



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: linda1227mueller@gmail.com
bleroy2389@gmail.com

MAILING DATE: December 12, 2019

Ms. Linda Mueller
Owner / Administrator
R. Lynn and Linda Muller
208 River Forest Drive
Freeport, Pennsylvania 16229

RE: Colonial Gardens Guest House
121 Steppland Road
Butler, Pennsylvania 16002
Certificate #: 445700

Dear Ms. Mueller:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 3, 2019 and October 8, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

RECEIVED
NOV 19 2019
Western Region

License Number: 44570

Facility Information

Name: COLONIAL GARDENS GUEST HOUSE
Address: 121 STEPPLAND ROAD,, BUTLER, PA 16002
County: BUTLER Region: WESTERN

Administrator

Name: Kim Leroy Phone: 7245865121 Email: LINDA1227MUELLER@GMAIL.COM

Legal Entity

Name: R LYNN AND LINDA MUELLER
Address: 208 RIVER FOREST DRIVE, FREEPORT, PA, 16229

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/18/1985 Issued By: Dept L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 28 Waking Staff: 21

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

10/03/2019 - On-Site: Amy Duncan, Karen Georgoulis
10/08/2019 - On-Site: Amy Duncan, Karen Georgoulis

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 Residents Served: 28

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 7
Diagnosed with Mental Illness: 28 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 1

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COLONIAL GARDENS GUEST HOUSE

NOV 26 2019

44570

16c - Written Incident Report

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 passed away in the home on resident #1's date of death; however, the home did not report this incident to the Department.

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.)

16.c

Enclosed is a copy of the incident report and a copy of Resident #1's death certificate. This is to be sent with the POC on 11/26/19. The administrative staff will notify the department by fax followed with a phone call to report any reportable incident within 24 hours. A copy of the written report will be sent to the Department within 48 hours of the incident.

Legal Entity Representative

L. Mueller
Signature

L. Mueller, Owner 11/26/19
Printed Name and Title Date

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The above plan of correction is approved as of 11/26/19
(Date)

Plan of correction implementation status as of 12/11/19
(Date)

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

Implemented
 Not Implemented

COLONIAL GARDENS GUEST HOUSE

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 10/3/19, the resident privacy coding document, containing the names of residents #2 and #3, was attached to the license inspection summary, dated 10/2/18, and was posted on a bulletin board near the nurse's desk.

REPEAT VIOLATION: 10/2/2018

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.)

17

The license inspection report was posted as required. The administrative staff did not understand that the inspection report was part of the resident record. The administrative staff will remove the privacy coding sheets prior to posting the report in the future.

Legal Entity Representative

Signature Kim Leroy

Printed Name and Title Kim Leroy Administrator Date 11/16/19

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The above plan of correction is approved as of 11/21/19 (Date)

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

Plan of correction implementation status as of 12/11/19 (Date)

Implemented

Not Implemented

COLONIAL GARDENS GUEST HOUSE

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 10/3/19, no lock was present on the door to the common shower room near bedroom 5 to provide privacy while in use.

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.)

42.s

The lock on the common shower door was repaired immediately on 10/3/2019. The maintenance staff will check the bathrooms monthly to ensure that the locks are in good working order. The DC staff and the residents were informed to report to either the administrative staff or the maintenance staff if and when the locks are not working so repairs can be made immediately. Please see attached photo.

Legal Entity Representative

Kim Leroy
Signature

Kim Leroy Administrator 11/16/19
Printed Name and Title Date

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The above plan of correction is approved as of 11/21/19 (Date) Plan of correction implementation status as of 12/11/19 (Date)

The above plan of correction was approved by FM (Initials) [Redacted] [Redacted] Implemented Not Implemented

COLONIAL GARDENS GUEST HOUSE

65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The record of training on the topic of new population groups, held on 1/9/18, does not include the specific topic or the source of the training.

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.)

65.1

If the staff undergoes training for a new population, the subject matter and the person responsible for the training shall be named. The administrative staff will be responsible for ensuring that the topic and the length of time for the topic are added to the training sheets if applicable.

