



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 0 5 2015

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

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

Dear Mr. Wheeler:

As a result of the Department of Human Services' licensing inspection on November 25, 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 February 5, 2015 to February 5, 2016 was issued on October 22, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

EH

Enclosure
License Inspection Summary

Violation Report: 19823 - 11/25/2014 - Minnich, Ron
 PCH Name: COLONIAL WOODS

1. REGULATION 55 Pa.Code §2600

2600.57(a) - At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

2a. DESCRIPTION OF VIOLATION

On 11/13/14, 11/14/14 and 11/18/14, from 6:00AM to 6:30AM, at least 20 residents were present in the home. During this time, ancillary staff person A, was the only staff staff person present 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.

It is fully understood that this regulation is important to assure our residents receive the highest level of care possible.

Staff member A was hired to be a Personal Care Aide, but didn't have a US diploma. It was stated she could receive proof of graduating from a German high school and an Associates Degree. However, she only submitted a transcript for high school. She was trained in CPR and First Aide; and, utilized as a part time cook, only--she performed no personal care.

A request for a waiver was submitted along with the transcript. It was returned asking us to have it transcribed. This was done and resubmitted. We were asked to provide three years' transcripts. These were never provided.

Immediate Action: The staff member A was discharged December 6, 2014.

Corrective Action to assure this doesn't happen again: No one will be employed until such time as they produce a US diploma or another source of approved education. The Manager will assure this is adhered to.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Isla Mae Allison	<i>Isla Mae Allison</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Isla Mae Allison	Date	12/19/2014
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/28/15
 (Date)

Plan of correction implementation status as of 1/28/15
 (Date)

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

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

Violation Report: 19823 - 11/25/2014 - Minnich, Ron
 PCH Name: COLONIAL WOODS

- 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 November medication administration record for resident #1 does not include the PRN medication of Docusate Sodium 100mg.

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 regulation is meant to prevent medication errors from occurring.

Due to frequent hospital stays, PRN medication was not returned to pharmacy with daily blister packs.

Resident 1 returned from hospital the PRN medication was discontinued on the new MAR and the medication was not returned to the pharmacy.

The medication was immediately removed from the med cart and sent to the pharmacy.

When residents are taken to hospital all daily and PRN medication will be returned to the pharmacy the same day.

The Med Tech and follow-up by the RN/Administrator.

With medication audits will be completed to ensure compliance 03/1/2015

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Isla Mae Allison Date 12/19/2014

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

The above plan of correction is approved as of <u>1/28/15</u> (Date)	Plan of correction implementation status as of <u>1/28/15</u> (Date)
The above plan of correction was approved by <u><i>IB</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