



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via [REDACTED]

Sent via [REDACTED]

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 17, 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

Inspections / Reviews *(continued)*

6/10/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *06/24/2021*

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

Per the Order of the Secretary of the Pennsylvania Dept. of Health Requiring Universal Face Coverings, updated November 18, 2020: Face coverings are required for every individual, age two and older, in the commonwealth of Pennsylvania shall wear a face covering.

On [REDACTED]/21, at approximately [REDACTED] am, staff person A was not wearing a face covering.

On [REDACTED]/21, at approximately [REDACTED] am, staff person B entered the home and was not wearing a face covering.

Plan of Correction

Directed

Staff members of Colonial Woods will be advised to follow the law at all times when at work.

DIRECTED)

Within 15 days of this plan of corrections: All staff including administrator will be in-serviced on the importance of wearing face coverings. Documentation of in-service will be submitted to the Department. MJ 6/10/21

Completion Date: 06/03/2021

Implemented

58a - Awake Staff 16 or More

1. Requirements

2600.

- 58.a. If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

Description of Violation

On [REDACTED]/21, 23 residents were present in the home. Staff person A was observed sleep on the couch while on duty.

Plan of Correction

Accept

There are no 'sleep time' at Colonial Woods by staff members. All staff members will be issued a statement to this fact and instructed to sign as acknowledgment. Any staff member found sleeping while on duty will receive a written warning in their file. Should it happen a second time that staff member will be terminated immediately.

Completion Date: 06/04/2021

Implemented

60b - Additional Staffing

1. Requirements

2600.

- 60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

60b - Additional Staffing (continued)

Description of Violation

Due to the layout of the home two staff working is not sufficient to meet the needs of the residents. Residents are on three different levels of the home with multiple hallways. Staff person B states it is hard to manage with only two staff in the home. More staff is needed to meet the needs of the residents. Also one staff working the overnight shift is not sufficient for fire safety reasons due to the layout of the home.

Plan of Correction

Directed

Staff members have handheld devises to use to communicate with other staff members. The Home as operated with two staff members working on the daily and second shifts for years with no difficulties. According to a past secretary, [REDACTED], upon speaking with the inspector, it was understood that addition staff on the night shift is not required at this time.

(DIRECTED)

Immediately: The administrator or designee shall review all resident assessments and support plans to determine the appropriate level of staffing needed to provide the appropriate care and services to each resident, including the appropriate level of staffing to evacuate all residents in the event of an emergency within the safe evacuation specified in writing by the home's fire safety expert. This person shall monitor the staffing schedule weekly to ensure the staffing levels are met to meet the resident's needs. [REDACTED] 6/10/21

Completion Date: 06/03/2021

Implemented

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

First aid kit located in the cabinet under the sink off of the kitchen was missing tweezers

Plan of Correction

Accept

All required items in the First Aide kit have been added; and, the kit will be checked monthly to assure that all items are there.

Completion Date: 06/03/2021

Implemented

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On [REDACTED]/21, at [REDACTED] am, the temperature in the freezer was 2 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (*continued*)**Plan of Correction****Directed**

This issue has been corrected. All freezers have thermometers.

DIRECTED)

mmediately: The administrator or designee shall develop a policy and procedures to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. This will include a designee checking and recording all refrigerator and freezer temperatures at least twice daily. MJ 6/10/21

Completion Date: 06/03/2021

Implemented

161a - Meals

1. Requirements

2600.

161.a. Meals shall be offered that meet the recommended dietary allowances established by the United States Department of Agriculture.

Description of Violation

On [REDACTED]/21, breakfast served by the home was donuts and milk.

Plan of Correction**Directed**

This issue was addressed on 5/10/2021. All meals will follow the menus that follow dietary guidelines.

DIRECTED)

mmediately: The administrator will develop a system to ensure the home maintains an adequate food supply in order to provide at least three nutritionally well balanced meals daily for each resident that meet all residents' special dietary needs and will review the menu weekly to ensure each meal is nutritionally well-balanced and each meal and menu include an alternate food and drink item from which the resident may choose. [REDACTED] 6/10/21

Completion Date: 05/10/2021

Implemented

182c - Medication Administration

1. Requirements

2600.