Legal Entity Representative

Kim Leroy
Signature

Kim Leroy Administrator 11/16/19
Printed Name and Title Date

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(Date)

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(Initials)

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(Date)

Implemented
 Not Implemented

COLONIAL GARDENS GUEST HOUSE

92 - Windows

Regulations

2600. 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 10/3/19, no screens were present in the following operable windows:

- *The large window in bedroom E-3
- *The large window in bedroom 4
- *The window in the bathroom of bedroom 4
- *The window in bedroom 9

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 home has central air conditioning and the windows in all the rooms are not to be opened while the A/C is on. Room E-3 has two windows, one had a screen and it is able to be opened, the window without the screen had a screen added on 10/11/19. Please see photo's.

The large window in room 4 has two small windows and an air conditioner is placed in that window during the spring, summer and early fall months. Screens were made for the window and installed on 11/5/2019. Please see photos.

The window in room 4 bathroom has a half screen in the window and the opposite side is not able to be opened. Continued on 6A of 24

Legal Entity Representative

Kim Leroy
Signature

Kim Leroy ADMINISTRATOR 11/16/19
Printed Name and Title Date

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

Implemented
 Not Implemented

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 10/3/19, no screens were present in the following operable windows:

- *The large window in bedroom E-3
- *The large window in bedroom 4
- *The window in the bathroom of bedroom 4
- *The window in bedroom 9

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 9 has 2 windows; one window has a screen with the opposite side inoperable, the second window is not operable.

The maintenance staff will check monthly to make sure that the windows with screens are operable and that the windows without are inoperable, and to make sure the windows are not to be opened when the A/C is running.

Legal Entity Representative

Kim Leroy
Signature

Kim Leroy ADMINISTRATOR 11/16/19
Printed Name and Title Date

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The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

Implemented

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

Not Implemented

COLONIAL GARDENS GUEST HOUSE

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 10/3/19 and 10/8/19, there was a double Adirondack chair outside of the home near the freezer, that is missing one post on the back of the chair. The broken post with splintering wood is leaning against the chair.

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.)

95

The Adirondack chair was disposed of on 10/09/19 by the maintenance staff. The maintenance staff will check the outside furniture monthly to ensure that it is in good repair and usable.

Legal Entity Representative

Kim Leroy
Signature

Kim Leroy Administrator
Printed Name and Title

11/16/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of _____
(Date)

11/21/19

(Date)

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

FM

(Initials)

Plan of correction implementation status as of _____
(Date)

12/11/19

(Date)

Implemented

Not Implemented

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 10/3/19, resident #5's lamp was not operable. There was no other source of lighting that could be turned on/off from bedside.

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.)

101.j

Resident #5 unplugs his light continuously, he believes that there is someone watching him when the light is plugged in. The light was immediately plugged back in on 10/3/19. It was discussed with Resident #5 that he must keep his light plugged in. Housekeeping staff will check all lights when the rooms are cleaned to ensure that the lights are plugged in.

Legal Entity Representative

Kim Leroy
Signature

Kim Leroy ADMINISTRATOR 11/16/19
Printed Name and Title Date

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(Date)

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(Date)

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

Implemented
 Not Implemented

103f - Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

On 10/3/19 at 1:21 pm and at 5:05 pm, the temperature in the outdoor walk-in freezer was 4 degrees Fahrenheit.

REPEAT VIOLATION: 10/2/2018

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.)

103.f

The outdoor freezer was inspected on 3/4/19 by maintenance staff, Fugh refrigeration was called and a technician was sent to inspect freezer. A part was ordered and installed on 11/14/19 by Fugh. The maintenance staff will check the freezer daily to ensure temperature is maintained. It is to be noted that the freezer self defrosts and goes into that mode daily from 12 noon to 2 pm where the temperature goes to +5 to defrost the coils. This is set on a timer.

