

Department of Human Services
Bureau of Human Service Licensing

October 28, 2021

[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 licensing inspections on 08/31/2021, 09/10/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

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: 610-942-4242 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Interim Exit Conference Date: 09/10/2021

Inspection Dates and Department Representative

08/31/2021 - On-Site: [REDACTED]
09/10/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 31 Residents Served: 20

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 Years of Age or Older: 15
Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

08/31/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/08/2021

Inspections / Reviews *(continued)*

10/28/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *11/05/2021*

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

On 8/29/21 at 4:34pm Resident #1's glucose reading is recorded as 111 requiring 0 units of insulin but the medication administration record is blank for number of units administered.

On 8/25/21 at 4:42pm Resident #1's glucose reading is recorded as 104 requiring 0 units of insulin but the medication administration record is blank for number of units administered.

On 8/28/21 at 11:21pm Resident #1's glucose meter has a reading of 116 however it is recorded on the log as 114.

Plan of Correction

Accept

Education with the staff regarding the single resident use of a glucometer and accurate documentation of the result and the amount of medication given as ordered including if 0 units are to be given. All Glucometers were audited to be sure that each glucometer is clearly marked for each resident. Weekly audits of MAR and Glucometers being completed x6 weeks by the Administrator.

Completion Date: 12/03/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 has an order to have glucose checked before meals and at bedtime (4x a day). On 8/28/21 at 5:00pm there is a recorded glucose level of 113 on the log, but there is no corresponding reading in the meter. It is unclear where the recorded reading of 113 was obtained as it is not found in any other glucometer.

Plan of Correction

Accept

Education with the staff regarding the single resident use of a glucometer and accurate documentation of the result and the amount of medication given as ordered. All Glucometers were audited to be sure that each glucometer is clearly marked for each resident. Weekly audits of MAR and Glucometers being completed x6 weeks by the Administrator.

Completion Date: 12/03/2021