

Department of Human Services
Bureau of Human Service Licensing

August 9, 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 01/27/2022 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 - PUBLIC

Facility Information

Name: COLONIAL WOODS License #: 19823 License Expiration: 02/05/2023
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: 22 Waking Staff: 17

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Monitoring Exit Conference Date: 01/27/2022

Inspection Dates and Department Representative

01/27/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 31 Residents Served: 22

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 20
Diagnosed with Mental Illness: 19 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

01/27/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/19/2022

Inspections / Reviews (*continued*)

03/09/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/08/2022*

08/09/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23b - Instrumental Activities of Daily Living Assistance

1. Requirements

2600.

23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan for resident #1, dated [REDACTED], indicates the resident requires assistance with securing and using transportation. On 12/28/21, the resident did not receive this assistance as required.

Plan of Correction

Accept

Administrator is aware of the 2600.23b regulation. Administrator will be sure to follow regulation. Administrator will also educate all Med Techs, Caregivers, Maintenance Dietary Staff and Manager of this regulation to ensure compliance.

Completion Date: 03/31/2022

Document Submission

Implemented

23b part 1 is the training of the regulation and what tasks or items fall under ADLs and iADLs. 23b part 2 is the training of RASPs what all is included and when they need to be complete. 23b Part 3 Our Resident Transportation Policy and use of personal vehicle policy

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 01/24/22 and 01/31/22 was posted. However, it was not posted in a conspicuous and public place in the home.

Plan of Correction

Directed

Menu is now posted in the dining room where residents have access and is in a conspicuous place. Administrator will also educate all staff, which includes Manager, med techs, caregivers, dietary and maintenance staff of this regulation and the requirement to have the menus posted 1 week in advanced to ensure compliance.

Directed Plan of Correction 3/9/22 CM:

Starting 3/9/22 and continuing weekly for four months, the administrator or designee shall perform walk-throughs to ensure that the current and following week's menu is posted in a conspicuous and public place in the home.

Completion Date: 03/31/2022

Document Submission

Implemented

Attached is an image of menus posted. Training of regulation was conducted and complete by Administrator. Proof of weekly audits by administrator x4 months have been started. The kitchen manager will ensure that two weeks worth of menus are posted at all times. Administrator will continue to audit weekly to ensure this is being done on time.

171b4 - Staff Training

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

On 12/28/2021 at 11:30 am, staff person C transported residents to Colonial Woods from [REDACTED] Center. However, staff person C has not completed the initial new hire direct care staff person training.

Plan of Correction

Accept

Due to the emergency nature of the situation, the administrator did not even consider this regulation when [REDACTED] assigned the task. Administrator is fully aware of the regulation. Administrator will educate all staff which includes, the manager, med techs, caregivers, dietary and maintenance staff of this regulation. Administrator will also go through the staff files to see who is able to transport and who is not so this does not occur again moving forward.

Completion Date: 03/31/2022

Document Submission

Implemented

Training complete and Driving ability noted on Staff Cert. List. I also had the maintenance staff member complete the DCW training. PLEASE SEE ATTACHED

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #2's current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED].

Plan of Correction

Accept

This was something that had occurred prior to the current administrators employment. This Administrator has completed a schedule includes dates for RASPs, DME's, Admission dates and prescreen dates. So moving forward all regulation requirements will be completed on time.

Completion Date: 03/31/2022

Document Submission

Implemented

[REDACTED] have created a schedule to follow for Rasps and DMEs that include the prescreen dates.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [REDACTED] does not document resident's aggressive behavior. The resident's support plan, dated [REDACTED] does not document how this need will be met.

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Directed

Administrator is aware of the regulation. Administrator had conversations in regards to resident #1 with his PCP on a number of occasions. However, Administrator did not document the aggressive behaviors on the RASP as [REDACTED] should have. This is an education to [REDACTED] that this must and will be done moving forward.

Directed Plan of Correction 3/9/22 CM:

By 3/31/22, the administrator or designee shall audit all resident RASPs are updated with current behaviors, medical conditions, and needs. Plans shall be updated upon findings.

Completion Date: 03/31/2022

Document Submission

Implemented

RASP Audit complete. The Administrator or Designee will monitor of incidents and reports of changes of behaviors, medical Conditions and needs and add these to the RASP on a weekly basis

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 01/17/22, at 7 am, resident#1 went to the medication room and demanded [REDACTED] medications. Resident#1 yelled at staff person A; "Give me my [REDACTED] meds now. I have a bus to catch." Then another resident said good morning to resident#1, who replied "shut the [REDACTED] up and don't talk to me". This incident was observed by staff person A. This incident was reported to staff person B on 01/19/22 at 2pm. However, this allegation of abuse was was not reported to the local Area Agency on Aging until 01/27/22 at 2 pm.