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

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
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).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On [REDACTED]/21, at [REDACTED] am, the home did not identify the correct resident for resident #3, who requires this assistance to take [REDACTED]

182c - Medication Administration (continued)

Plan of Correction

Directed

Retraining of medications will take place by the Medication Administrator.

DIRECTED)

Within 15 days of this 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. [REDACTED] 6/10/21

Completion Date: 06/23/2021

Implemented

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 Repeat Violation

On [REDACTED]/21, at approximately [REDACTED] am, this representative requested to see the medication cart to audit the glucometers. Staff person A stated this could not be completed due to medication carts batteries being dead and cart was locked. No medications are prescribed to be administered after 8:00 pm, however residents have PRN medications. There was no access to medications during overnight shift.

On [REDACTED]/21, at [REDACTED] pm, resident #1's glucometer reading was [REDACTED]. Resident #1's MAR was documented as [REDACTED]

On [REDACTED]/21, at [REDACTED] pm, resident #2's glucometer reading was [REDACTED]. Resident #2's MAR was documented as [REDACTED]

Repeat Violation: 2/26/20

Plan of Correction

Accept

Batteries will be maintained at all times to be used should the current batteries fail; staff members will be advised where the replacement batteries are stored; and, the over-ride key will be kept in cabinet.

By following the above process all residents with a PRN will have access to them.

Again, staff members will retrained by the Medication Administrator on being mindful when at all times when doing medication management and document of same.

Completion Date: 06/03/2021

Implemented

185b - Medication Procedures

1. Requirements

2600.

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

185b - Medication Procedures (continued)

Description of Violation

Resident #3 is prescribed [redacted]. The narcotic log sheet does not document the remaining number of pills after the [redacted]/21 [redacted] pm administration. However there were 4 pills remaining but should have been 5 pills remaining.

Resident #4 is prescribed [redacted] one time daily in the morning [redacted] am. The narcotic log sheet indicated there were 21 pills remaining after the [redacted]/21 [redacted] am administration. However on [redacted]/21, there were 22 pills remaining.

Plan of Correction

Directed

Staff members are obviously not paying to details and being mindful to the task for medication management. Again, all staff members will be retained by the Medication Administrator.

DIRECTED)

Immediately in addition to the above plan of correction: A narcotic count will be conducted daily on each shift by two staff persons trained to administer medications. Also a narcotic count will be conducted by the administrator weekly. Documentation will be kept [redacted] 6/10/21

Completion Date: 06/23/2021

Implemented

186b - Medication Used by Resident

1. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

Resident #3 is prescribed [redacted]. The narcotic log sheet does not document the remaining number of pills after the [redacted]/21 [redacted] pm administration. However there were 4 pills remaining but should have been 5 pills remaining.

Resident #4 is prescribed [redacted]. The narcotic log sheet indicated there were 21 pills remaining after the [redacted]/21 [redacted] am administration. However on [redacted] 21, there were 22 pills remaining. Per staff person C the med tech from the previous day my have administered resident #3's [redacted] to resident #4.

Plan of Correction

Accept

Again, documentation is an extremely important part of medication management. Accuracy is equally important; and, it obvious staff members failed in their task. All staff members will retained by the Medication Administrator.

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.

187d - Follow Prescriber's Orders (continued)

Description of Violation

On [REDACTED]/21, at [REDACTED] pm, resident #2's glucometer reading was [REDACTED]. However the residents MAR was documented as [REDACTED]. The resident should have been administered [REDACTED] but was administered 0.

On [REDACTED] 21, at [REDACTED] pm, resident #1's glucometer reading was [REDACTED]. However the residents MAR was documented as [REDACTED]. The resident should have been administered [REDACTED] but was administered [REDACTED].

Plan of Correction**Accept**

Again, documentation is an extremely important part of medication management. Accuracy is equally important; and, it obvious staff members failed in their task. All staff members will retained by the Medication Administrator.

Completion Date: 06/23/2021**Implemented**