



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

Sent via e-mail [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 20, 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: Monitoring Exit Conference Date: 04/20/2021

**Inspection Dates and Department Representative**

04/20/2021 - 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**

04/20/2021 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*

161b - Well-Balanced Meals

1. Requirements

2600.

161.b. At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

Description of Violation

The home serves 3 meals a day and lunch/supper is the main meal of the day. For dinner, the residents were served Smoked salmon dip with sea salt chips on 04/19/2021 and the menu showed Cream of Mushroom soup with bagel bites on 04/20/2021. Garden salad is the only alternative that the residents can have for dinner. Some residents feel hungry during the night and they purchase snacks from the snack machine.

Plan of Correction

Directed

The cook serving meals is no longer with Colonial Woods. The established menus are now being followed. This will continue and it was in the past.

**Directed Plan of Correction 6/3/21 CM:**

Immediately: The administrator or designated staff person will develop a weekly menu and an alternate menu which offers at least three nutritionally well-balanced meals for all residents on a daily basis. Weekly menus will be prepared for one week in advance and will be followed as required by 2600.161b. The weekly menu will be updated with any changes.

Ongoing: The administrator or designated staff person will monitor the homes food supply on a weekly basis to ensure the menu can be followed.

Completion Date: 05/10/2021

Implemented

161d - Dietary Needs

1. Requirements

2600.

161.d. A resident s special dietary needs as prescribed by a physician, physician s assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident s record.

Description of Violation

According to resident #1's assessment and support plan (RASP) dated [REDACTED]/2021, resident #1 is prescribed a heart healthy diet. However, the resident was served Quesadilla with salsa and chips for lunch and cream of mushroom soup and bagel bites for dinner on 04/20/2021. The home's weekend breakfast and lunch menu includes assorted muffins with fresh fruit, French toast sticks with sausage links, pizza bagel bites, chicken nuggets with French Fries, and etc.

161d - Dietary Needs (continued)

Plan of Correction

Directed

Moving forward Colonial Woods will follow the resident's PCP orders.

**Directed Plan of Correction 6/3/2021 CM:**

Immediately: The administrator or designee will check all resident current medical evaluations, discharge orders, any physician orders and other pertinent documentation to determine residents' special dietary needs.

The administrator will monitor the menu, food supply, food preparation and food serving, at least on a weekly basis to ensure residents' special dietary needs are being met.

Within 15 days of the receipt of the accepted plan of correction: The administrator will develop and implement a policy and procedure that confidentially communicates any special dietary needs to all staff persons including all staff that prepares meals.

All staff persons involved in food preparation and serving will be educated on the home's policy and procedure that confidentially communicates any special dietary needs to all staff persons including all staff that prepares meals.

Completion Date: 06/02/2021

Implemented

182c - Medication Administration

1. Requirements

2600.

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

- 2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.

Description of Violation

Resident #2 is prescribed [redacted] AM and [redacted] AM and [redacted] PM, with an instruction of 'hold for SBP [systolic blood pressure] less than 110'. There are multiple days including [redacted], [redacted], [redacted], [redacted] /2021 that the resident's blood pressure reading was not taken and/or not recorded on the resident's medication administration record (MAR).

182c - Medication Administration (continued)

Plan of Correction

Directed

Moving forward all resident's PCP orders will be followed and staff members have been instructed to that they are responsible and accountable for following doctor's orders.

**Directed Plan of Correction 6/3/2021 CM:**

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.

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. Documentation of audit will be maintained for Department review.

Completion Date: 06/02/2021

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 Violation

Resident #2 is prescribed Accu-checks before meals. On [redacted]/2021 at [redacted] PM, resident #2's glucometer read [redacted] but it was not logged in the resident's MAR. Resident #3 is prescribed Accu-checks before meals. On [redacted]/2021 at [redacted] PM and on [redacted]/2021 at [redacted] AM, resident #3's glucometer read [redacted] and [redacted] but they were not logged in the resident's MAR. On [redacted]/2021 at [redacted] AM, resident #3's glucometer read [redacted] but the log said [redacted].

185a - Implement Storage Procedures (continued)

Plan of Correction

Directed

Attention to accuracy for each resident is extremely important. All staff members have been counseled to to give complete attention to what they are doing when they are doing medication administration.

**Directed Plan of Correction 6/3/2021 CM:**

Immediately: The administrator will review\_and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept.

Immediately: The (Administrator, Director of Wellness , Certified Medication Administration Trainer, Certified Medication Administration Observer, designated staff person) shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of (three) months. After which, each staff will be observed once per month for a period of (three) months. Documentation of the observations shall be maintained by the home for Department review.

