comprehensive Behavioral Health Services at 2201 Ridgewood Road, Ste 400, Wyomissing, PA 19610.
- ② Resident's assessment and support plan has been updated regarding his need for this type of Behavior Health Services.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Louis Clymer* Date *6-18-13*

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The above plan of correction was approved by <u>EE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented