



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 29 2014

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

RE: Colonial Woods
1710 Creek Road
Glenmore, Pennsylvania 19343
License #: 198230

Mr. Wheeler:

As a result of the Department of Public Welfare's licensing inspection on November 5, 2013 and November 12, 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.

Your regular license for the period February 5, 2014 to February 5, 2015 was issued on October 22, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: COLONIAL WOODS		License Number: 198230
Address: 1710 CREEK ROAD, GLENMORE, PA 19343		County: Chester
Administrator: Isla Mae Allison		Region: CENTRAL
Legal Entity Name: WHEELER CARE CENTERS INC		
Legal Entity Address: P.O. BOX 70, GLENMORE, PA 19343		
Certificate(s) of Occupancy I-1 05/05/2009 Wallace TWP		
Staffing Hours Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/05/2013: Minnich, Ron; Rouse, McKinley		
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: 32 Number of Residents Served: 21 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: 0	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 15 Have Mental Illness: 11 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 19823 - 11/05/2013 - Minnich, Ron
PCH Name: COLONIAL WOODS

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 10/24/13, Resident #1 made an allegation of abuse against Staff Person A, the home's administrator. Staff Person A, B and C were aware of the suspected abuse and did not immediately report the incident to the local Area Agency on Aging and the Department of Aging as required.

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.

IMMEDIATE:

Said suspected abuse report was filed on November 6, 2013, copy attached.

ONGOING:

In this particular incident, Staff Member A, B, C, did not consider the actions of Staff Member A as being abusive in [redacted] actions. The resident's mental health condition and the fact that [redacted] verbally abused every resident and staff member about everything, was taken into consideration; therefore, no formal steps were taken to file a report of alleged abuse.

All staff members, including A, B, and C will receive formal training on how to deescalate situations where a resident's actions are out of control. Contacts to obtain professional training will be completed by February 1, 2014.

Staff Members A, B, and C will conduct a group assessment of such reported alleged abuse situations to assure proper actions are taken in a timely manner; and, when in doubt a report will be filed immediately.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Gen. Mgrt La Mae Allison, Administrator* Date *12/18/2013*

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

The above plan of correction is approved as of 1-7-14 (Date)

Plan of correction implementation status as of 1-7-14 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

Violation Report: 19823 - 11/05/2013 - Minnich, Ron
PCH Name: COLONIAL WOODS

1. REGULATION 65 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 10/24/13, an allegation of abuse was made against Staff Person A regarding Resident #1. The home failed to immediately develop a plan of supervision or suspend the Staff Person, as required. According to staff person B & C, Staff person A worked on 10/25/13 & 10/26/13 unsupervised while in the home.

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.

IMMEDIATE:

The Company Policy was rewritten to cover such incidents. If an alleged abuse action is made against floor staff personnel supervision will be made available until an investigation has been completed. If the alleged abuse is made against an Administrator that Administration will be restricted to office work under the direction of another Administrator; will have no contact with residents; and will be monitored until an investigation has been completed. ~~The mental health condition of the complaining resident will be monitored.~~ *BE*

ONGOING:

Staff Members A, B, and C will adhere to state regulations and Company Policy.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ala Mae Allison*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ala Mae Allison Gen. Mgr./Administrator* Date *12/10/2013*

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

The above plan of correction is approved as of 1-7-14 (Date)

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

Plan of correction implementation status as of 1-7-14 (Date)

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

Violation Report: 19823 - 11/05/2013 - Minnich, Ron
PCH Name: COLONIAL WOODS

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 10/24/13, an allegation of abuse was made against Staff Person A regarding Resident #1. The home did not submit a plan of supervision or notice of suspension of the affected staff person 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.

IMMEDIATE:

Staff member C spoke with a DPW representative, [REDACTED], advised Staff Member C on November 8, 2013 there was not a need to complete the plan of supervision for this particular incident due to the fact that the complaint was found to be unsubstantiated.

ONGOING:

A written plan of supervision and/or suspension will immediately be filed with the Area Agency of Aging; Department of Aging; and, personal care home regional office in all future reports of alleged abuse. This plan of action will follow Wheeler Care Centers, Inc. written policy for Resident Abuse.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Isa Mae Allison

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

Isa Mae Allison, Area Mgr./Administrator

Date *12/18/2013*

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The above plan of correction is approved as of 1-7-14
(Date)

Plan of correction implementation status as of 1-7-14
(Date)

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

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

Violation Report: 19823 - 11/05/2013 - Minnich, Ron
PCH Name: COLONIAL WOODS

1. REGULATION 55 Pa.Code §2600
2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION
On 10/24/13, the home received a report of suspected abuse involving Resident #1. The home did not immediately notify Resident #1's designated person.

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.

IMMEDIATE:

There is no Immediate action that can be taken at this point. The incident leading up to this allegation of abuse Resident #1's [redacted] had received a phone message, wherein [redacted] was advised Resident #1 was no longer permitted in the Office due to [redacted] actions of yelling and failing to leave the office when asked to. And, a copy of a letter to Resident #1 was sent to Resident #1's designated person (copy attached). At that point there was no conscious thought that Staff A's action was abusive towards Resident #1. Furthermore, on November 6, 2013 Staff Member C contacted Resident #1's designated person via a telephone call.