Repeated Violation: 9/27/21

Plan of Correction

Directed

This was a situation where Administrator was not sure of abuse at the time. Administrator spoke with DHS and was told it is an abuse situation therefore Administrator reported immediately. Administrator was not aware of the 2nd part of reporting to Office of Aging. Verbal report was given but the follow up form was not completed until Administrator was told it needed to be completed. Administrator is fully aware of the process and moving forward this will not occur again.

Directed Plan of Correction 3/9/22 CM:

By 3/31/22, the administrator shall educate all staff on reporting incidents and conditions as it pertains to reporting according to the OAPSA.

Starting 3/9/22 and continuing weekly for four months, the administrator shall review incidents to ensure proper and timely reporting to the Area Aging on Aging.

Completion Date: 03/31/2022

15a - Resident Abuse Report (continued)

Document Submission

Implemented

Resident Abuse policy and procedure updated
Training of OAPSA Reporting
Weekly Incidents reviewed for reporting started

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 01/17/22, at 7 am, resident#1 went to the medication room and demanded [redacted] medications. Resident#1 yelled at staff person A; "Give me my [redacted] meds now. I have a bus to catch." Then another resident said good morning to resident#1, who replied "shut the [redacted] up and don't talk to me". The home did not report this incident to the department until 01/19/21.

Repeated Violation: 9/27/21

Plan of Correction

Directed

Administrator was not sure of the situation being abuse. Spoke with DHS was told it was so Administrator reported immediately. This was an education to the administrator and moving forward Administrator is aware of the situation that granted for the report and the process.

Directed Plan of Correction 3/9/22 CM:

By 3/31/22, the administrator shall educate all staff on reportable incidents and conditions. Starting 3/9/22 and continuing weekly for four months, the administrator shall review incidents to ensure proper and timely reporting to the Department.

Completion Date: 03/31/2022

Document Submission

Implemented

Staff Training
Weekly Incident Audits
Administrator or Designee will monitor for incidents on an ongoing weekly basis. All reportable incidents including abuse will be completed and sent to DHS within 24 hours of report received by Administrator or Designee.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

65b - Rights/Abuse 40 Hours (continued)

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person C completed his/her 40th scheduled work hour on [REDACTED] However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Repeated Violation: 2/12/21

Plan of Correction

Accept

This was prior to the Administrators employment here. Administrator will look through the files to be sure that all 40 hour training is completed. Colonial Woods does have a form with the requirements for 1st day, 1st 40 and 1st 30 day that will be re-formatted for easier understanding and will be used moving forward for all new staff members.

Completion Date: 03/31/2022

Document Submission

Implemented

Redo of Initial Training Orientation checklist
Staff file review of Orientation training.

Department of Human Services
Bureau of Human Service Licensing

August 9, 2022

MARK NIEHLS, BOARD MEMBER
WHEELER CARE CENTERS INC
P.O. BOX 70
GLENMORE, PA, 19343

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

Dear Mr. Mark Niehls,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2022, 04/14/2022 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

Inspections / Reviews

03/23/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/02/2022*

05/13/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/18/2022*

05/19/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/30/2022*

08/09/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

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 training.

Plan of Correction

Accept

Since the inspection the above staff member received her orientation training. [redacted] e was trained on 4.19.2022 by the administrator. Administrator has reviewed all staff files to ensure that they have received all the required training to meet 2600. 65a regulation. Administrator has also recreated the 1st 8 and 40 hour orientation checklist. This staff person was hired prior to [redacted] start here at this community. [redacted] have [redacted] r complete the other items required on 10.10.21. [redacted] was thinking that the staff had to have had [redacted] fire safety on [redacted] first day and was going to ask the manager as s [redacted] was here longer than [redacted] if this occurred. This then slipped through the cracks. [redacted] had re-trained and documented the 1st day training on this staff person on 4 [redacted] New Hire Packets will be made to include the new user friendly 1st 8 and 40 hour orientation training checklist.

Completion Date: 06/01/2022

Document Submission

Implemented

Attached the staff members DCW Certificate, staff members updated training dates along with revised 1st day, 8 hour and 40 hour Orientation check list. Please see attached.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A did not complete training in the resident rights, emergency medial plan, mandatory reporting of abuse under OAPSA, and reporting of reportable incidents and conditions.

