



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 21 2018

Mr. Fred Wheeler,
President
Wheeler Care Center, Inc.
P.O. Box 70
Glenmore, Pennsylvania 19343

RE: Colonial Woods
1710 Creek Road
Glenmoore, Pennsylvania 19343
Certificate #: 198230

Dear Mr. Wheeler:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 23, 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.

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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 19823 - 03/23/2018 - Woolers, Sandra
 PCH Name: COLONIAL WOODS

1. REGULATION 55 Pa.Code §2600

2600.27(a) - If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.

2a. DESCRIPTION OF VIOLATION

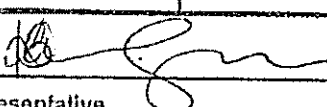
Residents #1, #2, #3, and #4 receive SSI. The home rules included in the contract indicates "any damages don to providers property will be charged to the resident" which is beyond these residents current SSI income.

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.

IMMEDIATE ACTION: The personal care home administrator revised our home rules in the admission agreement contract by omitting "any damages had done to provider's property will be charged to the resident" for SSI residents only. The SSI residents got the revised contracts and they are already signed. The personal care home administrator made this change during the inspection March 23rd 2018; and showed the correction to the inspector.

ONGOING ACTION: A new admission agreement has been drafted for SSI resident; which will be used for in future for a new SSI and resident who become SSI recipients after admission. The personal care home administrator will ensure that the new form is used for each new SSI recipient and those that become recipients after admission by reviewing contracts on a quarterly basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Babra Kamuninga-Mendez, Administrator		5/30/2018	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		5/30/18 (Date)	Plan of correction implementation status as of 5/30/18 (Date)
The above plan of correction was approved by		K.W. (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: 19823 - 03/23/2018 - Woolers, Sandra
 PCH Name: COLONIAL WOODS

1. REGULATION 56 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff #2, whose first day of work was 5/3/17 did not receive orientation on Fire Safety until 5/4/17.

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.

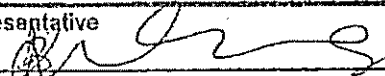
IMMEDIATE ACTION: All new employees spend the first 16 hours in an office environment training for; CPR and First Aid, Fire Safety, Emergency Preparedness plan, online direct care training from DPW, criminal background check and other job related training. No new employee reports to floor training until they have been trained on the topics noted above.

ON GOING: All new employees will continue to be trained thoroughly on the topics listed above; before they are deemed appropriate for floor training. Personal Care Home administrators will document the date that the staff members begin performing job duties in each staff record. Personal Care Home Administrators will review each orientation sheet upon completion to ensure that all required training has been completed prior to staff members beginning their job duties.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Barbara Krumminger-Mendez Administrator

Date 5/30/2018

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 (Date)

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 (Initials)

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Violation Report: 19823 - 03/23/2018 - Woolers, Sandra
 PCH Name: COLONIAL WOODS

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 flooring of the 1st floor hallway was worn bare creating a possible trip hazard for the residents using mobility devices.

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.

IMMEDIATE ACTION: the floor is serviceable for right now.

ONGOING ACTION: After the administrator spoke to the chairman of the board of Colonial Woods on May 29 2018 the flooring will now be completed by the end of June, 2018.

Administrators will inspect all floors weekly to ensure they are free from tripping hazards and are in good repair - K.W. 5/30/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bahar Kamwings - Manager, Administrator</i>	Date <i>5/30/2018</i>
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Violation Report: 19823 - 03/23/2018 - Wooters, Sandra
 PCH Name: COLONIAL WOODS

1. REGULATION 56 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The homes emergency procedures do not include the phone number of the state emergency agency.

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.

IMMEDIATE ACTION: Personal Care Home Administrator revised our emergency procedures and added the phone number of the state emergency agency. Personal Care Home Administrator made this change during the inspection March 23rd 2018; and showed the correction to the inspector.

Ongoing Action: Personal Care Home Administrator will conduct a quarterly check to ensure the emergency procedures are up to date and include all necessary information including the phone number to the state emergency agency.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sandra Kamuninga-Mendez Administrator Date 5/30/2018

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Violation Report: 19823 - 03/23/2018 - Wooters, Sandra
 PCH Name: COLONIAL WOODS

1. REGULATION 65 Pa.Code §2600
 2600.109(a) - The home rules shall specify whether the home permits pets on the premises.

2a. DESCRIPTION OF VIOLATION
 The home rules do not specify whether the home permits pets.

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.

IMMEDIATE ACTION: Personal Care Home Administrator revised our home rules, and added that our home allowed pets. Personal Care Home Administrator Made copies of the revised Policy had all residents resign them. Personal Care Home Administrator made this change during the inspection March 23rd 2018; and showed the correction to the inspector.

Ongoing Action: Personal Care Home Administrator will ensure all residents sign the revised home rules that states that pets are allowed. Personal Care Home Administrator will review all new admission packets upon admission to ensure that the revised information is provided to all residents.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Babara Kamungu - Mendic Administrator* Date *5/30/2018*

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Violation Report: 19823 - 03/23/2018 - Woolers, Sandra
 PCH Name: COLONIAL WOODS

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The front door, west wing, sun room, fire escape ground floor and office door were used during the fire drills conducted on 4/23/17, 6/16/17, 6/9/17, 9/2/17, 10/4/17, 11/17/17, 12/11/17 and 2/17/18.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

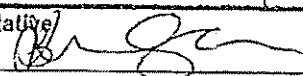
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

IMMEADIATE ACTION: Personal Care Home Administrator had already taken action to correct the use of multiple exits during the fire drill; this was done while the inspector was here. We showed the new paper work that described the different changes in the fire drill going forward.