Legal Entity Representative

Signature *Kim Leary*

Printed Name and Title *Kim Leary, Administrator*

Date *11/16/19*

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The above plan of correction is approved as of

11/21/19
(Date)

Plan of correction implementation status as of

12/11/19
(Date)

The above plan of correction was approved by

LM
(Initials)

Implemented

Not Implemented

131f - Fire Extinguisher Inspection

Regulations

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The red First Alert fire extinguisher in the basement has not been inspected by a fire safety expert within the past year.

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.)

131.f

The VA fire safety inspector John Campbell during his inspection in May of 2019, recommended that we purchase a 5-15#ABC fire extinguisher for electrical fires. The red First Alert extinguisher was purchased in May of 2019 so therefore was not inspected during the annual inspections; which is done every January; with the other extinguishers. There is a second extinguisher which covers all types of fires next to the First Alert extinguisher and it was current with its inspection. The maintenance staff monthly checks all fire extinguishers for charge and notifies Fire Fighters if there is a problem with any of the fire extinguishers.

Legal Entity Representative

Kim Leroy
Signature

Kim Leroy ADMINISTRATOR
Printed Name and Title
11/16/19 Date

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(Date)

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12/11/19
(Date)

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

Implemented
 Not Implemented

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COLONIAL GARDENS GUEST HOUSE

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132c - Fire Drill Records

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the following fire drills do not indicate am or pm for the time of the drill:

- *6/11/19 at 6:59
- *7/15/19 at 11:18

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.)

132.c

This violation was corrected on 10/8/19. A written fire drill record will be kept including the date, time, number of residents and staff and exit routes used by the residents. This record will be done by the staff; either administrative or maintenance or the VA fire inspector; will include the time whether am or pm. The administrative staff will, within 24 hours of a fire drill, check to ensure that all information is on the report correctly.

Legal Entity Representative

Lisa Mueller
Signature

Lisa Mueller owner 11/26/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/26/19 (Date) Plan of correction implementation status as of 12/11/19 (Date)

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

Not Implemented

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COLONIAL GARDENS GUEST HOUSE

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WEST REGION FIELD OFFICE
Human Services Licensing

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #6's initial medical evaluation, dated 9/13/19, does not include special health or dietary needs. This section of the form is blank.

Resident #7's initial medical evaluation, dated 9/12/19 does not include the resident's temperature. This section of the form is blank.

Plan of Correction (POC)

(Attach p. 141.a
prevent a

This violation was corrected on 10/8/19. The RN staff will check the DME upon admission so that it is done in a timely manner and is complete. A check of all current residents DME's will be done by the RN staff by 11/29/19 to ensure that they are complete. The future DME's will be reviewed by the RN staff during the exam of each resident by their physician or CRNP, to ensure that all sections are filled out completely prior to putting into the resident's record.

Legal Entity Representative

Paul Mueller
Signature

Paul Mueller Owner 11/26/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/26/19
(Date)

Plan of correction implementation status as of 12/11/19
(Date)

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

Implemented
 Partially Implemented
 Not Implemented

10/03/2019

13 of 24

162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 10/3/19, the menus posted on the bulletin board near the nurse's station are undated and indicate "month #1 week", "month #2 week", "month #3 week" and "month #4 week".

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.)

162.c

Menus are posted on the bulletin board and also the dry eraser board in the dining room. The menus are done on an 8 week cycle with 2 weeks posted currently and the remaining weeks under the current 2 week cycle. The dates will be placed on the menus by the cooking staff as they cycle thru the menus. The current meal is posted on the dry eraser board 24 hours in advance so that the residents have the opportunity to request something in place if they do not like what is served. The dates were put on the menu on 10/3/19. Please see photo.

Legal Entity Representative

Kim Leroy
Signature

Kim Leroy Administrator 11/16/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/21/19
(Date)

Plan of correction implementation status as of 12/11/19
(Date)

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

Implemented
 Not Implemented

171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 10/3/19, the first aid kit in the van used to transport residents did not include eye coverings.

On 10/3/19, no first aid kit was present in the Buick Enclave, which is used to transport residents.

