

Department of Human Services
Bureau of Human Service Licensing

January 4, 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 09/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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: 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

Type: Other Date: 04/14/1997 Issued By: Wallace Twp

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 09/27/2021

Inspection Dates and Department Representative

09/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 31 Residents Served: 18

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 12
Diagnosed with Mental Illness: 18 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

09/27/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/07/2021

11/18/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/23/2021

Inspection Dates and Department Representative (*continued*)

11/24/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/31/2021*

01/04/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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], resident 1 returned to the home from a hospitalization with bruises all over the chest area as observed by staff person A. This was reported to staff person B on 9/23/2021. This suspected abuse was not reported to the Area Agency on Aging.

Plan of Correction

Do Not Accept

Re-educate the staff on what to do when they suspect abuse. Educate them on who to report to and how to report it.

Completion Date: 12/29/2021

Update: 11/18/2021

Please list title(s) of persons responsible, methods used, and timeframes.

Plan of Correction

Accept

The Administrator will educate the Med Tech/Caregivers, Maintenance, Dietary Team, and the Administrator in training on what to do when they suspect or witness abuse. The Administrator will educate the med tech/caregivers, maintenance, dietary teams and manager on who to report to and how to report the suspected abuse or witnessed abuse. Education of all the above staff will be completed on or before December 1, 2021.

Completion Date: 12/01/2021

Document Submission

Implemented

Education on who to report, when to report abuse.

Completion Date: 12/31/2021

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], resident 1 returned to the home from a hospitalization with bruises all over the chest area as observed by staff person A. This was reported to staff person B on 9/23/2021. This was not reported to the Department

Plan of Correction

Do Not Accept

Re-educate staff on abuse. Educate on mandated reporting. Also, educate the staff of reportable incidents that need to be reported to DHS and when it needs to be reported.

Completion Date: 12/29/2021

Update: 11/18/2021

Please list title(s) of persons responsible, methods used, and timeframes.

Plan of Correction

Accept

The Administrator will educate all staff which includes, med tech/caregivers, maintenance, dietary team and manager on abuse, OAPSA, and the requirements of mandated reporting. The Administrator will educate the manager of what is a reportable incident and who and how to report the incident. This education will be

16c - Written Incident Report (continued)

completed on or before 12/1/2021.

Completion Date: 12/01/2021

Document Submission

Implemented

Education on Incident reports and the OAPSA and requirements of mandated reporting.

Completion Date: 12/31/2021

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/26/21 at approximately 8:17PM, staff C used resident 1's glucometer device to read resident 2's glucose readings.

Plan of Correction

Do Not Accept

Re-educate staff of the importance that in the setting of a Personal Care Home that each resident must have their own glucometer and we must use their own glucometers on them only.

Completion Date: 12/29/2021

Update: 11/18/2021

Please list title(s) of persons responsible, methods used, and timeframes. How will the home ensure that this regulation is adhered to?

Plan of Correction

Directed

The Administrator will create a glucometer use policy and procedure to ensure the glucometers are always clearly marked with the resident's name. The Administrator will educate the med tech/caregivers on the policy, use of individualized glucometers, bloodborne pathogens and infection control. This will be completed on or before 12/1/2021.

Directed Plan of Correction 11/24/21 CM:

Starting 11/25/21 and continuing for four months, a designee qualified to administer medications shall monitor resident blood glucose testing at least weekly to ensure glucometers and blood glucose measuring supplies shall only be used for specific resident the glucometer and supplies are assigned to that specific resident.

Completion Date: 12/01/2021

Document Submission

Implemented

Glucometer readings/and supply monitoring will continue to monitor and complete checks for the 4 months.

Completion Date: 12/31/2021

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 3's most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Do Not Accept

This resident has had her DME updated. Please see attached. Have created a schedule for DME's RASPs for easy to

141b1 - Annual Medical Evaluation (continued)

follow so that we stay in compliance. (See attached) Educate the Administrator in training of when DME's need to be completed.

Completion Date: 11/19/2021

Update: 11/18/2021

Please list title(s) of persons responsible, methods used, and timeframes.

Plan of Correction

Accept

The new Administrator had completed the updated DME for resident 3 on [REDACTED]. This will be attached. The new Administrator has also created a schedule for the DME to ensure compliance. This will also be attached. The new Administrator will educate the manager of the required DME's and the timeframes as per regulations. This will be completed on or before 12/1/2021.

Completion Date: 12/01/2021

Document Submission

Implemented

Updated DME, Education and DME/RASP schedule

Completion Date: 12/31/2021

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

On 9/27/21 at the breakfast meal all residents were served the posted menu. An alternative food was not available on posted menu.

