



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

Sent via e-mail [REDACTED]

August 10, 2022

[REDACTED]
Board Member
Wheeler Care Centers, Inc.

[REDACTED]
[REDACTED]

RE: Colonial Woods
1710 Creek Road
Glenmore, Pennsylvania 19343
License #: 19823

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on August 2, 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

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: 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: C-2 LP Date: 04/11/1997 Issued By: CWOPA L & I

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: 08/02/2021

Inspection Dates and Department Representative

08/02/2021 - On-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: 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

08/02/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/27/2021

06/15/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer:

Follow-Up Type:

Follow-Up Date:

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 Humalog based on the below listed sliding scale:

AccuChecks prior to each meal and:

- 1. administer 0 units of insulin if blood sugar is below 150*
- 2. administer 2 units of insulin if blood sugar reading is between 150 and 200*
- 3. administer 4 units of insulin if blood sugar reading is between 201 and 250*
- 4. administer 6 units of insulin if blood sugar reading is between 251 and 300*
- 5. administer 8 units of insulin if blood sugar reading is between 301 and 350*
- 6. administer 10 units of insulin if blood sugar reading is between 351 and 400*
- 7. administer 12 units of insulin if blood sugar reading above 400 and call doctor*

On 7/12/21 at 8:00 A.M., resident #1's blood sugar reading was 209, requiring 4 unit of Humalog. However, 10 units of this medication was administered by staff person A. At 12:00 P.M., the resident's blood sugar reading was 162, requiring 2 units of Humalog. 10 units was administered by staff person A.

On 7/13/21 at 8:00 A.M., resident #1's blood sugar reading was 168, requiring 2 unit of Humalog. However, 10 units of this medication was administered by staff person A. At 12:00 P.M., the resident's blood sugar reading was 150, requiring 2 units of Humalog. 10 units was administered by staff person A.

On 7/17/21 at 12:00 P.M., resident #1's blood sugar reading was 257, requiring 6 units of Humalog. However, 10 units of this medication was administered by staff person A.

On 7/16/21 at 12:00 P.M., resident #1's blood sugar reading was 225, requiring 4 units of Humalog. However, 10 units of this medication was administered by staff person A.

On 7/27/21 at 12:00 P.M., resident # 1's blood sugar reading was 259, requiring 6 units of Humalog. However, 10 units of this medication was administered by staff person A.

On 7/28/21 at 12:00 P.M., resident # 1's blood sugar reading was 297 requiring 6 units of Humalog. However, 10 units of this medication was administered by staff person A.

On 7/29/21 at 8:00 A.M., resident # 1's blood sugar reading was 199 requiring 2 units of Humalog. However, 10 units of this medication was administered by staff person A.

Plan of Correction**Accept**

Staff person A did not follow the prescribed orders of the physician with respect to administering insulin. Staff person A did not follow the directions properly and did not have a thorough understanding of the sliding scale and how it is to be used. Staff person A was a fairly new employee at the time and received [REDACTED] diabetes management certificate of completion on 7/7/21. Moving forward, we will make sure newly trained staff are observed for a longer duration prior to performing duties independently. Beginning immediately on 8/2/21, Staff person A was not permitted to

187d - Follow Prescriber's Orders (continued)

give insulin. Staff person A was provided with additional training by another staff member. Staff member A was required to "shadow" a seasoned med-tech for three separate shifts in order to provide Staff person A additional training. Further explanation in detail was provided pertaining to the "sliding scale" and how much insulin to administer as indicated by the MAR. Moving forward, upon certification of all Med Techs, they will be monitored for a three days by an experienced Med Tech prior to being able to administer independently to ensure that they are properly administering medication and insulin.

Completion Date: 08/26/2021 Licensee's Proposed Date of POC Implementation

Implemented 6/15/22 CM

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents on 7/3/21, 7/4/21, 7/10/21, 7/11/21, 7/14/21, 7/21/21, 7/23/21, 7/24/21, and 7/31/21.

Staff Person C received an annual practicum on [REDACTED]. Staff Person C's Medication Administration Record (MAR) review was conducted [REDACTED] two were performed on the same day. Staff Person Cs Medication Observations were performed [REDACTED], two were performed on the same day. The MAR Review to must be completed 6 months apart. The Medication Observations must be performed 6 months apart.

Staff Person D received an annual practicum on [REDACTED]. Staff Person D's Medication Administration Record (MAR) review was conducted [REDACTED], two were performed on the same day. Staff Person D's Medication Observations were performed [REDACTED], two were performed on the same day. The MAR Review to must be completed 6 months apart. The Medication Observations must be performed 6 months apart.

Plan of Correction

Accept

Staff person B had not renewed diabetic education and administered insulin to Resident 1. Staff person B began employment with Colonial Woods in 2011 and consistently completed medication administration and insulin/diabetes training over the years. Staff person B had a short leave of absence to due an illness in the family. Upon return, it was overlooked that Staff person B's training was not up-to-date. Staff person B ceased giving medication after 7/21/21 and worked only in the kitchen. Staff person B completed medication training on [REDACTED] 1 and diabetic education training on [REDACTED] Staff person B is scheduled to begin administering medication and insulin on [REDACTED] as a result of receipt of appropriate certifications.

As for Staff person C and D, the MAR Review was not completed 6 months apart as required. As a result of what happened with Staff person B, C and D, we have updated our training roster in the office to reflect those who have been trained and when and when they are due for training again so that we can prevent this from happening again. Training will be scheduled as needed and required for all med techs per the training roster. The roster will be monitored and updated on an ongoing basis by the office staff.

Completion Date: 08/26/2021 Licensee's Proposed Date of POC Implementation

Implemented 6/15/22 CM

190b - Insulin Injections

1. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 7/31/21, Staff Person B, who has not completed diabetic education, administered insulin to Resident # 1 on 7/3/21, 7/11/21, 7/14/21, and 7/21/21.

Plan of Correction

Accept

Staff person B had not renewed diabetic education and administered insulin to Resident 1. Staff person B began employment with Colonial Woods in 2011 and consistently completed medication administration and insulin/diabetes training over the years. Staff person B had a short leave of absence to due an illness in the family. Upon return, it was overlooked that Staff person B's training was not up-to-date. Staff person B ceased giving medication after 7/21/21 and worked only in the kitchen. Staff person B completed medication training on [redacted] and diabetic education training on [redacted]. We have updated our training roster in the office to reflect those who have been trained and when and when they are due for training again so that we can prevent this from happening again. Training will be scheduled as needed and required for all med techs per the training roster. The roster will be monitored and updated on an ongoing basis by the office staff.

Completion Date: 08/26/2021

Licensee's Proposed Date of POC Implementation

Implemented 6/15/22 CM

Department of Human Services
Bureau of Human Service Licensing

April 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 08/31/2021, 09/10/2021 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: 02/05/2022
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 Information

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

10/28/2021 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *11/05/2021*

04/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

Document Submission

Implemented

Accurate documentation, education, and clearly marked glucometers.

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

Document Submission

Implemented

Glucometer Audits and the importance of single resident use glucometer, accurate documentation.