



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

Ms. Linda Muller, Administrator
R. Lynn and Linda Muller
208 River Forest Drive
Freeport, Pennsylvania 16229

RE: Colonial Gardens Guest House
121 Steppland Road
Butler, Pennsylvania 16002
License #: 445700

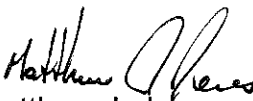
Dear Ms. Muller:

As a result of the Department of Human Services' licensing inspection on March 31, 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 May 25, 2015 to May 25, 2016 was issued on February 2, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director _{1/6H}

Enclosure
License Inspection Summary

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

PCH Name: COLONIAL GARDENS GUEST HOUSE		License Number: 44570
Address: 121 Steppland Road, Butler, PA 16002		County: Butler
Administrator: Linda Mueller		Region: WEST
Legal Entity Name: R Lynn and Linda Mueller		
Legal Entity Address: 121 Steppland Road, Butler, PA 16002		
Certificate(s) of Occupancy C-2 LP 12/18/1985 L&I		<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg);"> RECEIVED MAY 10 2015 WEST REGION FIELD OFFICE Human Services Licensing </div>
Staffing Hours Resident Support: 0 Type of Inspection: Full		
Total Daily Staff: 29	Waking Staff: 22	
BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/31/2015: Miller-Linhart, Alden; Cutter, Jan		
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: 40 Number of Residents Served: 29 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: 0 Are 60 Years of Age or Older: 20 Have Mental Illness: 29 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

RECEIVED

Violation Report: 44570 - 03/31/2015 - Miller-Linhart, Alden
PCH Name: COLONIAL GARDENS GUEST HOUSE

MAY 20 2015

WEST REGION FIELD OFFICE
Human Services Licensing

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
Staff persons A, B, and C did not receive training in the following topics during training year 2014:

*Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and the support plan.

*Personal care service needs of the resident.

*Care for residents with mental illness or mental retardation. The home currently serves 29 residents with a diagnosis of mental illness and one resident with a diagnosis of intellectual disability.

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.

All staff are to be retrained in topics listed in 2600.64Sec(f) within 60 days. Please see Annual Staff Training Record for 2600.65Sec(f) attached. The training plan was developed and is available for DPW per request. This training will be done annually in conjunction with the annual training of 2600.65Sec(g).

At least quarterly, the administrator will review all staff training plans to ensure all staff receive all required training. 5/12/15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Mueller*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LINDA MUELLER* Date *5/4/15*

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

The above plan of correction is approved as of <u>5/12/15</u> (Date) The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <u>5/12/15</u> (Date) <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
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Violation Report: 44570 - 03/31/2015 - Miller-Linhart, Alden
PCH Name: COLONIAL GARDENS GUEST HOUSE

MAY 10 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Haloperidol 5mg one tablet by mouth twice a day as needed. The home is currently administering this medication twice daily. Staff person D, the administrator, indicated that she received verbal orders from the resident's physician to administer this medication as a straight order; however, the home does not have a written order from the resident's physician.

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 #3's CRNP was notified on 3/31/15 and the order was faxed to Colonial Gardens on 4/1/15, please see attached order (order was faxed to DPW upon receipt of the order). The administrator or designee will ensure that any orders that are verbally given for a prn that can be give on a routine basis will be clarified in writing either on the chart or in note signed by the appropriate ordering entity.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Mueller

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

Linda Mueller

Date

5/4/15

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5/12/15
(Date)

Plan of correction implementation status as of

5/12/15
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 44570 - 03/31/2015 - Miller-Linhart, Alden
PCH Name: COLONIAL GARDENS GUEST HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

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

At 10:35 a.m., an agent of the Department observed direct care staff person A initialing the medication administration record for the residents who received medications at 9 a.m.

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 was not documenting 9am medications at 1045am but 11am medications that she had just administered. However staff person A did not appropriately document the medications as ~~she~~ did not document each medication after it was given to each resident. Staff person A and all staff were retrained to document the administration of medications after each resident received the medications not after the conclusion of all administered medications. The administrative medication trainer will observe the staff to ensure that all medications are properly documented and retrain as needed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Mueller* Date *5/14/15*

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

The above plan of correction is approved as of 5/12/15 (Date)

Plan of correction implementation status as of 5/12/15 (Date)

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

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