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.)

171.b

The first aid kit in the van was one of 2 kits that are kept in the van. One kit had eye covering and the second did not. Eye coverings were immediately placed in the second kit on 10/3/19. The driver of the van will monthly check the first aid kits for the required items and if anything is missing he is to notify the administrative staff and they will replace the missing items

A first aid it was immediately placed in the Buick Enclave on 10/3/19. Since this vehicle is owned by the administrator, she will ensure that the kit has all required items and replace them as they are used.

Legal Entity Representative

Kim Leroy
Signature

Kim Leroy Administrator 11/16/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	11/21/19 (Date)	Plan of correction implementation status as of	12/11/19 (Date)
The above plan of correction was approved by	<i>FLM</i> (Initials)	<input checked="" type="checkbox"/> Implemented	
		<input type="checkbox"/> Not Implemented	

183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 10/3/19 at 10:35 am, 2 bottles of Desenex 2% antifungal powder, 3 oz. each, were unlocked, unattended and accessible on the dresser of resident #4. The resident has not been assessed as able to self-administer medications.

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.)

183.b

A discussion was held with resident #4 about his foot powder, although he is deemed safe around poisons, we discussed how it was possibly unsafe for other residents who may come into his room, to have the powder out in the open could pose a safety risk. The powder will be kept in the office/ medication room and when he needs to have it applied he will ask the staff to assist in applying the foot powder.

A meeting was held with all residents and it was explained that they cannot purchase OTC items when they go to town, if they do they are to give the items to the staff for proper storage. Housekeeping when cleaning the rooms, is to remove any OTC items that a resident has purchased that are left at bedside.

Legal Entity Representative

Kim Lezey
Signature

Kim Lezey Administrator 11/16/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/21/19
(Date)

Plan of correction implementation status as of 12/11/19
(Date)

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

Implemented
 Not Implemented

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #6 is receiving Breo 100mcg/25mcg-1 puff daily; however, the medication does not include a pharmacy label.

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.)

184.a

Resident #6 came from his own apartment and brought his Breo with him and it did not have a pharmacy label. The pharmacy was called and the order from the doctor was read to the administrative staff. The pharmacy was asked if they would fax a label over with the doctors order and they refused saying they cannot legally do that. The Resident had just had the prescription filled prior to coming to the home and the pharmacy would not refill until it was refill time.

The prescription was refilled on 9/9/19 and there is now a pharmacy label. Please see photo.

Any new residents who are being admitted to the home that are not from the VA will be instructed by the administrative staff to bring all medications in the original containers, or have a new prescription written prior to admission.

Legal Entity Representative

Signature *Kim Leary*

Printed Name and Title *Kim Leary ADMINISTRATOR* Date *11/16/19*

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The above plan of correction was approved by	<i>FLM</i> (Initials)	<input checked="" type="checkbox"/> Implemented	
		<input type="checkbox"/> Not Implemented	

186a - Authorized Prescriber

Regulations

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

Resident #6 is receiving Breo 100mcg/25mcg-1 puff daily; however, the home does not have a current written prescription for the medication.

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.)

186.a

Resident #6's physician was called on 10/4/19 and a written order for the Breo was requested. The administrative staff had repeatedly called the office for a written order, We received a faxed order 11/1/19. The DME which was signed on 9/13/19 had the Breo on the medication list. Administrative staff will contact the physicians office of those who are not from the VA if possible prior to admission or on the day of admission for written medication orders.

Legal Entity Representative

Kim Leroy
Signature

Kim Leroy ADMINISTRATOR 11/16/19
Printed Name and Title Date

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	<i>FM</i>	<input checked="" type="checkbox"/> Implemented	
The above plan of correction was approved by	(Initials)	<input type="checkbox"/> Not Implemented	

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NOV 26 2019

44570

187a - Medication Record

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.
- 8. Frequency of administration.
- 9. Administration times.
- 11. Special precautions, if applicable.

