



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**APR 27 2018**

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' Adult Residential Licensing's annual licensing inspection on January 29, 2018 and January 30, 2018 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 32258 - 01/29/2018 - Heemer, Laura  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

- 1. REGULATION 55 Pa.Code §2600**  
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
- (1) Training that includes a demonstration of job duties, followed by supervised practice.
  - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
  - (3) Initial direct care staff person training to include the following:
    - (i) Safe management techniques.
    - (ii) ADLs and IADLs.
    - (iii) Personal hygiene.
    - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
    - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
    - (vi) Implementation of the initial assessment, annual assessment and support plan.
    - (vii) Nutrition, food handling and sanitation.
    - (viii) Recreation, socialization, community resources, social services and activities in the community.
    - (ix) Gerontology.
    - (x) Staff person supervision, if applicable.
    - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
    - (xii) Safety management and hazard prevention.
    - (xiii) Universal precautions.
    - (xiv) The requirements of this chapter.
    - (xv) Infection control.
    - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), Incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care Staff Person A, hired on 10-11-2017, began providing unsupervised ADL services on 10-27-2017. Staff Person A did not complete the Department-approved direct care training course and pass the competency test until 12-6-2017.

**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 2/15/18 a checklist will be used to ensure that all staff persons providing unsupervised ADL services complete the Department-approved direct care training course and pass the competency test prior to their providing services. The Assistant Administrator is responsible to facilitate the process followed by Administrator oversight. See Attachment B*

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>2/16/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3/13/18  
 (Date)

Plan of correction implementation status as of 3/13/18  
 (Date)

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

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

Violation Report: 32258 - 01/29/2018 - Heemer, Laura  
 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 # 7 has been assessed as capable of self-administering medications and stores these medications in a bedroom he/she shares with other residents. On 1-30-2018, Resident 7's Vicks Vapo Rub and two 1.5 oz bottles of "Major" deep sea nasal spray were located in Resident 7's bedroom medicine cabinet. These medications were not stored in a locked container and were accessible to other residents.

**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 2/4/18 Resident #7 now has his own lock box container and they are no longer accessible to other residents. Going forward a spreadsheet is being designed to include residents who are self administering and who has and/or needs to have a lock box. The nursing supervisor will use the form to monitor changes throughout the year as well as annually at the time of the RASP and DME completion*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry Toster Administrator</i>	Date <i>2/16/18</i>
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The above plan of correction was approved by *[Signature]*  
 (Initials)

Violation Report: 32258 - 01/29/2018 - Heemer, Laura  
 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**

On 1-30-2018 at 2:00 pm, the emergency exit located in Room 112 was blocked by an upholstered chair, a rocking chair, and a large electric keyboard.

**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 1/30/18 the upholstered chair, rocking chair and electric keyboard were removed from the emergency exit which was blocking egress in Room 112. Housekeeping assignment sheets will include the additional assignment beginning 2/16/18. The Assistant Administrator is responsible for review of assignment sheets and room checks. See Attachment A*

✗ Staff will be re-educated that the home's egress routes are to remain free from obstructions at all times and that if staff observe an obstructed egress route immediate steps for remedy should be taken.

✗ The administrator shall perform checks of the home's exits during daily walk-throughs of the home to assure compliance.

*BAS 3/13/18*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry Joder Administrator</i>	Date <i>2/16/18</i>
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 (Date)

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 (Date)

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

Violation Report: 32258 - 01/29/2018 - Heemer, Laura  
 PCH Name: COLONIAL LODGE RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The record for Resident 1 does not contain a photograph that is less than two years old. The photograph in Resident 1's record was taken on 10-7-2015  
 The record for Resident 6 does not contain a photograph that is less than two years old. The photograph in Resident 6's record was taken on 9-3-2015.  
 Resident Records for Residents 1, 2, 3, 4, and 5 do not include information if any of these residents have Identifying Marks.

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 resident records contain new photographs as of 2/17/18. All resident records will include information concerning identifying marks as of 3/1/18. Going forward all resident records will be checked and updated during the annual DME and RASP process for any changes in identifying marks and new photographs will be taken at the same time. The nursing supervisor will monitor and be responsible for maintaining each resident record.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Harry Zoller Administrator</i>	Date <i>2/16/18</i>
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