



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail markniehls@educatingforlife.com
Sent via e-mail colonialwoodspch@gmail.com
August 11, 2022

[REDACTED]
[REDACTED]
Wheeler Care Centers, Inc.
[REDACTED]
[REDACTED]

RE: Colonial Woods
1710 Creek Road
Glenmore, Pennsylvania 19343
License #: 19823

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 15, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: WHEELER CARE CENTERS INC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/11/1997 Issued By: L&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 23 Waking Staff: 17

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 04/15/2021

Inspection Dates and Department Representative

04/15/2021 - 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 Year of Age or Older: 18
Diagnosed with Mental Illness: 18 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/15/2021 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/13/2021

Inspections / Reviews *(continued)*

6/3/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *07/01/2021*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED]/2021 around [REDACTED] AM, Staff A and Resident 1 got into a verbal and physical altercation. The day staff, who arrived at the home at [REDACTED] AM, heard about this incident and observed some disarray in the kitchen including 2 plates on the floor. This incident was reported to staff person B on [REDACTED]/2021 around [REDACTED] AM. However, this allegation of abuse was not reported to the AAA until [REDACTED]/2021.

Plan of Correction

Moving forward all incidents of abuse will be reported immediately to AAA, as well as DHS. An investigation within Colonial Woods will be conducted and a written report of the finds will be sent to AAA and DHS within 24 hours.

Completion Date: 06/03/2021

Accept

Implemented

16c - Written Incident Report

1. Requirements

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

On [REDACTED]/2021 around [REDACTED] AM, Staff A and Resident 1 got into a verbal and physical altercation. The day staff, who arrived at the home at [REDACTED] AM, heard about this incident and observed some disarray in the kitchen including 2 plates on the floor. This incident was reported to staff person B on [REDACTED]/2021 around [REDACTED] AM. However, this allegation of abuse was not reported to the personal care home regional office until [REDACTED]/2021.

Plan of Correction

As in 15a, moving forward DHS will be notified immediately, an investigation will be conducted, and a written report of our finds will be sent to DHS with 24 hours.

Completion Date: 06/03/2021

Accept

Implemented

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b - Abuse (continued)

Description of Violation

On [redacted]/21 at approximately [redacted], an alleged verbal and physical altercation occurred between Staff A and Resident 1 in the home's kitchen. Resident 1 was seeking the staff member's assistance to obtain cigarettes that were locked in the med room. Other residents who were awoken by the altercation reported that they heard screaming and yelling. Staff A threw plates, and disrupted other items in the kitchen, and then left the residence and did not return. Staff A was the only staff person working in the home at the time, and did not inform anyone of the sudden departure. The residents were left alone in the home until staff arrived at [redacted] am for the morning shift.

Resident #1, after the altercation, did not return to bed, and was observed by the morning staff on the porch smoking a cigarette.

Plan of Correction

Directed

At no time will a staff member leave to property of Colonial Woods. Staff has been instructed to call the Administrator or staff member on call to report to incident and request authorization to leave only after a replacement staff member arrives. Staff will receive further training on hold to proper redirect and respect a person to avoid the type of actions that result in the incident.

Directed Plan of Correction 6/3/2021 CM:

Within 30 days of receipt of the accepted plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept.

Completion Date: 06/23/2021

Implemented

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted]/21, at approximately [redacted] am, resident #1 was up all night and kept asking staff A for a cigarette, which the home keeps inside the locked med-room. Resident #1 [redacted] and staff A was frustrated with the resident when he kept coming back for cigarettes, which led to a shouting match. Staff A also threw plates and disrupted other kitchen items ended up giving resident #1 a whole packet of cigarettes and leaving the home around [redacted] AM before the arrival of the day staff.

42c - Treatment of Residents (continued)

Plan of Correction

Directed

Staff members will be retrained on Residents Rights and had to interface with residents as they would wish to be treated.

Directed Plan of Correction 6/3/2021 CM:

Immediately: The administrator will develop and implement a system to ensure residents are treated with dignity and respect. The administrator will provide continual reinforcement and emphasis on these goals through discussions at staff meetings and any staff training sessions.

Within 30 days of receipt of the plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department approved outside source. Documentation of training shall be kept

Completion Date: 06/23/2021

Implemented

57a - Designee Present/Age

1. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On [redacted]/2021 from around [redacted] AM till [redacted] AM, at least 23 residents were present in the home. During this time, there was no staff present in the home.

Plan of Correction

Directed

As in 42b, no staff member shall leave the Home until relieved by the Administrator or designed staff member. Staff members will receive additional training.

Directed Plan of Correction 6/3/2021 CM:

Immediately: The administrator will review the schedule and the staffing hours weekly to ensure at least one staff person over the age of 21 is in the home at all times.

Staff persons will be educated with regards to emergency actions and response. Documentation will be kept.

Completion Date: 06/23/2021

Implemented

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

182c - Medication Administration (continued)

Description of Violation

On [redacted]/2021 at [redacted] AM, there was an unidentified white pill on a blue plate in the kitchen sink. The staff person who administered this medication failed to observe the resident swallow the pill or properly dispose of the pill if refused.

Plan of Correction

Directed

Retraining on proper Medication Administration will be conducted by the Medication Administrator.

Directed Plan of Correction 6/3/21 CM:

Immediately: A designated staff person qualified to administer medications will monitor the administration of medication at least twice a week to ensure the proper procedures for medication administration are followed.

Within 15 days of the receipt of the accepted plan of correction: All staff persons qualified to administer medications will be educated by a medication train the trainer on the proper procedures for medication administration. Documentation of education will be kept.

