

Department of Human Services  
Bureau of Human Service Licensing

June 11, 2021

██████████ OWNER  
R LYNN AND LINDA MUELLER  
208 RIVER FOREST DRIVE  
FREEPORT, PA 16229

RE: COLONIAL GARDENS GUEST HOUSE  
121 STEPPLAND ROAD  
BUTLER, PA, 16002  
LICENSE/COC#: 44570

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/13/2021, 04/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jody Garvey

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

**Name:** COLONIAL GARDENS GUEST HOUSE      **License #:** 44570      **License Expiration Date:** 05/25/2021  
**Address:** 121 STEPPLAND ROAD, BUTLER, PA 16002  
**County:** BUTLER      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 7245865121      **Email:** [REDACTED]

**Legal Entity**

**Name:** R LYNN AND LINDA MUELLER  
**Address:** 208 RIVER FOREST DRIVE, FREEPORT, PA, 16229  
**Phone:** 7245865121      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Resident Support Staff:** 39      **Total Daily Staff:** 66      **Waking Staff:** 50

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 04/18/2021

**Inspection Dates and Department Representative**

04/13/2021 - On-Site: [REDACTED]  
04/14/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 35      **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:** 0      **Are 60 Years of Age or Older:** 19  
**Diagnosed with Mental Illness:** 23      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 4      **Have Physical Disability:** 2

## Inspections / Reviews

04/13/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/07/2021*

5/4/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/08/2021*

5/7/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/11/2021*

6/11/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

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

At approximately 10:20 AM, the most recent Licensing Inspection Summary, dated 12/12/19, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

The immediate fix is that the POC is now posted on the main bulletin board, completed 4/13/21. See attached photo. For the long term, the Administrator or designee will post the future POC on said bulletin board after approval and will check during weekly walk throughs to ensure it is still posted.

Completion Date: 05/05/2021

Document Submission

Implemented

The Administrator checks the bulletin board each week during the walk through. See attachment 2600 3c posted POC record

18 Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance.

A fossil fuel burning dryer was present in the home's laundry room. However, the carbon monoxide detector was located less than 15 feet from the fossil fuel burning dryer.

A fossil fuel burning furnace was present in the home's furnace room. However, the carbon monoxide detector was located less than 15 feet from the fossil fuel burning furnace.

Plan of Correction

Accept

Immediate fix was that Maintenance placed 2 new carbon monoxide detectors outside the laundry room and furnace room on 4/13/21. See attached photos. Maintenance will check monthly during the monthly walk through to ensure that they are in position and are working. Maintenance will change the batteries twice a year during time change and date them. Any new maintenance employees will be trained on how to conduct monthly walk throughs within their first 40 hours of employment. A record of the walk throughs will be kept by the head of maintenance.

Completion Date: 05/05/2021

Document Submission

Implemented

Maintenance has a new check list and is checking the placement of the carbon monoxide detectors monthly, see attached 2600-18, 86a & 92 maintenance log

**66a - Staff Training Plan**

**1. Requirements**

2600.

66.a. A staff training plan shall be developed annually.

**Description of Violation**

*The home does not have a staff training plan for the 2021 annual staff training year.*

**Plan of Correction**

**Accept**

*The Staff training plan was developed in December of 2020 for the year 2021. The copy of the training plan was in Manual A-L behind the Diabetic and CPR certifications. See attached copy of the training plan that was submitted with this correction. The Administrative staff will continue to develop the staff training plans including the mandatory training required by the department, population served and topics that pertain to caring for that population. The staff training plan will be developed in December of each year for the next year by Administration. All staff will be made aware of location of the listed annual staff training plan. Staff training records will be kept in the education booklets.*

**Completion Date:** 05/05/2021

**Document Submission**

**Implemented**

*All staff were made aware of the location of the education booklets during a staff meeting.*

**86a - Ventilation**

**1. Requirements**

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

**Description of Violation**

*At 11:02 AM, the 1st floor main bathroom, had no operable window, fan, air conditioner or other mechanical ventilation to ensure airflow. The exhaust fan in the bathroom was inoperable.*

**Plan of Correction**

**Accept**

*Maintenance installed new ordered replacement fan on 4/15/21, see attached receipt and photo. Staff will be trained to notify maintenance of any malfunction of any ventilation items that are not working properly, either verbally or by written memo (if off schedules). Maintenance will check monthly during walk throughs to ensure all ventilation items are cleaned and working properly, a record will be kept by the head of maintenance.*

**Completion Date:** 05/05/2021

**Document Submission**

**Implemented**

*Maintenance has a new check list and checks all bathroom fans monthly, see attached 2600-18, 86a, 92 maintenance log*

**92 - Windows**

**1. Requirements**

2600.

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

92 - Windows (continued)

**Description of Repeat Violation**

There were no screens on the left side of the windows that open to outside in multiple bedrooms including bedrooms and

The second floor bathroom had no window screen in the left window that opened to outside.

**Plan of Correction**

**Accept**

Maintenance installed screws to render the side of the window without screens inoperable 4/14/21. The side of the window with screen is operable. The home is fully air conditioned for warm weather. See attached photos. Maintenance will check windows monthly to ensure that the screws and or screens are in place. A record will be kept by the head of maintenance.

Completion Date: 05/05/2021

**Document Submission**

**Implemented**

Maintenance has a checklist and checks the screws and screens in the windows monthly, see attached 2600-18, 86a, 92 maintenance log

109b - Rabies Vaccination

**1. Requirements**

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

**Description of Violation**

On 4/13/21, two small cats names Gracie and Gardens were present in the home; however, the home does not have current certificates of rabies vaccinations for the cats.

**Plan of Correction**

**Accept**

Immediate fix, administration scheduled the vaccine appointment for 4/23/21. Administration will put due dates on the appointment schedule calendar to ensure scheduling is done in a timely matter. Administration will schedule pets vaccines with veterinarian prior to the date due. The two pets were vaccinated on 4/23/2021, their next vaccinations will be done prior to 4/23/2022. See attached documents.

Completion Date: 05/05/2021

**Document Submission**

**Implemented**

The reminder to schedule the pets for their next vaccinations was placed on the schedule calendar, see attached 2600-109b Cat schedule