Description of Violation

Resident #4 is prescribed Benztropine 1 mg-Take 1 tablet by mouth twice a day and 1 tablet at bedtime as needed; however, the resident's October 2019 medication administration record (MAR) indicates Benztropine 1 mg by mouth twice a day.

Resident #4 is prescribed Pantoprazole 40 mg-Take 1 tablet by mouth 1/2 hour before breakfast; however, the resident's October 2019 MAR indicates Pantoprazole 40 mg-Take 1 pill by mouth daily.

Resident #4 is prescribed Novolog 100 units/ml-Inject 7 units subcutaneously before meals and inject sliding scale before meals and Lantus 100 units/ml-Inject 15 units subcutaneously every day; however, the resident's October 2019 MAR does not indicate the strength of the medications or the sliding scale for the Novolog.

The master key on Resident #7's October 2019 MAR does not include staff person A's name or initials. Staff person A administered Cyanocobalamin 1000mcg/ml intramuscular injection once a week for vitamin B12 supplement to the resident at 7:00 am on 10/3/19.

Resident #8 is prescribed Levothyroxine 0.1 mg tablets-Take 1 tablet by mouth daily; however the resident's October 2019 MAR indicates Levothyroxine 0.1 mg tablets-Take 1 pill by mouth, and does not include the frequency.

Resident #8 is prescribed Novolog 100 units/ml-Inject 4 units subcutaneously as directed for diabetes coverage and per sliding scale; however, the resident's October 2019 MAR does not indicate the strength of the medication.

Resident #8 is prescribed Lantus 100 units/ml-Inject 50 units subcutaneously 1/2 hour before breakfast and 10 units everyday; however, the resident's October 2019 MAR indicates Lantus-Inject 50 units subcutaneously and 10 units subcutaneously before dinner.

Resident #8 is prescribed Omeprazole 20 mg capsules-Take 1 capsule by mouth 1/2 hour before breakfast; however, the resident's October 2019 MAR indicates Omeprazole 20 mg capsules-Take 1 capsule by mouth daily.

Resident #8 is prescribed Creon 12,000 unit EC capsules-Take 3 capsules by mouth 4 times a day with meals; however, the resident's October 2019 MAR indicates Creon 3 pills 36,000U 4 times daily.

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COLONIAL GARDENS GUEST HOUSE

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187a - Medication Record (continued)

WEST REGION FIELD OFFICE
Human Services Licensing

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.)

187.a

The RN staff reviewed all MAR's(started on 11/20/19 and completed on 11/22/19) to show that the strength, frequency, and administration times were all on the MAR's and made the appropriate changes to the MAR's to read as the prescription label was written. The RN staff will review each MAR prior to putting in the medication book, comparing the current MAR with the new one, making any corrections needed. Upon receiving any new medications the RN staff will immediately update the MAR's with any changes. The RN will update the master key on the MAR's as new medication administration staff is trained. Each medication administration staff had a review with the RN to be reminded of initialing the master key on each MAR. When a new resident is admitted the RN staff will review all new prescriptions and make sure that they are properly documented on the MAR.

Legal Entity Representative

Linda Mueller
Signature

Linda Mueller owner 11/26/19
Printed Name and Title Date

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The above plan of correction is approved as of	11/26/19	Plan of correction implementation status as of	12/11/19
	(Date)		(Date)
The above plan of correction was approved by	<i>LM</i>	<input checked="" type="checkbox"/> Implemented	
	(Initials)	<input type="checkbox"/> Not Implemented	

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NOV 26 2019

187d - Follow Prescriber's Orders

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is prescribed Lantus 100units/ml-Inject 15 units subcutaneously every day; however, according to the resident's October 2019 MAR, 20 units were administered daily on 10/1/19 through 10/3/19.

Resident #4 is prescribed Novolog 100units/ml-Inject 7 units subcutaneously before meals and inject sliding scale before meals; however, according to the resident's October 2019 MAR, 9 units were administered before meals daily on 10/1/19 through 10/3/19.

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.)

