



**MAILING DATE: December 9, 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 inspections on June 24, June 27 and October 9, 2013 of the above facility, violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The 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 the violations are corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb". The signature is written in a cursive, flowing style.

Jaime Erb  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 32258 - 06/24/2013 - 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 June 10, 2013, Resident #1 expired in 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.

An incident report was submitted to the Department on 7/1/13. In the future the administrator will submit an incident report for any death in the home as per regulation 2600.16(c).

All regulations regarding reporting to the department will be reviewed and noted in our policies and procedures by Oct 10, 2013 by Harry Wenger.

11/1/13 - The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required. *JE*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lois Clymer*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Administrator, Lois Clymer      Date 10-1-13

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

The above plan of correction is approved as of <u>10/7/13</u> (Date)	Plan of correction implementation status as of <u>11/2/13</u> (Date)
The above plan of correction was approved by <u><i>JE</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32258 - 06/24/2013 - Rosenblat, Dale  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.16(e) - If the home's final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.

**2a. DESCRIPTION OF VIOLATION**

On June 5, 2013, the home submitted a final incident report validating the occurrence of physical or sexual assault by or against a resident, affecting Residents #2, #3 and #4. As of June 24, 2013, the home has not informed the residents or their designated persons.

**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 home's internal investigation concluded that the sexual contact was mutually generated and other residents were not in harm's way.

~~On Oct. 10, 2013 at the next resident council meeting, safety issues including any danger of a sexual abuse will be presented, and those not attending will have the safety measures reviewed by a staff member.~~

The administrator will immediately notify the affected resident and other residents who could potentially be harmed or his designated person as required. Documentation of notification will be kept in the resident's record. *je*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lors Clymer, Administrator</i>	Date <i>10-1-13</i>
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The above plan of correction is approved as of 10/7/13 (Date)

Plan of correction implementation status as of 11/2/13 (Date)

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

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

Violation Report: 32258 - 06/24/2013 - Rosenblat, Dale  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2500**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract for Resident #4 was not signed by the payer.

**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 contract was signed by the payer 5 days after admission.  
 The administrator will oversee the admission checklist for all future admissions.

11/1/13 - The administrator will conduct an audit of all resident contracts, to ensure that each contract is signed by the administrator or a designee, the resident and the payer, and cosigned by the resident's designated person if any, if the resident agrees for residents admitted after the date shown. If a contract is found missing a signature, the administrator will contact the appropriate party to make arrangements to sign the contract. *ju*

Each contract will be signed by the administrator or a designee, the resident and the payer, and will be cosigned by the resident's designated person if any, if the resident agrees for residents admitted after the date shown. *ju*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lois Clymer, Administrator</i>	Date <i>10-1-13</i>
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The above plan of correction is approved as of 10/7/13  
 (Date)

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

Plan of correction implementation status as of 11/2/13  
 (Date)

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

Violation Report: 32258 - 06/24/2013 - Rosenblat, Dale  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Direct care Staff Person A wrote the following in the Personal Care Aide's Notes:

June 5, 2013 - "Caught Resident #2 in another resident's room with their hand up another resident's shorts, told Resident #2 to get out of the resident's room and they were both talked to."

June 12, 2013 - "Taking residents back from supper when staff member found Resident #2 making out and feeling up a resident. Sent both residents back to their rooms and called Administrator. Administrator had us call the police so they could file a report."

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.

Direct care person A received instruction on the treating of residents with dignity and respect on 9-30-13, at 2 pm by [REDACTED]

At the next staff on October 25, 2013, Harry Yoder will review the list of resident rights.

10/11/13 - The administrator will schedule resident rights and suspected abuse training provided by the local Area Agency on Aging. *je*

11/7/13 - All residents and staff, including the administrator, will receive training in resident rights and suspected abuse training provided by the local Area Agency on Aging. *je*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Lois Clymer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lois Clymer, Administrator*      Date *10-1-13*

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The above plan of correction is approved as of 10/7/13 (Date)

Plan of correction implementation status as of 12/9/13 (Date)

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

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

Violation Report: 32258 - 06/24/2013 - Rosenblat, Dale  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 was admitted on April 24, 2013. The Resident's medical evaluation occurred on January 7, 2013 and the form was completed on April 4, 2013. The evaluation was conducted more than 60 days prior to the Resident's admission date.

**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.

Resident #2 now has a medical evaluation dated 7-11-13.

In the future the administrator will obtain a medical evaluation for new residents no earlier than 60 days prior to admission or within 30 days after admission per Regulation 2600.141(a)(1).

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lois Clymer*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lois Clymer, Administrator*      Date *10-1-13*

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

Plan of correction implementation status as of 10/9/13  
 (Date)

- Fully Implemented
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Violation Report: 32258 - 06/24/2013 - Rosenblat, Dale  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.142(d) - The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

2a. DESCRIPTION OF VIOLATION

On June 13, 2013, Resident #5's physician recommended a skilled facility for the resident. The home has not arranged for or assisted the resident to obtain this care.

