

Department of Human Services
Bureau of Human Service Licensing

May 5, 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 02/03/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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: 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 [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 02/03/2022

Inspection Dates and Department Representative

02/03/2022 - 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

02/03/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/21/2022

Inspections / Reviews (*continued*)

03/07/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/17/2022*

05/05/2022 - 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 1/17/22, at 7:00am, there was an incident of verbal abuse between resident #1 and resident #2. This incident was observed by staff person B. This incident was reported to the administrator. However, the home did not complete and submit an ACT 13 form until 1/27/22.

Plan of Correction

Accept

Administrator was not aware of the Act 13 form. This is an education to the Administrator of the complete process of reporting an Abuse incident. This format was completed while surveyor was on site and Administrator was told about the form. Administrator is well educated on the process. Moving forward Administrator will comply.

Completion Date: 03/31/2022

Document Submission

Implemented

*Oapsa Mandatory Reporting Pocess and procedure
Updated Colonial Woods Personal Care Policy and Procedure for Reporting.*

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

There was an incident in the home on 1/17/22 at 7:00am between resident #1 and resident #2. The home did not report this incident to the department until 1/19/22 at 2:00pm.

Plan of Correction

Accept

Administrator was not sure if it was an abuse situation. Administrator spoke with DHS and this was clarified. Administrator reported as soon as clarification was given. Administrator was educated on this and will education staff which includes, Manager, Med Techs, caregivers, dietary and Maintenance staff so all understand the resident to resident abuse.

Completion Date: 03/31/2022

Document Submission

Implemented

Resident to Resident Mistreatment training. LTCOP Reference Guide used.

57b - 1 Hour/Day

1. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 1/22/22, there were 22 residents in the home, requiring a minimum of 22 hours of direct care service. On this day, only 20 hours of direct care staffing was provided.

57b - 1 Hour/Day (continued)

Plan of Correction

Accept

Administrator and manager do provide care at times. On this day there was a mix up in the schedule as one person had to leave early and the next person was not able to come in. However, the manager was here to assist but this was not documented on the schedule. Administrator will educate manager of the importance of putting [redacted] time on the schedule when [redacted] are in the building as [redacted] provide care as needed as well.

Completion Date: 03/31/2022

Document Submission

Implemented

The training and the schedule showing that we are putting hours in as well.

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 1/22/22, a total of 22 hours of direct care was required. However, only 13.5 hours of the required 22 hours, or 61.4 percent, were provided during waking hours.

Plan of Correction

Accept

Manager and Administrator will educate [redacted] on the calculations of the direct care requirements. The manager will put the hours that [redacted] and the Administrator are in the building as well moving forward as [redacted] do direct care when needed. Administrator will come up with a form to help keep track of the daily required and the daily actual for Direct care vs. residents.

Completion Date: 03/31/2022

Document Submission

Implemented

Training, Schedule and waking hours mapped out.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 1/24/22 at 8:00pm, resident #1 was administered Oxycodone HCL 5MG Tablet. Staff person A did not initial the medication administration record until 9:33pm on 1/24/22.

Plan of Correction

Accept

Administrator will educate staff member A of the importance to document in a timely manner. Administrator will education all Med techs on the importance of documenting in a timely manner.

Completion Date: 03/31/2022

Document Submission

Implemented

Administrator used Lesson 9 in the Medication Administration training for the importance of documentation in a timely manner.

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], indicates the resident does not have a need for Irritability, agitation, and aggression. Staff interviews report that resident #1 commonly shows irritable, agitated and aggressive behaviors. There is no support plan in place to address these behaviors.

Plan of Correction

Accept

This is an education for the Administrator of the importance of documenting irritability, agitation, and aggressive behaviors along with a plan to meet these items for the staff to know how to handle and what to do if these things occur. Administrator did have conversations with PCP about the above behaviors. However, Administrator did not document as [REDACTED] should and now is educated and will be sure to do so moving forward.

Completion Date: 03/31/2022

Document Submission

Implemented

I have documented on all Rasps of irritability, agitation and aggressive behaviors and how we plan to help the resident through these behaviors. On another violation, I have completed

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident’s record must include the following information:
1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
10. A record of incident reports for the individual resident.

Description of Violation

Resident #1's record does not include the incident report dated 1/17/22.

Plan of Correction

Accept

Administrator had the incident report in the Quality Management binder but not in the residents record. Upon notification of violation, Administrator added the incident report to the resident record. Administrator is now educated on the regulation to have the incident report in record.

Completion Date: 03/31/2022

Document Submission

Implemented

Administrator has added a copy of the Reportable incident along with the Act 13 if applicable to the residents file that they pertain to. The residents this applied to [REDACTED].