



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 26 2016

Ms. Linda Mueller, Administrator
R. Lynn and Linda Mueller
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' annual licensing inspection on August 26, 2016 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

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: Kim Lenzy		Region: WEST
Legal Entity Name: R LYNN AND LINDA MUELLER		
Legal Entity Address: 208 RIVER FOREST DRIVE, FREEPORT, PA 16229		
Certificate(s) of Occupancy C-2 LP 12/18/1985 PA L&I		RECEIVED SEP 20 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 27	Total Daily Staff: 54	Waking Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/26/2016: Rahuba, Matt; Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 40	Number of Residents who:	
Number of Residents Served: 27	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 20	
Area:	Have Mental Illness: 27	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

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Violation Report: 44570 - 08/26/2016 - Rahuba, Matt
PCH Name: COLONIAL GARDENS GUEST HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The temperature of the basement chest style freezer measured 5 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.

The freezer was to be used for bread only, to keep it cold as we use over 70 loaves per week. The items that were to be frozen were thrown out. During the exit interview we were told that if we use it to only keep bread cold we could continue to use it. A sign was placed on the freezer stating that it was to be used for bread only. The kitchen staff were informed that no other items were to be placed in the freezer. The kitchen staff will check the freezer weekly to ensure that no other items are in the freezer.

Immediately, a designated staff person shall check all refrigerators at least weekly to ensure all refrigerator temperatures are below 40°F, all freezer temperatures are below 0°F and all refrigerators and freezers contain a thermometer.
4-22-16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Mueller* Owner Administrator Date *9/19/16*

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

The above plan of correction is approved as of 9-22-16
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 9-22-16
(Date)

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

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Violation Report: 44570 - 08/26/2016 - Rahuba, Matt
PCH Name: COLONIAL GARDENS GUEST HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
There were 5 packages of soft tortillas in basement freezer #2 which expired on 12/5/12.

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 five packages of frozen expired tortilla shells were discarded at the time of the inspection. The kitchen staff will check and ensure that all items are used by the expiration dates. The food items will be checked monthly and the menu's revised to use items before their expiration dates. The Administrative staff who purchase the food items will try to purchase items that list best use by dates whenever possible in the future.

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 Date
(Required on EVERY Page) *Linda Mueller* *OWNER ADMINISTRATOR* *9/19/16*

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(Date)

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

Plan of correction implementation status as of 9-22-16
(Date)

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

Violation Report: 44570 - 08/26/2016 - Rahuba, Matt
PCH Name: COLONIAL GARDENS GUEST HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #1 is prescribed Guaifenesin, 2 teaspoons by mouth 4 times a day as needed. However the resident's medication administration record indicates Guaifenesin 1 tablespoon every 6 hours 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

Resident was prescribed his cough syrup initially ordered as 1 tablespoon every 6 hours as needed by his PCP, however he entered a Hepatitis C clinic for treatment and the Hepatitis doctor changed the order to 2 teaspoons by mouth 4 times a day as needed. The staff was not informed by the clinic of the change in dosage for the cough medicine. The resident goes to his appointments unaccompanied by staff as his is very independent. When a resident goes to an appointment without a staff member, the VA nurse calls the home with any medication changes, this did not occur.

The administrative staff did not pick up the change in the order. The PRN MAR was changed to reflect the change in order. The administrative staff will ensure that all medications are reviewed when the orders come in from the VA pharmacy to ensure that all medications are listed correctly on the MAR's.

The administrative staff will also call the appropriate VA nurse after an unaccompanied appointment to see if there were any medication changes.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Mueller* OWNER ADMINISTRATOR Date *9/19/16*

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The above plan of correction was approved by <u>[Signature]</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