

Department of Human Services
Bureau of Human Service Licensing

July 28, 2022

[REDACTED]
WHEELER CARE CENTERS INC
[REDACTED]

RE: COLONIAL WOODS
1710 CREEK ROAD
GLENMORE, PA, 19343
LICENSE/COC#: 19823

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2021, 04/26/2021, 04/27/2021, 04/28/2021, 04/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

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 WOODS License #: 19823 License Expiration: 02/05/2022
Address: 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: Other Date: 04/14/1997 Issued By: Wallace Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 04/29/2021

Inspection Dates and Department Representative

04/23/2021 - On-Site: [REDACTED]
04/26/2021 - On-Site: [REDACTED]
04/27/2021 - On-Site: [REDACTED]
04/28/2021 - Off-Site: [REDACTED]
04/29/2021 - Off-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: na

Number of Residents Who:

Receive Supplemental Security Income: 4 Are 60 Years 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

04/23/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/15/2021*

06/10/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/17/2021*

07/28/2022 - Document Submission

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

On 04/23/21, the home's current license, dated February 5, 2021 until February 5, 2022, was not posted in a conspicuous and public place in the home.

Plan of Correction

Directed

The license was posted immediately following the inspection.

(DIRECTED)

Immediately: The administrator or designee shall check the home at least weekly to ensure the current license, a copy of the current license inspection summary issued by the Department and a copy of Chapter 2600 regulations are posted in a public and conspicuous place in the home. MJ 6/10/21

Completion Date: 04/23/3021

Document Submission

Implemented

Complete

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired on [REDACTED] did not have a criminal background check completed until 01/13/21.

Plan of Correction

Accept

ONGOING: Criminal background checks will be done before the date of hire or on the first day of hire.

Completion Date: 04/30/2021

Document Submission

Implemented

Complete

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Staff person B's position is [REDACTED] but had been left alone as a direct care person if needed from 6:00 AM to 6:30 AM during the work week of Monday 04/19/21 to Thursday 04/22/21. This was considered standard practice in the home and was listed as such on the home's staff schedule.

54a - Direct Care Staff (continued)

Plan of Correction

Directed

No employee under the age of 21 years of age will be left alone without a designated person being onsite. (DIRECTED)

Immediately: The administrator or designee will review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) to include a Diploma issued by the Pennsylvania Department of Education or Department of Education in another state. Documentation will be kept in the staff records. Only those staff persons who meet the direct care staff qualifications will provide direct care services. MJ 6/10/21

Completion Date: 04/30/2021

Document Submission

Implemented

Complete

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED] did not receive orientation until [REDACTED].
Staff person C, whose first day of work was [REDACTED], did not receive orientation until [REDACTED].

Plan of Correction

Accept

All employees will receive training in the office environment for two days before being trained as personal care aide and/or cook for a total of 48 hours training.

Completion Date: 04/30/2021

Document Submission

Implemented

Complete

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.

88a - Surfaces (continued)

Description of Violation

Several tiles of the kitchen floor have been pulled up due to water damage. These tiles have not been replaced and are a tripping hazard.

The access to the homes sewer line is through the floor in the lower level hallway. The access panel is depressed in the floor leaving a gap between the panel and the rest of the floor and is a tripping hazard.

Plan of Correction

Accept

Flooring has been ordered to replace the area in question--520 sq. ft.

Completion Date: 05/14/2021

Document Submission

Implemented

have attached photos of the new floor that was put in prior to me coming to Colonial Woods.

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for resident #1 was not completed within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept

This oversight and was corrected with the most recent date. A DME list has been developed and will be utilized.

Completion Date: 06/02/2021

Document Submission

Implemented

have attached the schedule that have created since have started here. Please see attached.

144c1 - Smoking Area Guidelines

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area has furniture that is not listed as fire resistant.

Plan of Correction

Accept

New chairs have been purchased and the old chairs removed.

Completion Date: 05/14/2021

Document Submission

Implemented

have attached the images of the chairs that are here. This was again before but the material on these chairs

144c1 - Smoking Area Guidelines (continued)

are classified as fire resistant.

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

The home's standard practice was to leave staff person B alone in the home between 6:00 AM to 6:30 AM Monday through Friday as evidenced by the home's staff schedule and through staff interviews. Staff person B is not trained to provide medications and does not meet the minimum qualifications to be considered direct care. The home did not have anyone in the home to administer medications, PRN or otherwise, at this time.

Plan of Correction**Accept**

Although this was standard procedure under the previous manager, this will not happen in the future. There will be a designated person and a trained med tech will be available when a staff member under the age of 21 is scheduled to work.

Completion Date: 06/02/2021

Document Submission**Implemented**

Complete

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 procedures for the safe use of medications and medical equipment include documentation of the receipt of controlled substances. However, on 04/23/21, an error in the count of resident #2's Clonazepam 1 MG tabs was discovered. The home documented 20 pills but there were actually 50 pills, a second pill pack containing 30 pills had not been documented.

Plan of Correction**Directed**

Moving forward all controlled medication received will be included in the per shift count.

(DIRECTED)

Immediately: A count of all narcotics and controlled substances will be conducted by the administrator upon delivery and weekly thereafter. 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. MJ 6/10/21

Completion Date: 06/02/2021

Document Submission**Implemented**

Complete

226a - Mobility Assessment**1. Requirements**

2600.

226a - Mobility Assessment (continued)

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #3's DME, dated [REDACTED] and completed by the home's preferred doctor, lists the resident's mobility as Minimal (Mobile). Resident #3's assessment, dated [REDACTED] 1 and completed by the home's Administrator, lists his mobility as Independent (Mobile).

Plan of Correction**Accept**

Resident #3 is Independent; we will have a PCP reevaluate this resident.

Completion Date: 06/16/2021

Document Submission**Implemented**

This was not complete as [REDACTED] can find. This resident has since moved out of the home as of February. [REDACTED] am unable to provide the documentation on this.