Completion Date: 06/02/2021

Implemented

185b - Medication Procedures

1. Requirements

2600.

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

1. Documentation of the receipt of controlled substances and prescription medications.

Description of Violation

The home's controlled medication record, security, and storage policy says:

1. All controlled medications should be counted and logged by the receiving staff member
2. Use a new controlled drug shift log and controlled drug count log for AM administration and PM administration
3. Variance in the counts of controlled medications is to be reported to the administrator immediately.

Resident #1 is prescribed [REDACTED]

[REDACTED]. The date of the receipt of the current card with 11 remaining balance at 12:00 PM on [REDACTED]/2021 is unclear. The first administration was on [REDACTED]/2021 at [REDACTED] PM and the receipt date was corrected from 0 [REDACTED]/2021 to [REDACTED] 2021 during the audit. The three different doses are taken from the same card, leaving a much higher chance of error. The sign-out sheet for this medication shows 17.5 pills as the remaining balance at 08:00 PM on 04/18/2021. However, the count was logged as 15.5 at 10:00 PM on 04/18/2021 by staff A, who failed to report this discrepancy immediately to the administrator.

185b - Medication Procedures (continued)

Plan of Correction

Directed

Staff members will receive retraining by the Medication Administrator; and, counseled to be Mindful of their task when administering and documenting controlled and all other 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.

The administrator will report the medication errors to the Department in accordance with regulation 2600.16c.

Immediately: 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.

Within 15 days of receipt of the plan of correction: The administrator will review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept.

Completion Date: 06/23/2021

Implemented

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

11. Special precautions, if applicable.

Description of Violation

Resident #2 is prescribed [redacted] on a sliding scale. However, resident #2's MAR does not indicate the units given at 0 [redacted] AM on [redacted], [redacted]/2021.

The same resident is prescribed [redacted] AM and [redacted] AM and 0 [redacted] PM, with an instruction of 'hold for SBP less than 110'. There are multiple days including [redacted]/2021 that the BP was not recorded on the resident's medication administration record (MAR).

187a - Medication Record (continued)

Plan of Correction

Directed

As in 185b all staff members is receive retraining by a Medication Administrator.

Directed Plan of Correction 6/3/2021 CM:

Immediately: The administrator will conduct an initial and weekly review of all current resident MARs and prescriber's orders to insure all prescribed medications are documented on the resident's MAR's in accordance with regulation 2600.187(a).

Within 15 days of the receipt of the accepted plan of correction: All staff persons qualified to administer medications will be re-educated, by a Department-approved medication administration Train-the-Trainer, on the required documentation of MARs in accordance with regulation 2600.187(a) including the proper documentation of medication administration, medication refusals, medications not available for administration and a purpose or diagnosis for each medication. 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 #2 and #3 are prescribed Accu-checks before meals. However, their accu-check readings were not obtained at [redacted] AM on [redacted]/2021.

Resident #2's blood glucose level was [redacted] at [redacted] AM on [redacted]/2021, which requires 2 units of insulin according to the sliding scale, but no insulin was administered.

Plan of Correction

Directed

Same as 283b. All staff members will receive retraining by a Medication Administrator.

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, for 30 days, to ensure proper documentation of medication administration, following the orders of the prescriber and reporting medication errors. Documentation of reviews will be kept.

Immediately: The administrator will develop a system for tracking blood glucose levels and insulin administration for any resident who is insulin-dependent. This system will include proper documentation of blood glucose levels taken prior to administration of insulin, insulin administration according to physician's order and following a sliding scale, and recording the dose of insulin administered.

Within 15 days of the receipt of the accepted plan of correction: All staff persons administering medication will be reeducated on administering medication including following the orders of the prescriber, and the proper administration and documentation of insulin administration. Documentation will be kept.

Completion Date: 06/23/2021

Implemented

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Three residents do not have photos on record that were taken within the past two years:

Resident #4's picture on file was taken on 02/07/2018.

Resident #5's picture on file was taken on 07/21/2015.

Resident #6's picture on file was taken on 07/21/2015.

Plan of Correction

Directed

All pictures were taken 6/3/2021

Directed Plan of Correction 6/3/2021 CM:

Immediately: The administrator or designee shall conduct a review of all resident records at least quarterly to ensure all required documentation in accordance with regulation 2600.252 is present in each resident's record.

The administrator or designated staff person will review all current and newly admitted residents' records to ensure the required contents of resident records are in accordance with regulation 2600.252.

Within 15 days of the receipt of the accepted plan of correction: All staff persons responsible to maintain resident records will be educated on the required contents of resident records in accordance with regulation 2600.252.

Completion Date: 06/03/2021

Implemented