ONGOING:

Any incident of reported alleged abuse will be reported to the designated person(s). This notification will be made regardless as to how the allegation has been made (directly by the affected individual to an Administrator, floor staff person, or owner or being overhead by the affected individual as it is being reported to other residents).

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *St. Mae Husar, Center Administrator* Date *12/18/2013*

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The above plan of correction is approved as of <u>1-7-14</u> (Date)	Plan of correction implementation status as of <u>1-7-14</u> (Date)
The above plan of correction was approved by <u>SE</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

Violation Report: 19823 - 11/05/2013 - Minnich, Ron
PCH Name: COLONIAL WOODS

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
The home did not report the alleged abuse by Staff Person A on 10/24/13 to the Department until 11/04/13.

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.

IMMEDIATE:

Report was filed on October 31, 2013, the same day Staff A spoke with DPW Hot Line Representative, who advised Staff A to file a report when in doubt. This was filed late, but not as late as November 4, 2013.

ONGOING:

Any incident of reported alleged abuse will be reported to the designated person(s). This notification will be made regardless as to how the allegation has been made (directly by the affected individual to an Administrator, floor staff person, or owner or being overhead by the affected individual as it is being reported to other residents).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sharon Allison

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

Sharon Allison, Gen Mgr. Administrator

Date

12/18/2013

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The above plan of correction is approved as of 1-7-14
(Date)

Plan of correction implementation status as of 1-7-14
(Date)

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

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

Violation Report: 19829 - 11/05/2013 - Minnich, Ron
PCH Name: COLONIAL WOODS

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

2a. DESCRIPTION OF VIOLATION

On 10/24/13, in the staff office, Resident #1 was talking to Staff Person B regarding a tooth ache. Staff Person A entered the room to attempt to provide Resident #1 with a suggestion, when the phone rang and the conversation began to escalate. Staff Person A wanted Resident #1 to leave the office in order to answer the phone. Staff person B attempted to get the Resident to leave the office, however the resident would not adhere to either staff's request. Staff Person B began to lead Resident #1 partially out of the office when Resident #1 turned around to voice his/her displeasure and Staff Person A pushed Resident #1 through the doorway of the office and closed the door.

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.

IMMEDIATE:

Allegation of abuse to Resident #1 was found to be unsubstantiated following an investigation by DPW Central Office investigators.

ONGOING:

It is, and has always been, the intent of all staff members of Colonial Woods to treat everyone with dignity and respect.

All staff members, including Staff Members A, B, and C will receive formal training on how to deescalate situations where a resident's actions are out of control. Contacts to obtain professional training will be completed by February 1, 2014.

Any incident of reported alleged abuse will be reported to the designated person(s). This notification will be made regardless as to how the allegation has been made (directly by the affected individual to an Administrator, floor staff person, or owner or being overhead by the affected individual as it is being reported to other residents).

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Isla Mae Allison*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Isla Mae Allison, Gen Mgr./Administrator* *12/18/2013*

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The above plan of correction is approved as of 1-7-14
(Date)

Plan of correction implementation status as of 1-7-14
(Date)

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

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

Violation Report: 19823 - 11/12/2013 - OPake, Hope
 PCH Name: COLONIAL WOODS

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 Staff Member A was not a resident of Pennsylvania for two years prior to date of hire. The home did not have an FBI Clearance completed.

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.

IMMEDIATE:

Staff Member A immediately had his fingerprints done and submitted to the FBI. Final results were returned indicating no issue was on record that indicated Colonial Woods could not hire and retain this individual.

ONGOING:

All paperwork performed by a staff member responsible for ascertaining proper new hire paperwork has been completed will be monitored; as well as, a checklist indicating as to whether the new hire lived outside the State of Pennsylvania over the past 24 months or not.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Isla Mae Alessandri, Gen. Mgr./Administrator* Date *12/18/2013*

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The above plan of correction is approved as of 1-7-14
 (Date)

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

Plan of correction implementation status as of 1-7-14
 (Date)

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

Violation Report: 19823 - 11/12/2013 - OPake, Hope
 PCH Name: COLONIAL WOODS

1. REGULATION 55 Pa.Code §2600

2600.253(a) - The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

2a. DESCRIPTION OF VIOLATION

-Resident #1 was discharged from the home on October 1, 2010. The home's log states that the records were destroyed on March 12, 2013.

-Resident #2 was discharged from the home on December 7, 2010. The home's log states that the records were destroyed on October 8, 2013.

-Resident #3 was discharged from the home on May 8, 2010. The home's log states that the records were destroyed on March 12, 2013.

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.

IMMEDIATE:

A checklist was developed with appropriate dates past resident's file can be removed and destroyed.

ONGOING:

Upon completion of removing files of residents who were discharged over three (3) years those files will be checked and rechecked to make sure resident files under 36 months have not been removed. If so, those files will be returned to archives.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Isla MacAlissey, Gen. Mgr. / Administrator

Date

12/18/2013

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The above plan of correction is approved as of

1-7-14
 (Date)

Plan of correction implementation status as of

1-7-14
 (Date)

The above plan of correction was approved by

IM
 (Initials)

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