

Department of Human Services
Bureau of Human Service Licensing

March 25, 2021

██████████ PRESIDENT
WHEELER CARE CENTERS INC
P.O. BOX 70
GLENMORE, PA 19343

RE: COLONIAL WOODS
1710 CREEK ROAD
GLENMORE, PA, 19343
LICENSE/COC#: 19823

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: COLONIAL WOODS License #: 19823 License Expiration Date: 02/05/2022
Address : 1710 CREEK ROAD, GLENMORE, PA 19343
County: CHESTER Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 6109424242 Email: [REDACTED]

Legal Entity

Name: WHEELER CARE CENTERS INC
Address: P.O. BOX 70, GLENMORE, PA, 19343
Phone: 6109424242 Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 27 Working Staff: 20

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 02/12/2021

Inspection Dates and Department Representative

02/12/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 31 Residents Served: 23

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 16
Diagnosed with Mental Illness: 18 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

02/12/2021 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/01/2021

Inspections / Reviews (*continued*)

3/18/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *03/25/2021*

3/25/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

53a - Qualifications

1. Requirements

2600.

53.a. The administrator shall have one of the following qualifications:

- 1 A license as a registered nurse from the Department of State.
- 2 An associate's degree or 60 credit hours from an accredited college or university.
- 3 A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
- 4 A license as a nursing home administrator from the Department of State.
- 5 For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

On 2/12/21, the home was serving 23 residents. Staff member A, the administrator, does not have any of the following qualifications:

- (1) A license as a registered nurse from the Department of State.*
- (2) An associate's degree or 60 credit hours from an accredited college or university.*
- (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.*
- (4) A license as a nursing home administrator from the Department of State.*

Plan of Correction

Directed

Administrator does not have any of the required qualifications.

Administrator had already been working with the Dept of Human Services and had requested a waiver to operate without aforementioned qualifications with the agreement that qualifications are being worked towards.

DHS has the waiver in process and has set forth conditions that must be met in order for the waiver to be approved. These conditions are that the administrator be enrolled in classes as proof of working towards earning the required 60 accredited college credits as well as enrollment in the required 100 hour Administrator Course accepted by DHS. Proof of enrollment in BOTH of these courses have been sent to Patricia Adams of DHS.

SP - 03-18-2021 - Administrator will continue to work towards achieving qualifications specified in regulation 2600.53a. Documentation to be kept for Department review. BHSL will continue to work with the home to find a temporary administrator who has proper qualifications.

Completion Date: 03/25/2021

Update - 03/18/2021

SP 03 18 2021 Administrator will continue to work towards achieving qualifications specified in regulation 2600.53a. Documentation to be kept for Department review. BHSL will continue to work with the home to find a temporary administrator who has proper qualifications.

Document Submission

Implemented

Attached email as Proof of Registration at Montgomery Community College starting Summer session in pursuit of work towards obtaining required credits.

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training (continued)

Description of Violation

On 2/6/21, the home did not have a staff member trained in first aid and certified in obstructed airway techniques and CPR in the home from 2:30pm to 10:00pm. There were residents present in the home at the time.

On 1/31/21, the home did not have a staff member trained in first aid and certified in obstructed airway techniques and CPR in the home from 2:30pm to 10:00pm. There were residents in the home at the time.

Plan of Correction

Accept

We were cited for staff that was on 2/6/21 from 2:30pm to 10pm not having a current CPR/FirstAid credential. However, AFTER the inspection, it was found to be a clerical error as the previous administrator had not placed an updated copy of the staff person's employee folder. The updated document was later found in a different file and was found to be very much up to date. New office staff has helped to reorganize all the files and has set up an excellent tracking system to keep all the needed staff trainings up to date. Staff CPR/First Aid certifications that were in question are attached to show the cert was very much in compliance on the date of inspection.

Completion Date: 03/12/2021

Update - 03/18/2021

SP 03-18-2021 - Home will ensure staff persons trained in first aide and CPR are present in the home at all times residents are in the home. Home will adhere to ratio specified in regulation 2600.63a

Document Submission

Implemented

Attached again, the CPR/FA cert for staff member.

64a - Admin Training

1. Requirements

2600.

- 64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:
 1. An orientation program approved and administered by the Department.
 2. A 100-hour standardized Department-approved administrator training course.
 3. A Department-approved competency-based training test with a passing score.
 4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff person A, who is the home's administrator, has not successfully completed the following:

- (1) An orientation program approved and administered by the Department.*
- (2) A 100-hour standardized Department-approved administrator training course.*
- (3) A Department-approved competency-based training test with a passing score.*

64a - Admin Training (continued)

Plan of Correction**Directed**

Administrator has not completed the 100 hour administrator training course.

Administrator had been waiting on approval of waiver in order to start the 100 hour course as he was unaware of how the process for waivers is normally carried out. Now that we have had communication with the DHS head and understand the process, administrator is registered for the 100 hour class and is set to begin the first sessions on March 22, 20201.

SP 03-18-2021 - Administrator will continue to acquire all the training necessary specified in regulation 2600.64a. Home will continue to look for a temporary Administrator who has all necessary trainings.

Completion Date: 03/25/2021

Update - 03/18/2021

SP 03-18-2021 - Administrator will continue to acquire all the training necessary specified in regulation 2600.64a. Home will continue to look for a temporary Administrator who has all necessary trainings.

Document Submission**Implemented**

Attached letter re: PEPP enrollment as proof of enrollment, starting classes 3/22/2021.

65a - FS Orientation 1st Day

1. Requirements

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.

Description of Violation

Staff person A, whose first day of work was [REDACTED] did not receive orientation on the following until 8/26/20:

- (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.*

65a - FS Orientation 1st Day (continued)

Plan of Correction

Accept

Staff hired on [REDACTED] was hired under the previous administrator and did not have orientation in the required amount of time as outlined by 2600.65.a.

New administrator and new office staff was made aware of this regulation and has put into place checklists for each new hire to ensure that going forward we are staying in compliance with this regulation.

Completion Date: 03/25/2021

Document Submission

Implemented

Attached copy of checklist showing proof of late training being completed on 8/26/2020 & 8/27/2020.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A's first day of work was [REDACTED]. However, this staff person did not complete training in the following topics until 8/26/20:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101 10225.5102).
- (4) Reporting of reportable incidents and conditions.

Plan of Correction

Accept

Staff hired on [REDACTED] was hired under the previous administrator and did not have specified trainings in the required amount of time as outlined by 2600.65.b.

New administrator and new office staff was made aware of this regulation and has put into place checklists for each new hire to ensure that going forward we are staying in compliance with this regulation.

Completion Date: 02/12/2021

Document Submission

Implemented

Attached copy of checklist showing proof of late training being completed on 8/26/2020 & 8/27/2020.