Plan of Correction

Accept

This is a POC in January for another Staff person. [redacted] have since then created a "staff certification list" that is user friendly which [redacted] have added first day orientation completion with date along with first 40 hour orientation completion date.. [redacted] have also recreated the first day and 40 hour orientation direct care/ancillary staff checklist.

65b - Rights/Abuse 40 Hours (continued)

However, this staff person did not complete [redacted] trainings on time when [redacted] was hired. However, when [redacted] came on board and noticed that [redacted] didn't have [redacted] 1st 40 hours complete and [redacted] Initial Direct Care complete, [redacted] had [redacted] complete these items on 10/10/2021. As with the other 65a violation, This is also an open violation on another POC. A monthly file audit will be created by 5/27/22. Then moving forward and starting on 5/27/2022 on a monthly basis the staff files will be audited by the Administrator or designee.

Completion Date: 06/27/2022

Document Submission

Implemented

[redacted] have attached the staff members updated training, attached the updated training form for the 1st 8 and 40 hours and DCW Cert. I have also included the monthly file audit that was created and completed as well.

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [redacted] did not complete and pass the Department-approved direct care training course and pass the competency test until 10/10/2021.

Plan of Correction

Accept

Staff member A did not complete the Direct Care training as required for Regulation 65d at the time of hire and within [redacted] first 8 and 40 hours. However, as with the other violation [redacted] completed this on 10.10.21 after [redacted] had noticed that [redacted] did not complete [redacted] training. Moving forward [redacted] will be using the user-friendly new hire orientation checklist that was created for other violations that are still currently open. This new check list will be added to the required forms that need to be completed by all new staff members. The staff members names will be added to the running list that was also created. As with the other violation, Administrator will create a monthly file audit checklist by 5/27/2022. Then moving forward the Administrator or designee will complete this audit on a monthly basis.

Completion Date: 06/27/2022

Document Submission

Implemented

Attached is the updated staff cert list. New Hire training 8 and 4 hours, Staff file audits for May and June.

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 3's glucometer is not calibrated to the correct date and time. On 4/14/22 at 1:45pm, the glucometer read 4/14/22 12:42am.

Plan of Correction

Accept

The calibration of time was off due to the spring forward time change and staff did not change this. Administrator

185a - Implement Storage Procedures (continued)

will create check list of weekly glucometer checks to include the date and time to be updated. Administrator will add this to the Weekly medication audits that are performed for each resident that have an order for BG Checks. Administrator will check the Audits times 4 weeks to ensure this is being complete and completed correctly starting 5/4/2022.

Completion Date: 06/01/2022

Document Submission

Implemented

Uploaded is the New Diabetic Supplies and calibration audit/checklist, Diabetic audits to be sure they were completed, Weekly medication audits with Diabetic Supplies noted by name.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident 1, who was admitted to the home on [REDACTED]

Plan of Correction

Accept

Resident 1's assessment has been completed. Administrator started the RASP. However, did not complete. Administrator will start the assessment part of the RASP on date of new resident move in. Administrator will create a check list for each new admission to include required completion dates of all required forms that need to be completed to ensure completion and compliance of regulation 225a.

Completion Date: 06/01/2022

Document Submission

Implemented

[REDACTED] have attached the Completed Rasp in question along with the Resident file checklist.

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident 1 was admitted on [REDACTED] however, the resident's initial support plan was not completed.

Plan of Correction

Accept

Resident 1's support plan is complete and finalized. Administrator started the form. However, did not follow though or complete. Administrator will create a new resident checklist of what is needed and when things need to be completed to ensure accurate completion to ensure compliance with regulation 227a for each new resident. The checklists will be audited on a monthly basis, The audits will be completed by the Administrator or designee.

Completion Date: 06/27/2022

Document Submission

Implemented

[REDACTED] have attached the audit form that will be used to audit resident file completions, Attached the new resident file checklist, and completed Final Rasp for the resident in question.

252 - Record Content

1. Requirements

2600.

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

13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.

Description of Violation

Resident 2's records did not include prescreen form.

Plan of Correction**Accept**

Resident 2's prescreen was not in [REDACTED] file. There was a date as if the prescreen was completed on record. However, the form was not found. Current Administrator completed the prescreen while surveyor was still in the building. The prescreen along with the date completed will be added to the new resident checklist. This will also be added the the audit that will conducted monthly by the Administrator or designee.

Completion Date: 06/27/2022

Document Submission**Implemented**

[REDACTED] have attached the completed Prescreen and the New Resident file checklist.