ONGOING ACTION; Going forward one or multiple exits will be blocked by an example of during a fire drill. The exits will be randomly picked.

The personal care home administrator will review all fire drill records monthly to ensure that alternate exits are being used and that all other regulations regarding fire drills are being followed. K.W. 5/30/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bahra Kamusinger-Mendez Administrator	Date 5/30/2018
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 (Initials)

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Violation Report: 19823 - 03/23/2018 - Wooters, Sandra
 PCH Name: COLONIAL WOODS

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #5, dated 4/11/17, does not include information regarding body positioning or movement.
 The medical evaluation for Resident #6, dated 1/22/18, does not include information regarding allergies.

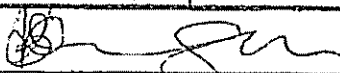
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

IMMEDIATE ACTION: Medical evaluation form was not completed by the doctor; Personal Care Home Administrator contacted the doctor and had the form completed by the doctor.

ONGOING ACTION: Personal Care Home Administrator will have two double checks of all DME coming in from the doctors' offices to make sure the form is completely filled. These checks will be conducted by the staff accompanying the resident to the appointment and the personal care home administrator within 72 hours of each appointment.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bahara Kermisanga-Moore, Administrator Date 5/30/2018

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Violation Report: 19823 - 03/23/2018 - Wooters, Sandra
 PCH Name: COLONIAL WOODS

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #7's glucometer was not calibrated to the correct time or date. On 3/23/18, the glucometer readings were dated 6/6 at 5:14 and 8/6 at 1:34.

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.

IMMEADIATE ACTION: The Personal Care Home Administrator ordered and received new calibrated glucometers for all the residents with glucometer that were more than a year old.

ONGOING ACTION: All the residents will be getting new calibrated glucometer machines annually. Personal Care Home Administrator will check all glucometers quarterly to ensure that they are calibrated properly.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Babra Kamuninga - Menores Administrator Date 5/30/2018

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Violation Report: 19823 - 03/23/2018 - Wooters, Sandra
 PCH Name: COLONIAL WOODS

1. REGULATION 56 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

According to medication training records for Staff #2 and #3 each completed one medication observation and one MAR review for the 2017 annual practicum. These staff have not successfully completed the Department-approved medications administration course, administered medications to residents of 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.

IMMEDIATE ACTION: Staff number 2 was due in March 2018; the trainer immediately upon returning from vacation, his observations was completed. Staff no 3 resigned and we failed to remove her paper work from the training log. The resignation occurred when the trainer was on vacation

ON GOING ACTION: Staff no 2: All staff will be observed twice annually within stated time frame by the personal care home administrator.

Staff no 3: Upon resignation and/ or termination of an employee the personal care home administrator will be removing the paper work from the training log, and keeping them in the archives.

Personal Care Home Administrator will monitor staff training records quarterly to ensure that all required trainings and training components are completed in a timely manner. K.W. 5/30/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Balza Kamusanga-Mendez Administrator

Date

5/30/2018

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5/30/18
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Plan of correction implementation status as of

5/30/18
 (Date)

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- Not Implemented

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K.W.
 (Initials)

Violation Report: 19823 - 03/23/2018 - Wooters, Sandra.
 PCH Name: COLONIAL WOODS

1. REGULATION 65 Pa.Code §2600

2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

The home's medication administration training record for staff person #1 does not include training on the administration of creams and ointment which the staff administers to 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.

IMMEDIATE ACTION: Personal Care Home Administrator has scheduled an RN to perform this training for the staff.

ON GOING: Personal Care Home Administrator will bring in an RN to do this training annually.

Personal care Home Administrator monitor staff training quarterly to ensure that there are staff trained to meet the care requirements of the residents. K.W. 5/30/18

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Barbara Kamuningco-Mendez Administrator Date 5/30/2018

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Violation Report: 19823 - 03/23/2018 - Wooters, Sandra
 PCH Name: COLONIAL WOODS

1. REGULATION 55 Pa.Code §2600

2600.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. DESCRIPTION OF VIOLATION

The home does not have written procedures on the delivery and management of services.

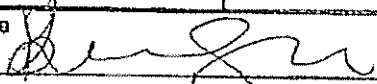
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

IMMEDIATE ACTION: We have several policies; a policy for admission, a policy for discharge and a description of services. The Personal Care Home Administrator compiled them together into one policy, which describes the life of a resident from admission, daily life and ends at the discharge. The Personal Care Home Administrator made copies and had all employees read and sign.

ONGOING: The Personal Care Home Administrator will continue to review all Policies and Procedure annually.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Babau Kamuyanga-Mendez Administrator Date 5/30/2018

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Violation Report: 19823 - 03/23/2018 - Wooters, Sandra
 PCH Name: COLONIAL WOODS

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for Resident #7, admitted 9/6/17, did not indicate if the home can meet the needs of the resident.

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.

[REDACTED] The form has been marked that we can meet the needs of the resident.

ON GOING ACTION: Personal Care Home Administrator will have two double checks of all Pre-admission forms are completed. *These checks will occur upon admission of each resident. K.W. 5/30/18*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sandra Karmusinger - Manager* ^{Administrator} Date *5/30/2018*

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