

Department of Human Services  
Bureau of Human Service Licensing

March 15, 2021

██████████ ADMINISTRATOR  
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 licensing inspections on 02/26/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Claire Mendez

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 **Licen e #:** 19823    **Licen e Expiration Date:** 02/05/2022  
**Addr e :** 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**

**Type:** C-2 LP **Date:** 04/11/1997    **Issued By:** Commonwealth of PA, L&I

**Staffing Hours**

**Re ident Support Staff:** 0 **Total Daily Staff:** 27    **Waking Staff:** 20

**Inspection**

**Type:** Partial **Notice:** Unannounced    **BHA Docket #:**  
**Reason:** Monitoring **Exit Conference Date:** 02/26/2021

**Inspection Dates and Department Representative**

02/26/2021 - 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:** 0

**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**

02/26/2021 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission    **Follow-Up Date:** 03/15/2021

Inspections / Reviews *(continued)*

3/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *03/26/2021*

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.

Description of Violation

On 2/20/21, the home did not have a staff member trained in first aid and certified in obstructed airway techniques and CPR from 10:00pm to 6:00am. There were 23 residents present in the home at the time.

Plan of Correction

Accept

iolation: A CPR/First Aid certified staff member was not present on 2/20/2021 from 10pm to 6am. Staff member's certification had lapsed on 2/19/2021. Attached is the updated CPR/First Aid certificates for [redacted] whose CPR/First Aid certs had lapsed on 2/19/2021. [redacted] has since taken and successfully passed her recert test. All staff are now up to date with their CPR training and a schedule is now set up to track this going forward. Completion Date: 03/02/2021

88a - Surfaces

1. Requirements

2600.

- 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 2/26/21, it was observed that there was neither a cover plate on the light switch, nor a cover plate on the receptacle, located on the kitchen wall near the door to the patio.

Plan of Correction

Accept

Cover Plate for light switch and a receptacle were not present in the kitchen near the patio door. We are currently in the midst of a kitchen remodel, installing new backsplash. The covers were taken off to install the backsplash material. The job was not fully completed that day and covers were not replaced immediately after the remodel work day was done. Maintenance was instructed that it is REQUIRED to recover any plates taken off while working on the remodel and if the job is not finished the same day, plates must be put back on before leaving the work area for the day. Going forward maintenance will reinstall the cover plates before leaving the work area. Also, the administrator will check work areas for these hazards each day. Completion Date: 02/26/2021

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
  - 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 2/26/21, it was observed that the mattress cover on the bed for resident #1 was tattered and dingy.

101j3 - Bed/Linens/Pillows/Blankets (*continued*)**Plan of Correction****Accept**

*Mattress cover underneath the sheets was torn and coming off the mattress.*

*Mattress cover was removed from the mattress and a new one put on.*

*Staff was all reminded to check and report any issues like this in the future and that anything soiled or torn is to be immediately cleaned and/or replaced with new or fresh linen.*

**Completion Date:** 02/26/2021

## 185a - Implement Storage Procedures

**1. Requirements**

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**

*On 2/26/21, it was observed that the glucometers for Residents #2 & 3 were not calibrated to correct date and time.*

*For Resident #2, the reading taken on 2/17/21 at 5:00pm read as 1/31/21 at 12:00pm.*

*The reading taken on 2/17/21 at 8:00pm read as 1/31/21 at 5:00am.*

*For Resident #3, the reading taken on 2/17/21 at 8:00am read as 2/4/21 at 3:30pm. The reading taken on 2/17/21 at 12:00pm read as 2/4/21 at 7:10pm.*

*The reading taken on 2/17/21 at 5:00pm read as 2/5/21 at 12:21am.*

*The reading taken on 2/17/21 at 8:00pm read as 2/5/21 at 5:11am.*

**Plan of Correction****Accept**

*Glucometers for residents #2 and #3 were not calibrated to show the correct date and time and did not correspond to when the actual readings were taken. Glucometers for residents #2 and #3 were set to show the correct time and date reading. Staff were reminded that these dates and times must match up with what is recorded and both must be accurate. Staff is instructed to let Administrator know immediately if these numbers are not accurate so that glucometer can be adjusted for accuracy.*

**Completion Date:** 02/26/2021

## 187b - Date/Time of Medication Admin.

**1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident #4 was administered Clonazepam on 2/26/21 at 8:00am. Staff person A had not yet recorded the administration of the medication as of 11:23am on 2/26/21.*

**Plan of Correction****Accept**

*Staff member failed to record immediately after medication was administered.*

*Staff meeting was held and it was reiterated that it is REQUIRED to document administration of controlled drugs IMMEDIATELY as they are given. Medication log is being checked daily by the Administrator to ensure this is being done as REQUIRED.*

**Completion Date:** 02/26/2021