



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 20, 2014

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

RE: Colonial Lodge Retirement Community
322580

Dear Mr. Yoder:

As a result of the Department of Public Welfare's Human Services licensing inspection on September 2, 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.

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb".

Jaime Erb
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 32258 - 09/02/2014 - Riel, Becky
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 8/18/2014, between 7:00-8:00pm, Resident #1's Tamsulosin HCL/0.4mg, Simvastin/10mg and Olanzapine/15mg was administered. Staff person A did not initial that the medications were given.

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 person A received education on 9/10/14 in reference to following the five medication rights, name and initials of the staff person administering the medication. The director of nursing is responsible for all MAR checks and has assigned the night shift med tech to daily check all resident MARs for omissions.

Repeat Violation: No

Date(s) of Previous Violation(s):

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
 9/15/14

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

The above plan of correction is approved as of 10/20/14
 (Date)

Plan of correction implementation status as of 10/20/14
 (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: 32258 - 09/02/2014 - Riel, Becky
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1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

In December 2011, Resident #1 was admitted to the hospital for vomiting secondary to food bolus stuck in esophagus. The resident was then discharged and returned to the home with the order of a mechanical soft diet. The resident refused to follow the doctor's order for a mechanical soft diet and began to lose weight. The resident's primary care physician changed the order back to a regular diet for consistency of the food but ordered a diabetic diet. The resident's medical evaluation also lists a diagnosis of dysphagia. The resident's support plan does not document how the need for a diabetic diet and how to keep the resident from choking (i.e. encouragement to chew slower) would be met.

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 the future the director of nursing will include documentation on the resident's support plan of all physician's orders pertaining to diabetic needs and how staff will meet those needs. In addition, the resident's support plan will include all the diagnosis listed on the resident's medical evaluation. The administration will follow through with the director of nursing to ensure that this is happening.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *9/15/14*

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

The above plan of correction is approved as of 10/20/14
 (Date)

Plan of correction implementation status as of 10/20/14
 (Date)

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

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