



MAY 06 2014

Mr. Harry Yoder, Administrator
JAI Jalaram Care, LP
2015 North Reading Road
Denver, Pennsylvania 17517

RE: Colonial Lodge Retirement Community
License #: 322580

Mr. Yoder:

As a result of the Department of Public Welfare's licensing inspection on February 4, 2014, 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 March 21, 2014 to March 21, 2015 was issued on December 4, 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
Director

Enclosure
License Inspection Summary

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

PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY		License Number: 32258
Address: 2015 NORTH READING ROAD, DENVER, PA 17517		County: Lancaster
Administrator: Harry Yoder		Region: CENTRAL
Legal Entity Name: JAI JALARAM CARE LP		
Legal Entity Address: 2015 NORTH READING ROAD, DENVER, PA 17517		
Certificate(s) of Occupancy C-2 LP 06/26/1996 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 66 Waking Staff: 50		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/04/2014: OPake, Hope; Riel, Becky		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>MAR 05 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 75 Number of Residents Served: 62 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: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 54 Have Mental Illness: 112 Have an Intellectual Disability: 7 Have a Mobility Need: 4 Have a Physical Disability: 2	

Violation Report: 32258 - 02/04/2014 - OPake, Hope
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's staff training plan for 2014 does not include trainings for medication self-administration; instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; or safe management techniques.

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 staff training plan was modified on 2/6/14 to include trainings for self-administration; instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medication evaluation and support plan and safe management techniques. The administrator will monitor future staff training plans to include the said items.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Harry Joder, Administrator* Date *3/4/14*

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

The above plan of correction is approved as of <u>4-1-14</u> (Date)	Plan of correction implementation status as of <u>4-14</u> (Date)
The above plan of correction was approved by <u>Be</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: 32258 - 02/04/2014 - OPake, Hope
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

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

2a. DESCRIPTION OF VIOLATION

On February 4, 2014, bodily fluids and feces were found in the public restroom located near the vending machines and dining areas. These included a brown smear on the wall opposite the door, mucus on the mirror, and seven spatters of blood on the floor in front of the toilet, and on the side of the toilet seat and toilet bowl.

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 said public restroom was cleaned immediately the day the on-site Department Representatives were here. As of 2/6/14 the same public restroom has been added to the daily assignment sheet for house keeping and is being checked by the administrator.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Harry Joder, Administrator* Date *3/4/14*

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The above plan of correction is approved as of 4-1-14
 (Date)

Plan of correction implementation status as of 4-1-14
 (Date)

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

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

Violation Report: 32258 - 02/04/2014 - OPake, Hope
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On February 4, 2014, the water temperatures in Room #121 measured 144.1 degrees Fahrenheit; Room #112 measured 143 degrees Fahrenheit; and Room #107 measured 136 degrees Fahrenheit.

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.

Cocalico Plumbing has been contacted and will be meeting with the administrator and maintenance personnel on 3/5/14 to develop a plan of action to correct the problem and avoid future violations.

The home will be installing mixing valves by the end of April, 2014.

The home will continue to monitor water temperatures daily and document the results on a checklist. -ge

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/23/2013		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Harry Goder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry Goder, Administrator</i>	Date <i>3/4/14</i>
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 (Initials)

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Violation Report: 32258 - 02/04/2014 - OPake, Hope
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

There were no emergency phone numbers posted by the phone belonging to Resident #1 in Room #112.

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.

As of 2/11/14 emergency phone numbers including the personal care home complaint hotline have been posted on each telephone with an outside line. Weekly checks by house keeping will be made to maintain all phone number postings as required by 2600.91 regulation.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Harry Joder, Administrator* Date *3/4/14*

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Violation Report: 32258 - 02/04/2014 - OPake, Hope
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
 On February 4, 2014, the stairs leading from the second floor emergency exit, out of bedroom #203, were covered in approximately six inches of snow. There was also a pile of snow at the bottom of the ramp leading from the exit outside of the activity room.

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.

On February 4, 2014 all snow was removed from the second floor emergency exit, out of bedroom #203 and the snow was removed at the bottom of the ramp leading from the exit outside the activity room. Maintenance staff will be monitored by the administration when future snowfalls occur.