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.

It can be difficult to find placement for an SSI resident. Our staff contacted many homes looking for placement. The following shows some of our efforts.

- 6-4-13 Received order to move resident to skilled care, from doctor.
- 6-4-13 Referral made to ODA.
- 6-13-13 Continued request to resident's brother for needed info on PASRR.
- 6-17-13 PASRR completed.
- 6-25-13 DPW determined resident eligible for nursing services.
- 6-30-13 Staff spoke with admissions at the Highlands in Wyomissing.
- 7-8-13 Application made to the Lutheran Home at Topton.
- 7-15-13 Application made at the Highlands in Wyomissing.
- 7-11-13 Staff spoke with admissions at Topton.
- 7-24-13 Staff spoke with admissions at Topton.
- 7-24-13 Fax to Lancashire Hall re placement. Denied because assessor at Lancashire Hall felt he was too functional for skilled care.
- 8-5-13 Fax to Conestoga View re placement.
- 8-9-13 Conestoga View accepted resident but we needed to wait for open bed.

While waiting for a bed to open, resident's medical condition improved and on 9-24-13 the Dr. gave an order to discontinue order to transfer to skilled nursing bed, noting "resident is medically appropriate to stay in personal care."

Future: help residents who require skilled nursing to find placement with help from ODA and DPW.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Louis Clynes*

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

Louis Clynes, Administrator

Date 10-1-13

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 (Date)

Plan of correction implementation status as of

11/12/13  
 (Date)

- Fully Implemented
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- Not Implemented

The above plan of correction was approved by

*GC*  
 (Initials)

Violation Report: 32258 - 06/24/2013 - Rosenblat, Dale  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION  
 On June 24, 2013, a bottle of Acetaminophen 325mg belonging to Resident #6 was located in the medication cart and was not labeled with the resident's name.

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 bottle of Acetaminophen has been properly labeled. Per Colonial Lodge policy all prn medications must be labeled with the resident's name. The nursing supervisor or a med tech will do a monthly check to ensure there are no medications in the med cart which are not labeled with the resident's name.

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, Administrator* Date *10-1-13*

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

Violation Report: 32258 - 06/24/2013 - Rosenblat, Dale  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION

On 6/3 and 6/5, Resident #20 was administered Vicodin prescribed for and belonging to Resident #19.

On 6/14, 6/19, 6/20, 6/22 and 6/23, Resident #21 was administered Vicodin prescribed for and belonging to Resident #19.

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.*

Staff was reprimanded by [redacted] on 6/28/13 for "borrowing" medication.

Our policies and procedures now include a statement that no "borrowing" is permitted.

This policy will be reviewed again at the Oct 25, 2013 staff meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Lois Clymer*

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

*Lois Clymer, Administrator*

Date *10-1-13*

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*10/7/13*  
 (Date)

Plan of correction implementation status as of

*11/2/13*  
 (Date)

The above plan of correction was approved by

*LC*  
 (Initials)

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

Violation Report: 32258 - 06/24/2013 - Rosenblat, Dale  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

**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:

- (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**

The home uses a master key to identify staff that administer medications to all the residents. On June 24, 2013 the medication administration record (MAR) did not include the master key. On June 27, 2013 a master key was found in front of the MARs. Staff Person A did not sign the master key. Staff person A administered medications on June 1, 2 and 3, 2013 to Residents #7, #8, #9, #10 and #11.

**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 master key has been relocated to the Controlled Substance Shift Notebook in an effort to avoid missing signatures. All medication administrators have signed the master key.

Repeat Violation: No	Date(s) of Previous Violation(s): 01/23/2013	
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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) *Lou Clymer, Administrator* Date *10-1-13*

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The above plan of correction is approved as of <u>11/2/13</u> (Date)	Plan of correction implementation status as of <u>11/2/13</u> (Date)
The above plan of correction was approved by <u><i>sa</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32258 - 06/24/2013 - Rosenblat, Dale  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #6 has a physician order for mupirocin ointment to be applied topically daily to open area for two weeks. The medication was not initiated as given on 6/23/13.

Resident #12 has a physician order for Carrington Dermal Cream to be applied daily until healed. The medication was not initiated as given on 6/8, 6/9, 6/11-6/14, 6/18, 6/19, 6/21-6/23, 6/25 and 6/26/13.

Resident #13 has a physician order for Desitin Cream to be applied twice daily. The medication was initiated as given only once each day on 6/4, 6/6, 6/11-6/13, 6/15-6/17 and 6/19/13.

On 6/19 and 6/20/13, Resident #14's Zocor was not initiated as given.

On 6/23/13, Resident #15's Lasix to be administered twice daily, was initiated as given only one time.

Resident #16 has a physician order for Novolin units based on the residents accu checks taken twice a day. From 6/1-6/26/13, there were 8 accu check readings that required coverage units of Novolin. The number of units administered was recorded on three occasions. On 6/2, 6/6, 6/7, 6/12 and 6/17/13 no dosage is recorded on the Medication Administration Record (MAR).

