



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 21, 2017

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 inspections on May 19, 2017 and August 24, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summaries were found.

All violations specified on the enclosed License Inspection Summaries must be corrected by the dates specified on each License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32258 - 05/19/2017 - Hoover, Douglas
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.161(c) - Additional portions of meals and beverages at mealtimes shall be available for the resident.

2a. DESCRIPTION OF VIOLATION

No additional portions are provided to residents for the breakfast and evening meals.

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 May 19, 2017 all residents will be offered additional portions at all meals. See attachment A.

All staff will be educated in providing second portions to residents at meals.

Residents will be advised at Residents Council that seconds or additional portions will be available at all meals.

Administrator will randomly monitor meals and interview residents if seconds are being made available.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Harry York Administrator Date 8/3/17

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

The above plan of correction is approved as of 9-20-17
 (Date)

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

Plan of correction implementation status as of 9-20-17
 (Date)

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

Violation Report: 32258 - 05/19/2017 - Hoover, Douglas
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 4/28/17, Resident #1 was assessed for psychiatric services after expressing suicidal ideation and refusing to eat or drink. An updated assessment was not completed by 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.

Med techs or the Director of Nursing will complete an updated assessment any time there are changes with a resident concerning a significant change such as expressing suicidal ideation and refusing to eat or drink. The Director of Nursing will be responsible to monitor to make sure the regulation is being adhered to. In addition med techs were reminded of significant changes to any resident at the 7/10/17 staff training where RASPS and DME's were discussed.

Staff have educated on the requirement to report any changes in condition or behavior to the med techs or Director of Nursing.

Based on daily reports and communication log, resident records will be reviewed to ensure that resident as needed.

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

8/3/17

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

The above plan of correction is approved as of 7-20-17
 (Date)

Plan of correction implementation status as of 7-20-17
 (Date)

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

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

Violation Report: 32258 - 08/24/2017 - Gillespie, Denise
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 8/24/17, mildew was found on the bottom of the shower curtains in the resident bathrooms of Rooms #104, #119, #146 and #154.

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 8/28/17 shower curtains in room # 104, 119, 146 and 154 were replaced with new curtains. Housekeeping assignment sheets now include check shower curtain for mold/mildew, clean or replace if necessary. See attachment A and B. The Assistant Administrator will monitor housekeeping staff to ensure that shower curtains are clean and sanitary.

RECEIVED

SEP 14 2017

CENTRAL REGION FIELD OFFICE
 Human Services Licensing

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: *9/8/17*

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

The above plan of correction is approved as of 9-20-17
 (Date)

Plan of correction implementation status as of 9-20-17
 (Date)

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

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

Violation Report: 32258 - 08/24/2017 - Gillespie, Denise
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

One live bed bug and bed bug eggs were found on the bed nearest to the door in Room #112.

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 bedding in Room #112 was laundered on 8/28/17 -
 Diatomaceous earth powder will be applied to the affected area as well. Housekeeping staff will check the bed 2x per week at a minimum. The directive is on the daily assignment sheet. See Attachment B. The Administrator will monitor with weekly checks and document.

In addition, Terminex will conduct an assessment by 10/15/17 + provide treatment if warranted. Documentation of pest control services will be kept by the home. -ee

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 8/8/17

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The above plan of correction is approved as of 9-21-17
 (Date)

Plan of correction implementation status as of 9-21-17
 (Date)

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

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

Violation Report: 32258 - 08/24/2017 - Gillespie, Denise
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The dry wall on the lower portion of the wall between the door and the bathroom in Room #150 had been smashed and broken.

The linoleum in the bathroom of Room # 107 was separated from the floor behind the toilet. The discolored linoleum appeared to have had water damage from underneath.

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.

Room # 150 dry wall will be repaired by 9/30/17.
 Room # 107 vinyl flooring will be replaced by 9/30/17.
 Housekeeping Staff were instructed on 8/28/17 ^{by Administrator (20)} to notify their supervisor of rooms or bathrooms having such issues.

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) <i>Harry Yoder Administrator</i>	Date <i>9/8/17</i>
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The above plan of correction is approved as of <u>9-20-17</u> (Date)	Plan of correction Implementation status as of <u>9-20-17</u> (Date)
The above plan of correction was approved by <u>HY</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 - 08/24/2017 - Gillespie, Denise
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

The toilets in Rooms #127 and #133 did not have grab bars, hand rails or assist bars.

There was no grab bar, hand rail or assist bar by the toilet and bathtub/shower of Room # 207.

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.

Room #127 already had grab bars at toilet and bath tub.
 Room #133 and Room # 207 had grab bars installed at toilet and bath tub on 9/7/17. See attachments C, D, E & F. All rooms have been checked by maintenance. Every room is in compliance with 2600.102(d)(1).

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 *9/8/17*

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The above plan of correction is approved as of 9-20-17
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 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented