



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 10 2015

Mr. Harry Yoder, Administrator  
Jai Jalaram Care LP  
P.O. Box 430, 2015 North Reading Road  
Dener, Pennsylvania 17517

RE: Colonial Lodge Retirement Community  
License #: 322580

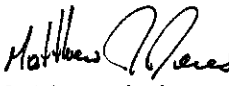
Dear Mr. Yoder:

As a result of the Department of Human Services' licensing inspection on January 28, 2015 and January 29, 2015 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, 2015 to March 21, 2016 was issued on November 24, 2014. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director *MH*

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		
<b>Certificate(s) of Occupancy</b> C-2 LP 06/26/1996 L&I		
<b>Staffing Hours</b> Resident Support: 0		Total Daily Staff: 69 Waking Staff: 52
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> · Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/28/2015: Rouse, McKinley; Gensil, Lori 01/29/2015: Rouse, McKinley; Gensil, Lori		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>                       MAR 04 2015                       CENTRAL REGION FIELD OFFICE                      Human Services Licensing                 </div>		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers: _____ Random Indicators: _____		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 75 Number of Residents Served: 65 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: 2 Number of Hospice Residents in past year: 5	<b>Number of Residents who:</b> Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 58 Have Mental Illness: 10 Have an Intellectual Disability: 8 Have a Mobility Need: 4 Have a Physical Disability: 0	

Violation Report: 32258 - 01/28/2015 - Rouse, McKinley  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

**1. REGULATION 55.Pa.Code §2600**

- 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
  - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  - (3) Care for residents with dementia and cognitive impairments.
  - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
  - (5) Personal care service needs of the resident.
  - (6) Safe management techniques.
  - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Person A did not receive annual training in medication self-administration in the 2014 training year.

**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 staff person A received medication self-administration on 2/26/15. Going forward all direct care staff will receive the said training annually.

The administrator or designee will develop a tracking system to be used to monitor all required annual training and insure that staff do receive the trainings. Joe 3/9/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Harry Joder</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry Joder Administrator</i>	Date <i>3/3/15</i>

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

The above plan of correction is approved as of <u>3/9/15</u> (Date)	Plan of correction implementation status as of <u>3/9/15</u> (Date)
The above plan of correction was approved by <u>CB</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 - 01/28/2015 - Rouse, McKinley  
 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  
 The phone number for the personal care home complaint hotline was not posted on or by the telephone in room 144.

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 in Rm 144 removed part of the label. A new label including the phone number for the personal care home complaint hot line was posted on the phone on 1/29/15. Housekeeping does check for phone labels as part of their daily appointment sheets. They will be reminded of this at next meeting 3/25/15. Labels with required phone numbers will be replaced by staff immediately when the need is identified during the review of the daily appointment sheets. <sup>ca</sup> 3/9/15

Repeat Violation: Yes  Date(s) of Previous Violation(s): 02/04/2014

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Harry Toder*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Harry Toder Administrator* Date *3/3/15*

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 (Date)

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

Plan of correction implementation status as of 3/9/15  
 (Date)

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

Violation Report: 32258 - 01/28/2015 - Rouse, McKinley  
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

Resident #1 wears a wander guard that locks the exit doors of the home when the resident nears an exit preventing egress from the building. This home does not have a secured dementia care unit.

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 wander guard system locking mechanism that locks the exit doors of the home will be disabled as of 3/31/15 or before; allowing from the building for all residents including Resident #1.

Residents will be assessed for wandering or exit seeking behaviors so that any resident whose needs can not be met in this facility may find more suitable living arrangements. Staff will provide sufficient supervision to insure the safety of all residents which will include the monitoring of residents exiting the building. 3/9/15

Repeat Violation: Yes      Date(s) of Previous Violation(s): 02/04/2014

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 *3/3/15*

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

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

Violation Report: 32258 - 01/28/2015 - Rouse, McKinley  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION  
 There were 63 residents present in the home during the fire drill conducted on 07/31/2014, at 2:40PM, but only 62 residents evacuated during the fire drill.

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.

*One resident had a Dr's order to not be evacuated during a fire drill due to her being under hospice care and actively dying. In the future all residents will be evacuated regardless of any hospice care situation unless we have on file 260-29a(6)(1); 29a(6)(2) and the 29a(6)(3) scenario.*

*The administrator will ensure that the statement of policy as it relates to Hospice Care and Services is complied with and that staff of the home are trained regarding the Statement of Policy. Residents who are not to be in the process of actively dying will be evacuated during fire drills. 03/2/15*

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      Date  
 (Required on EVERY Page) *Harry Yoder Administrator*      *3/2/15*

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 (Date)

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 (Initials)

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 (Date)

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Violation Report: 32258 - 01/28/2015 - Rouse, McKinley  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

**2a. DESCRIPTION OF VIOLATION**

The home's designated smoking areas are the gazebo outside entrance number 9, and the shelter outside exit number 1. The contract for Resident #2, dated 09/30/2014, reads that smoking is only permitted in the smoking area outside exit number 9, and does not include the smoking area outside of exit number 1. The contract for Resident # 3, dated 11/28/2014, reads that smoking is only permitted in the smoking area outside exit number 9, and does not include the smoking area outside of exit number 1.