Completion Date: 06/23/2021

Implemented

185b - Medication Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

- 2. A process to investigate and account for missing medications and medication errors.

Description of Violation

Resident #1 is prescribed [redacted] [redacted] The resident's controlled substance sign-out sheet is off a 1/2 pill on [redacted]/2021. Staff failed to log the controlled substance sign-out sheet when administering it to resident #1 on [redacted] at [redacted] PM and at [redacted] PM and on [redacted] at [redacted] AM.

185b - Medication Procedures (continued)

Plan of Correction

Directed

Retraining on proper Medication Administration will be conducted by the Medication Administrator. Special attention to this type of incident will be stressed to be mindful when administering medication.

Directed Plan of Correction 6/3/2021 CM:

Immediately: A narcotic count will be conducted by two staff persons daily on each shift. Documentation will be kept.

A count all of all narcotics and controlled substances will be conducted by the administrator weekly. The count will include that all narcotics are properly stored in the labeled container from the pharmacy for the resident that the medication is prescribed. Documentation will be kept.

The administrator or designated staff person will monitor the destruction of controlled substances/medications at least monthly to ensure the home's policy and procedures are followed.

Completion Date: 06/23/2021

Implemented

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 #1 is prescribed [REDACTED]. According to the controlled substance sign-out sheet, this medication was not administered at [REDACTED] PM on [REDACTED]/2021 and at [REDACTED] AM on [REDACTED]/2021. However, there are staff initials on the resident's medication administration record (MAR).

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Directed

Retraining on proper Medication Administration will be conducted by the Medication Administrator. Special attention to this type of incident will be stressed to be mindful when administering medication.

Directed Plan of Correction 6/3/21 CM:

Immediately – The administrator will complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b).

Immediately: The administrator review all resident MARs at least weekly and observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews shall be kept.

Within 15 days of receipt of the accepted plan of correction: All staff persons qualified to administer medications will be re-educated on the proper procedures for medication administration including documentation of medication administration at the time of administration in accordance with regulation 2600.187(b). Documentation of education shall be kept.

Completion Date: 06/23/2021

Implemented

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED]

[REDACTED] According to the controlled substance sign-out sheet, this medication was not administered at [REDACTED] PM on [REDACTED]/2021 and at [REDACTED] AM on [REDACTED]/2021. The resident was given [REDACTED] PM on [REDACTED] 2021.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Directed

Retraining on proper Medication Administration will be conducted by the Medication Administrator. Special attention to this type of incident will be stressed to be mindful when administering medication.

Directed Plan of Correction 6/3/2021 CM:

Immediately: A designated staff person qualified to administer medications will review all resident MARs at least daily to ensure all resident medications are administered as prescribed.

The administrator will monitor the MAR and the administration of resident medication, including insulin, at least weekly to ensure the orders of the prescriber is being followed. Documentation will be kept.

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications will be re-educated on the proper procedure for medication administration, by a Department-approved medication administration Train-the-Trainer, including documentation of medication administration, following the orders of the prescriber and reporting medication errors. Documentation of education will be kept.

Completion Date: 06/23/2021

Implemented

201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #1 exhibits behaviors such as [REDACTED] and [REDACTED]. The home has not implemented positive interventions to modify or eliminate the behavior. On [REDACTED]/2021, staff A left the home after some loud verbal exchanges with the resident, who kept stomping around all night. Staff A stated that [REDACTED] did not receive any training on how to deal with this resident.

Resident #1, who needs assistance with communication, utilizes a "Picture Exchange Communication System (PECS)" to communicate wants and needs with staff. On [REDACTED]/2021, staff A could not locate this device.

Plan of Correction

Accept

All staff members will receive additional training on how the redirect a resident to avoid or eliminate unwanted behavior. Several copies of the Picture Exchange Communication System will be made and kept in several locations. Staff will also receive training on treating others with dignity and respect.

Completion Date: 06/23/2021

Implemented

227c - Support Plan Revision

1. Requirements

2600.

227c - Support Plan Revision (continued)

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1's most recent assessment/support plan (RASP) was finalized on [redacted] 2020. The resident charged at a staff around [redacted] and was sent out to a hospital for evaluation [redacted]. The support plan was not updated since [redacted] return from the hospital.

Plan of Correction

Directed

Moving forward the Administrator will update the RASP should there be any changes to the resident's behavior or PCP's instructions.

Directed Plan of Correction 6/3/2021 CM:

Immediately: The administrator or designated staff person will update the support plan for resident #1.

Immediately: The administrator or designee will review all current and newly completed resident support plans for accuracy and completion including the proper supervision and the care and services related to behavioral problems in order to properly protect the resident.

Within 15 days of the receipt of the accepted plan of correction: All staff persons involved with the completion or review of support plans will be educated regarding accurately completing support plans including the care and services the home will provide to the resident. Documentation of education will be kept.

Completion Date: 06/03/2021

Implemented

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident s record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The [redacted] sign-out sheet for resident #1's [redacted] was scratched out or written over in several spots including the entries for [redacted], [redacted], [redacted] and [redacted]/2021.

251b - Record Entries Legible (continued)**Plan of Correction****Directed**

Retraining on proper Medication Administration will be conducted by the Medication Administrator. And, additional training will be held on documentation of all resident related paperwork.

Directed Plan of Correction 6/3/2021 CM:

mmediately: All staff who administers medications will be educated on proper medication administration record (MAR) entry procedures.

The administrator will review the MAR at least weekly to ensure that all entries are complete and legible and errors are documented appropriately.

Completion Date: 06/04/2021

Implemented