Resident #17 has a physician order for Levothyroxine 125mg daily which was reduced from 125mg to 112mg on 12/12/12. The Resident received 125mg of Levothyroxine through 6/18/13. No Levothyroxine was administered on 6/19/13.

Resident #18 has a physician order for accu checks to be taken twice on Mondays at 6am and 4pm. The accu check was taken only once on 5/20 and 5/23/13.

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.

In an effort to prevent this from recurring the following changes are being instituted.

- 1) A nursing supervisor was hired July 30, 2013 to help oversee nursing, including the MARs.
- 2) All med techs are receiving instruction on Sept. 30 or Oct 4, 2013.
- 3) Random checks are being done daily Monday through Friday on the MAR by the administrator and nursing supervisor. Any missing medication initials will be noted on a form and any med techs receiving multiple forms are required to attend a remedial class.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Lois Clymer*

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

Lois Clymer, Administrator

Date 10-1-13

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The above plan of correction is approved as of

10/7/13  
 (Date)

Plan of correction implementation status as of

10/9/13  
 (Date)

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

The above plan of correction was approved by

*LC*  
 (Initials)

Violation Report: 32258 - 06/24/2013 - Rosenblat, Dale  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

The pre-admission screening form for Resident #2, admitted 4/23/13, does not include a determination that the home can meet the service needs of the resident.

**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 determination that the home can meet the service needs of Resident #2 was corrected on the preadmission form on the day of inspection.

In the future the admission director and administrator will ensure that the form is completed in its entirety, including signing and dating the screening form. *je*

If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency. *je*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lois Clyner, Administrator</i>	Date <i>10-1-13</i>
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The above plan of correction was approved by <u><i>je</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32258 - 06/24/2013 - Rosenblat, Dale  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

The Resident Assessment and Support Plan (RASP) for Residents #3, admitted 3/3/04, and Resident #4, admitted 8/14/11, were not dated.

**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 Assessment and Support Plan for resident #2 and #3 were dated on the form in the office, but not on the form in the med room. This has been corrected.

Ongoing assessment and supports plans will be dated on both copies, by the nursing supervisor.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Lois Clymer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lois Clymer, Administrator*      Date *10-1-13*

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The above plan of correction is approved as of 10/7/13 (Date)

Plan of correction implementation status as of 10/9/13 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 32258 - 06/24/2013 - Rosenblat, Dale  
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1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

On June 12, 2013 the home reviewed confirmation that Resident #5 was positive for a bacterial infection. The Resident's support plan was not revised with the new diagnosis precautionary practices to be implemented and additional care needed regarding bladder and bowel management.

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 support plan for resident #5 has been updated to include the new diagnosis and additional care needed.

On an ongoing basis the nursing supervisor will ensure that all support plans are updated as needed for each individual resident that accurately identify how the home plans to meet the needs of

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*Lois Clymer*

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Lois Clymer, Administrator

Date 10-1-13

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1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 Resident #1 expired in the home on 6/10/13. Resident #1's record does not include a death certificate.

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 death certificate for resident #1 has been secured and filed in the Resident's record.  
 A new discharge form to be completed by office personnel includes a reminder to obtain death certificate when a resident expires in the home.

11/15/13 - The administrator will review all resident records to ensure that all of the information required by this regulation is present. Missing information will be added immediately. *je*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lois Clyne, Administrator* Date *10-1-13*

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

The above plan of correction is approved as of 10/7/13  
 (Date)

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

Plan of correction implementation status as of 10/9/13  
 (Date)

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



Violation Report: 32258 - 10/09/2013 - Bungo, John  
PCH Name: Colonial Lodge Retirement Community

1. REGULATION 55 Pa.Code §2600  
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 10/9/13, the following expired medications were identified in the home's medication carts:

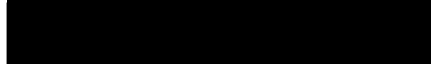
- 2 Bottles of Pink Bismuth for Resident No. 1. One full bottle had an expiration date of 5/13 and a partial bottle with approximately 2 oz had an expiration date of 7/13.
- A bottle of approximately 20 tablets of Anti-acid had an expiration date of 4/13 for Resident No. 2.
- A bottle of 40 tables of Acetaminophen 650 mg had an expiration date of 7/13 for Resident No. 3.
- A 1/2 bottle of Saline Mist SPR 0.65 had an expiration date of 6/13 for Resident No. 4.

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 three med carts have been checked for expired medications.

A form which includes checking for expired medications has been created and will be utilized monthly under the supervision of the Nursing Supervisor,



Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Lois D Clymer*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Lois D Clymer, Administrator*

Date *10-18-13*

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

The above plan of correction is approved as of 11/2/13  
(Date)

Plan of correction implementation status as of 11/2/13  
(Date)

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

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