187.d

The home shall follow the directions of the prescriber. The RN staff will monitor all new prescriptions and ensure the proper directions are on the MAR. The RN is able to take a verbal order which she will follow up with a written copy of the new order for medication changes. The RN will then make the appropriate changes with the date of the new order and the changes that the physicians order.

See Page 21A of 24

Legal Entity Representative

Linda Mueller
Signature

Linda Mueller owner 11/26/19
Printed Name and Title Date

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The above plan of correction is approved as of 11/26/19
(Date)

Plan of correction implementation status as of 12/11/19
(Date)

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

Implemented
 Not Implemented

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COLONIAL GARDENS GUEST HOUSE

44570

NOV 26 2019

187d - Follow Prescriber's Orders

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is prescribed Lantus 100units/ml-Inject 15 units subcutaneously every day; however, according to the resident's October 2019 MAR, 20 units were administered daily on 10/1/19 through 10/3/19.

Resident #4 is prescribed Novolog 100units/ml-Inject 7 units subcutaneously before meals and inject sliding scale before meals; however, according to the resident's October 2019 MAR, 9 units were administered before meals daily on 10/1/19 through 10/3/19.

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.)

Copies of any ordered medication change will be kept in the resident record. Labels were ordered on 11/25/19 from Label Value which will say "Pharmacy order changed, check new directions". They should be delivered in 5-10 business days. These labels will be put on any medication that has an order change. When new medications come in the RN will immediately add labels to any bottles that have a change. All medication administration staff will be educated on the use of the labels and a review of order changes will be done by 12/9/19.

Legal Entity Representative

Linda Mueller
Signature

Linda Mueller Owner 11/26/19
Printed Name and Title Date

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The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

10/03/2019

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COLONIAL GARDENS GUEST HOUSE

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224a - Preadmission Screen Form

WEST VIRGINIA FIELD OFFICE
Human Services Division

Regulations

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.

Description of Violation

The preadmission screening forms for resident #6, dated 9/7/19, and for resident #7, dated 8/29/19, do not include a determination that the needs of the resident can be met by the services provided by the home. This section of the form is blank.

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.)

224.a

All resident preadmission forms will be reviewed by the administrative staff by 11/29/19 to make sure all sections are complete. The administrative staff will review each new preadmission form prior to putting into the resident's record to ensure that all sections are complete. This violation was corrected on 10/8/19.

Legal Entity Representative

Linda Mueller
Signature

Linda Mueller owner 11/26/19
Printed Name and Title Date

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The above plan of correction is approved as of 11/26/19
(Date)

Plan of correction implementation status as of 12/11/19
(Date)

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

Implemented
 Not Implemented

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NOV 26 2019

WEST VIRGINIA FIELD OFFICE
Human Resources Licensing

COLONIAL GARDENS GUEST HOUSE

228b - Discharge or Transfer

Regulations

2600.
228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

The home's rules indicate:

*Continuous legitimate complaints of the resident's behavior within the home or from neighbors will result in immediate removal from the home.

*Residents refusing to take medicines prescribed by a physician shall be reassessed by a physician and if necessary removed from the home without notice.

Also, staff and resident interviews indicate residents are told refusal of medication administration will result in discharge.

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.)

228.b

The home rules were revised and will be effective 12/27/2019. The home rules revised on 11/25/19 now state: H. Continuous legitimate complaints of the resident's behavior within or from outside the home could result in discharge.

K, Residents refusing to take medicines prescribed by a physician shall be assessed by the physician. Residents are to take all medications and treatments prescribed by physicians.

These rule changes will be reviewed with the residents and a signed copy of the revised rules will be put into the residents chart by 11/29/19.

228b - Discharge or Transfer (continued)

Legal Entity Representative

Kim Leroy
Signature

Kim Leroy Administrator 11/16/19
Printed Name and Title Date

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The above plan of correction is approved as of 11/26/19
(Date)

Plan of correction implementation status as of 12/11/19
(Date)

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

Implemented
 Not Implemented