



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

Mailing Date: December 28, 2016

Mr. Harry Yoder, Administrator  
Jai Jalaram Care LP  
2015 North Reading Road  
Denver, Pennsylvania 17517

RE: Colonial Lodge Retirement Community  
Certificate #: 322580

Dear Mr. Yoder:

As a result of the Department of Human Services' licensing inspection on December 6, 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 "Brett Swanger".

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing 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 Labor and Industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 68	Waking Staff: 51
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
12/06/2016: Heemer, Laura		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b>  DEC 23 2016  CENTRAL REGION FIELD OFFICE  Human Services Licensing</p>		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity: 75</b> <b>Number of Residents Served: 67</b> <b>Secured Dementia Care Unit in Home: No</b> <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents: 0</b> <b>Number of Hospice Residents in past year: 3</b>	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income: 5</b> <b>Are 60 Years of Age or Older: 56</b> <b>Have Mental Illness: 19</b> <b>Have an Intellectual Disability: 6</b> <b>Have a Mobility Need: 1</b> <b>Have a Physical Disability: 0</b>	

Violation Report: 32258 - 12/06/2016 - Heemer, Laura  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.42(f) - A resident has the right to receive and send mail. Outgoing mail may not be opened or read by staff persons unless the resident requests. Incoming mail may not be opened or read by staff persons unless upon the request of the resident or the resident's designated person.

**2a. DESCRIPTION OF VIOLATION**

On 10/21/2016, a mailed package of nutritional supplements for Resident 1 was received at the home. This package was opened by staff without the consent of the resident and the contents were not provided to Resident 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.

As of 10/21/16 no incoming mail, including packages have been opened by staff without the consent of Resident #1. Per attachment 1 and attachment 2 you will see daily receipts of residents mail. Resident #1 initials receipt of including packages. Office staff have implemented the procedure Nursing staff, who handles residents mail on weekends, will receive a memo concerning residents right 2600.42(f) and to not open residents mail, including packages  
 See attachment 3.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry Joder Administrator</i>	Date <i>12/20/16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/20/16  
 (Date)

Plan of correction implementation status as of 12/20/16  
 (Date)

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

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

Violation Report: 32258 - 12/06/2016 - Heemer, Laura  
 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

On 12/2/2016 through 12/5/2016 the home did not administer Resident #1 the prescribed Isosorbide MN 60 mg Tab, one tablet by mouth daily. The medication was not available in the home for administration.

On 11/18/2016 through 11/30/2016 the home did not administer Resident #1 the prescribed Atorvastatin 80 mg Tablet, take 1/2 tablet by mouth daily. The medication was not available in the home for administration.

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 12/16/16 med techs are responsible to reorder all VA medications when the resident is down to a 14 day supply. Each med tech will be responsible for a block of residents to make sure all medications are ordered in a timely manner, avoiding a resident running out of medications. If the medication reaches a 10 day supply and the medication has not arrived the med tech will phone the VA pharmacy to follow up. On 12/16/16 a memo explaining the new procedure was distributed to all med techs. On 12/16/16 a memo was also posted in the med room by the Nursing Director. The new procedure will also be added to our policy & procedure manual by 12/31/16, by the Administrator. All communication as well as the new procedure has been implemented by the Director of Nursing. memo attachment 4

Repeat Violation: No

Date(s) of Previous Violation(s):

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

12/28/16

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

The above plan of correction is approved as of

12/28/16  
 (Date)

Plan of correction implementation status as of

12/28/16  
 (Date)

The above plan of correction was approved by

BAS  
 (Initials)

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