**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 contract was updated on 1/28/15 to include second smoking area. Resident #3 contract was updated on 2/25/15 to include second smoking area. All contracts were reviewed on 2/27/15 to make sure the correct policy is intact. The administrator corrected the contract master copy to include the correct policy.*

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

*3/3/15*

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The above plan of correction is approved as of

*3/9/15*  
 (Date)

Plan of correction implementation status as of

*3/9/15*  
 (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: 32258 - 01/28/2015 - Rouse, McKinley  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION  
 Staff person B, date of hire 06/13/2014, did not take the required Department-approved direct care competency test. Staff person B transports residents with no other staff present

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 B completed the required Department approved direct care competency test on 2/4/15. Administrator will ensure that any future transportation driver hires are trained in the direct care competency test.*

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 *3/3/15*

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 (Initials)

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  - Not Implemented

Violation Report: 32258 - 01/28/2015 - Rouse, McKinley  
 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 #4 self-administers Kenalog cream which was stored in an unlocked drawer in the room. Resident #4 shares the room with another 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.

As of 2/2/15 resident #4 keeps his Kenalog cream stored in his shared room in a locked lockbox. The nursing supervisor has been charged with monthly checks of residents who self administer and making sure their meds are in a lock box if a shared room.

Direct care staff will monitor that resident #4's medications are locked in the lockbox provided on a regular basis while in the residents' room to provide care and assistance; 2/9/15

Repeat Violation: Yes  Date(s) of Previous Violation(s): 02/04/2014

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 *3/13/15*

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 (Date)

Plan of correction implementation status as of 3/9/15  
 (Date)

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

Violation Report: 32258 - 01/28/2015 - Rouse, McKinley  
 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 medication administration record for Resident #6, did not list a diagnosis or purpose for the prescribed Catapres patch apply one patch topically weekly and Aspirin 81mg take 1 tab daily.

**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 1/29/15 the nursing supervisor listed the diagnosis or purpose of the prescribed Catapres patch and daily intake of Aspirin. The night med tech will continue to monitor all resident meds to prevent this type of occurrence in the future*

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 *3/3/15*

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 (Date)

Plan of correction implementation status as of *3/9/15*  
 (Date)

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 (Initials)

Violation Report: 32258 - 01/28/2015 - Rouse, McKinley  
 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

The following prescribed medications were not administered to Resident #6.  
 Detrol LA 4mg capsule, 1 capsule by mouth in the morning from 01/12/2015, through 01/19/2015.  
 Metoprolol Tartar 25mg tablet, 1 tablet by mouth 3 times daily from 01/23/2015, through 01/27/2015, and on 01/28/2015, at 8:00AM and 11:00AM.  
 Spiriva 18mcg inhale, contents of 1 capsule orally daily from 01/23/2015, through 01/29/2015.  
 The medication Acetaminophen 325 mg, 1 every 4 hours as needed, prescribed for administration to resident #5, was not available in the home for administration on 01/19/2015.

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.

RE: Resident #6. Detrol LA 4mg capsules were administered beginning 1/20/15 in the AM. Metoprolol tartar 25mg was administered 1/28/15 beginning with the PM administration. Spiriva 18mcg was administered beginning 2/1/15.  
 Acetaminophen 325 mg was administered to resident #5 on 1/8/15 not 1/9/15, per the MPAs, from house stock due to PRX med not refilled. Resident #5 received her own Acetaminophen supply on 1/29/15.  
 Residents POAs all received a notice reminder via mail on 2/20/15 that it is their responsibility to supply meds if they do not use our pharmacy. Resident #6's POA received a phone call on 2/9/15 about the issue. The night med tech and nursing supervisor will continue to do monthly monitoring of med refills including PRX's to avoid future occurrences.  
 The administrator will develop a plan to obtain prescribed medication for residents in the event they are not present in the home. CB 3/19/15

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 *3/3/15*

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Plan of correction implementation status as of 3/9/15 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 32258 - 01/28/2015 - Rouse, McKinley  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #6 who was admitted to the home on 9/11/13 was not educated in the right to question or refuse a medication if the resident believes there may be a medication error.  
 Resident #7 who was admitted to the home on 4/14/14 was not educated in the right to question or refuse a medication if the resident believes there may be a medication error.

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 #6 received education on the right to question or refuse a medication if they believe there may be a med error, on 4/29/15.  
 Resident #7 received the same education on 2/25/15. All resident contracts were reviewed on 2/27/15 to ensure that everyone has the correct information. The administrator reviewed the resident contract to make sure the residents rights are correct.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Harry Foster Administrator* Date *3/3/15*

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The above plan of correction is approved as of 3/9/15  
 (Date)

Plan of correction implementation status as of 3/9/15  
 (Date)

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

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