The home's meal menu that was reviewed from 8/29/21-10/1/21 shows many meals that have high fat and/or sodium content. For example, Lunch during the week of 9/18 through 9/24 include Crab Casserole with buttered vegetables, chicken patty with mashed potatoes, sausage alfredo with rice, pork and sauerkraut, meatball parmesan sandwich with french fries, kielbasa with macaroni and cheese and buttered vegetables, and oven fried chicken with au gratin potatoes. Dinner for the week of 9/18 through 9/24 included egg salad on rye with vegetable soup, bologna and cheese sandwich with chicken soup, ham and cheese sandwich with pickles and chips, loaded baked potato with bean and bacon soup, tuna melt with pretzels, cheeseburger and chips, and "sloppy joe" sandwich (ground beef with sauce) with potato salad. Other menu items include hot dog on a bun with chips, sausage sandwich, sausage gravy over English muffins, pancakes with bacon, pulled pork sandwich, and bologna sandwich with cheese curls.

No vegetable or fruit were on the menu for lunch on 9/20

Plan of Correction

Accept

We have hired a new Dietary manager/cook. The dietary manager and administrator will work together to improve the menu and alternatives. We will be adding vegetables and fruits to the menu. We also are creating an alternative (always available) menu which includes side salads, chef salads etc.

Completion Date: 12/29/2021

Update: 11/18/2021

By when will this be completed? How often and by whom will the menu be reviewed to ensure dietary needs are met?

161b - Well-Balanced Meals *(continued)*

Document Submission

Implemented

New Menu along with the always alternatives

Completion Date: 12/31/2021

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

Residents 1 is prescribed a heart-healthy, low cholesterol, no concentrated sweets diet. However, on 9/26/21 the resident 1 was served fried eggs for breakfast. On 9/21/21, french toast with butter/sugar-free syrup and a sausage patty was served.

Plan of Correction

Do Not Accept

Administrator will be creating an updated list for the Dietary staff. This will help with awareness of those residents with special diets. Administrator will educate the staff of the importance of following each persons diet orders.

Completion Date: 12/29/2021

Update: 11/18/2021

What steps will the home take on an ongoing basis? Please list the title of person(s) responsible, methods used, and timeframes.

Plan of Correction

Accept

The Administrator will be creating an updated special diet list for the Dietary staff. This will help with awareness of those residents with special diets. Administrator will educate the dietary staff of the importance of following each persons diet orders. The Administrator will update the list anytime there is a diet change. This will be completed by 12/1/2021.

Completion Date: 12/01/2021

Document Submission

Implemented

Education and Dietary need list

Completion Date: 12/31/2021

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 9/25/21 at 6:32AM, resident 1's glucometer device had an entry reading of 234. However, a reading of 195 was recorded on the MAR

On 09/27/21 at 8:55AM, resident 1's glucometer device had an entry reading of 290. However, the MAR entry shows a reading of 220.

185a - Implement Storage Procedures (continued)

Plan of Correction

Do Not Accept

Re-education to the staff of the importance of documenting the correct glucometer reading each and every time. Will provide practices in transcribing the correct information from one to another such as one paper to another. Continue MAR vs. Glucometer checks x6 more weeks.

Completion Date: 12/29/2021

Update: 11/18/2021

Please list title(s) of persons responsible, methods used, and timeframes.

Plan of Correction

Accept

The new Administrator will educate the staff of the importance of documenting the correct glucometer reading each and every time. The Administrator will be providing practices in transcribing the correct information from one to another such as one paper to another. The new Administrator will continue with MAR vs. Glucometer checks x6 more weeks. Due to the extension of checks the completion date will be 12/29/2021.

Completion Date: 12/29/2021

Document Submission

Implemented

Education and Transcribing from Glucometer to paper

Completion Date: 12/31/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident 1 is prescribed Lispro 100 unit/ml Kwikpen three times per day with meals on a sliding scale as follows: < 150 = 0 units, 150-200 = 2u, 201-250 = 4u, 251-300 = 6u, 301-350 = 8u, 351-400 = 10u.

On 9/25/21 at 8:00am, resident 1's MAR shows that 2 units of medication was administered for a recorded 195 blood glucose reading. However, resident 1's glucometer device showed a reading of 234 at 6:32AM. The correct dosage based on the glucometer reading should have been 4 units.

09/27/21 at 8am, resident 1's MAR shows that 4 units of medication was administered for a recorded 220 blood glucose reading. However, resident 1's glucometer device showed a reading of 290 at 8:55AM. The correct dosage based on the glucometer reading should have been 6 units.

Plan of Correction

Do Not Accept

Re-education with the staff of the importance of correct documentation. Continue with MAR vs Glucometer checks x6 more weeks.

Completion Date: 12/29/2021

Update: 11/18/2021

Please list title(s) of persons responsible, methods used, and timeframes.

Plan of Correction

Directed

The new Administrator will educate the staff on the importance of correct documentation. The Administrator will give practices of transcribing, how to read the medication dose ordered based on the result, and then demonstrate

187d - Follow Prescriber's Orders (continued)

how a transcription error affects the accuracy of the dose as written. The Administrator will continue with MAR vs Glucometer checks x6 more weeks. Due to the extension of the checks the completion date will be 12/29/2021.

Directed Plan of Correction 11/24/21 CM:

Starting 11/25/21 and continuing for four months, a designated staff person qualified to administer medications shall observe at least two medication passes of each staff person administering medications to ensure proper documentation of medication administration, following the orders of the prescriber and reporting medication errors.

Completion Date: 12/29/2021

Document Submission

Implemented