



Sent via e-mail fdwheeler@hotmail.com
Sent via e-mail peggyszeit1@gmail.com
July 8, 2020

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

RE: Colonial Woods
1710 Creek Road
Glenmore, Pennsylvania 19343
License #: 198230

Dear Mr. Wheeler:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 26, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: COLONIAL WOODS

License Number: 19823

Address: 1710 CREEK ROAD,, GLENMORE, PA 19343

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Margaret Seitz

Phone: 6109424242

Email: ISLAMAEALLISON@GMAIL.COM

Legal Entity

Name: WHEELER CARE CENTERS INC

Address: P.O. BOX 70, GLENMORE, PA, 19343

Certificate(s) of Occupancy

Type: C-2 LP

Date: 04/11/1997

Issued By: CWOPA L & I

Staffing Hours

Resident Support Staff: 28.5

Total Daily Staff: 47.5

Waking Staff: 36

Inspection

Type: Full

BHA Docket #: 198230

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

02/26/2020 - On-Site: Evelyn Perez, Alex Goldstein, Mia Johnson

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 31

Residents Served: 19

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 4

Are 60 Years of Age or Older: 13

Diagnosed with Mental Illness: 16

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 2/26/20 the home's current violation report and copy of 55 Pa.Code Chapter 2600, was not posted in a conspicuous and public place in the home.

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 2/26/2020 after this was brought to the administrator attention that the DHS book and latest violation report need to be posted the administrator immediately posted this on the bulletin board in the living room area. This was done while the inspector was still in the building. In the future, the DHS book will remain there and the administrator will add to the monthly list of inspection reminders that the latest violation report is posted on bulletin board in the living room. The office manager and administrator will be educated on this addition to the monthly inspection reminders.

Legal Entity Representative

Margaret Senti
Signature

Margaret Senti Administrator 4/25/20
Printed Name and Title Date

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

The above plan of correction is approved as of 7/7/2020
(Date)

Plan of correction implementation status as of 7/7/2020
(Date)

- Implemented
- Not Implemented

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

02/26/2020

85a Sanitary Conditions

Regulations

2600. 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/26/20, during the medication cart audit, it was observed that resident #1 and #2 are sharing a Glucometer.

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 2/26/2020 all staff members were given a memo by the administrator telling them to be checking each glucometer to make sure we are using the correct one on the correct resident at all times (see attached). The administrator put on P-touch stickers on the machine with their first name on the front and last name on the back. The administrator added brightly colored letters to the front of their glucometer cases with their names on it. Please see attached pictures reflecting the changes and a copy of the memo sent to all staff members. The administrator will add a reminder of this to the staff meeting agenda for April (see attached).

DPOC:

1. The administrator will contact Resident #1 and #2's physician to advise that sharing of glucometers occur, within the next 10 days.
2. The administrator will follow the instructions of the residents physicians should lab work be prescribed to determine if any conditions occurred as a result of the sharing of glucometers.
3. The administrator will discuss the sharing of glucometers at monthly staff meetings for the next six months, starting immediately.
4. The administrator will conduct periodic inspections of all glucometers in the home to ensure the

Legal Entity Representative: SLW 7/7/2020 Staff are not sharing the glucometers, starting immediately.

Margaret Sertz Signature

Margaret Sertz Administrator 4/25/20 Printed Name and Title Date

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The above plan of correction is approved as of 7/7/2020 (Date)

Plan of correction implementation status as of 7/7/2020 (Date)

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

- Implemented
- Not Implemented

85e - Trash Outside Home

Regulations

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/26/20, the dumpster outside by the garage was open and not in use by the staff.

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 2/26/2020 the trash dumpster lids were left open by our maintenance man he is a new employee and immediately put them down when told by your inspector. He is now aware that they cannot be left open at all. The reason they were open is because the day before the maintenance man and the staff cleaned out the home's attic area and had filled the front porch area with stuff that needed to be thrown away. He was traveling from the front porch area to the dumpster on the tractor with all the trash and putting it in the dumpster and had left the lids open during the time so he could dump the trash in there from the tractor. The administrator educated him on this and he is aware that they cannot be left open for any reason.

Legal Entity Representative

Margaret Seitz
Signature

Margaret Seitz Administrator 4/25/20
Printed Name and Title Date

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The above plan of correction is approved as of 7/8/2020
(Date)

Plan of correction implementation status as of 7/8/2020
(Date)

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

Implemented
 Not Implemented

86b - Bathroom

Regulations

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 2/26/20, at 12:12 pm, the bathroom for resident #3, does not have an operable window or ventilation fan.

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 2/26/2020 the maintenance man went to Lowe's and purchased a new exhaust fan. He replaced it on 2/27/2020. We added this to the maintenance man list of items to be checked (see attached). On 2/26/2020 the maintenance man and the administrator went and checked all exhaust fans and found all of them to be working properly.

Legal Entity Representative

Margaret Sutz
Signature

Margaret Sutz Administrator 2/25/20
Printed Name and Title Date

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183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 02/26/2020, an open bottle of Lantus 100 Units / Insulin belonging to resident #1, was observed in the refrigerator not dated. According to the manufacturer's instructions it has to be discard 28 days after first 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.)

On 2/26/2020 the med tech put a piece of tape with the date it was opened on the bottle. We called the pharmacy and had them send out a date opened sticker for the bottle. This is the first time a bottle came from the pharmacy without the date opened sticker on it. The administrator put a reminder sign on the top of the insulin box and one on the bottom inside of the insulin box reminding staff of the date opened and date expired must be checked and recorded (see attached). On 2/26/2020 all staff members were given a memo by the administrator telling them to be checking each insulin bottle for date opened and when expired (see attached). The administrator will add a reminder of this to the staff-meeting agenda for April (see attached).

Legal Entry Representative

Margaret Seitz
Signature

Margaret Seitz - Administrator 4/26/20
Printed Name and Title Date

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 Not Implemented

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #1 is prescribed APAP 325 mg tablet (Tylenol) take 2 tabs every 6 hours as needed.

On 2/26/20 this medication was not available in the home.

On 2/20/20, at 4:38 pm, resident #1's Glucometer reading was 146. Resident #1's medication administration record indicates 141.

On 2/20/20, at 4:38 pm, resident #2's Glucometer reading was 141. Resident #2's medication administration record indicates 41.

Plan of Correction (POC)

(Attach
preve

On 2/26/2020 the DHS inspector noted that there two orders for APAP in a resident's MAR. I immediately called the pharmacy and they stated that there was only one order for APAP for the resident and that they were having computer issues and orders were being put on the MAR incorrectly or twice. The pharmacy immediately corrected the MAR (see attached) and I showed it to the inspector the corrected MAR. As noted above regarding the glucometer being shared. The following changes were made all staff members were given a memo by the administrator telling them to be checking each glucometer to make sure we are using the correct one on the correct resident at all times (see attached). The administrator put on P-touch stickers on the machine with their first name on the front and last name on the back. The administrator added brightly colored letters to the front of their glucometer cases with their names on it. Please see attached pictures reflecting the changes and a copy of the memo sent to all staff members. The administrator will add a reminder of this to the staff meeting agenda for April (see attached).

Legal

Margaret Seitz
Signature

Margaret Seitz Administrator 4/25/20
Printed Name and Title Date

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