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

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Violation Report: 32258 - 02/04/2014 - OPake, Hope
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On February 4, 2014, the home had seventy-five residents, but only twelve gallons of emergency drinking water.

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 administrator is in conversation with 3 different vendors to purchase a 250 gallon water storage tank for on-site emergency drinking water. The order will be placed by 3/15/14, with anticipated installation by the end of April, 2014. -EE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry Joder, Administrator</i>	Date <i>3/4/14</i>
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Violation Report: 32258 - 02/04/2014 - OPake, Hope
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On February 4, 2014, the exit door from bedroom #112 leading to the outside was blocked by two large pieces of cabinet furniture.

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 exit door from bedroom #112 leading to the outside will be completely accessible by removing the two large pieces of cabinet furniture by 3/14/14. Maintenance staff will be instructed by the administrator to never block the outside of any exit doors.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Harry Zoder</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry Zoder, Administrator</i>	Date <i>3/11/14</i>

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Violation Report: 32258 - 02/04/2014 - O'Pake, Hope
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The evacuation diagram located near the stairs on the second floor does not include the second exit from bedroom #203. The perspective of this emergency evacuation diagram has a reversed view.

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 evacuation diagram located near the stairs on the second floor now includes the second exit from bedroom #203. The perspective of the emergency evacuation diagram has been changed as of 2/6/14 to show the correct view.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Harry Zoder, Administrator* Date *3/4/14*

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Violation Report: 32258 - 02/04/2014 - OPake, Hope
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

Staff Member A initiates the home's fire drills and then participates by assisting residents out of their bedrooms as needed.

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.

Beginning in March 2014 staff member A will only initiate and keep the time when conducting the home's fire drills. The administrator will review the monthly fire drills to be certain that staff member A is not assisting residents out of their bedrooms.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry Yoder, Administrator</i>	Date <i>3/4/14</i>
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 (Initials)

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Violation Report: 32258 - 02/04/2014 - OPake, Hope
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There is no exit sign above the door leading from a dining room to a corridor with an exit to the outside.

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 exit sign has been placed above the door leading from the dining room door to the corridor having an exit to the outside.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Harry Yoder, Administrator*

Date *3/4/14*

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Violation Report: 32258 - 02/04/2014 - O'Pake, Hope
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #2 self administers medications and stores medications unlocked in their room. The resident shares the bedroom with another resident. The resident reports keeping some of his/her medications in a basket (i.e. Fiorastor/25mg ES) at all times. A bottle of Nystatin Suspension 10cc was found on the floor by his/her bed.

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.

As of 2/10/14 Resident #2 is no longer keeping any of his medications in a basket or on the floor in his bedroom. Resident #2 now stores his medications in a locked lock box at all times. The nursing supervisor will do monthly checks to maintain the procedure.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry Joder, Administrator</i>	Date <i>3/4/14</i>
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Plan of correction implementation status as of 4-1-14
 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 32258 - 02/04/2014 - OPake, Hope
 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 February 4, 2014, a bottle of Acetaminophen was located in the "PRN Medication Cart," that was not labeled with a 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 located in the "PRN Medication Cart" has been labeled with the residents name as of 2/4/14. All future PRN medications will be labeled with the residents name and checked by the night shift med tech on a monthly basis. The home has created a monthly check-list for medications to ensure all medications are labeled and current. -BE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/24/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Harry Zoder*

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Violation Report: 32258 - 02/04/2014 - OPake, Hope
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The following insulin vials were opened and used, but not labeled with an opening date:
 -Novolog 100u/mL, for Resident #3
 -Insulin, Detemir, Human 100 Unit/mL, for Resident #4
 -Insulin, Aspart, Human 100, for Resident #4
 -Insulin, Detemir, Human 100 Unit/mL, for Resident #5

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 already has written policy and procedures for safe storage, access, security, distribution and use of medications and medical equipment. Staff persons will be retrained of the said policy and procedures by March 31, 2014. As of February 4, 2014 all insulin vials opened were labeled with the opening date and in the future will be monitored by the nursing supervisor, weekly.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry Yoder, Administrator</i>	Date <i>3/14/14</i>
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