

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

January 4, 2023

[REDACTED], BOARD MEMBER
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 09/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: WHEELER CARE CENTERS INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 04/01/1997 **Issued By:** COPA

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 23 **Waking Staff:** 17

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 09/08/2022

Inspection Dates and Department Representative

09/08/2022 **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: 5	Are 60 Years of Age or Older: 18		
Diagnosed with Mental Illness: 17	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

09/08/2022 - Full
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 09/26/2022

Inspections / Reviews (*continued*)

09/28/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/27/2022

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/08/2022

11/22/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: 12/27/2022

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 11/28/2022

01/04/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 12/27/2022

Reviewer: [REDACTED] Follow Up Type: Not Required

66b Training Plan Content

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the dates, times and locations of the scheduled training for each staff person for the upcoming year.

POC Submission

Accept () - 09/28/2022)

Immediate Action: The annual training plan has been completed for the present year and for 2023 with the dates, times and locations of the scheduled training.

Route Cause Investigation: Staff training plan was overlooked by the Administrator.

Prevention of Future Occurrence: Administrator will be sure to complete the annual training plan per regulation for the following year by December 1st.

Licensee's Plan Completion Date: 10/17/2022

Implemented () - 11/21/2022)

85a Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at approximately [redacted], there was a black/green slimy mold-like substance present on the caulking in the shower stall of the main level big bathroom.

Resident #1's glucometer was used to check the glucose level of resident #2 on [redacted].

POC Submission

Accept () - 09/28/2022)

Immediate Response: 1. Maintenance Staff cleaned the grout of the shower. The grout itself is black which created the look of mold. 2. Administrator immediately wiped the glucometer down with a sanitizer.

Route Cause Investigation: 1. The grout in the shower was originally black therefore gave the look of mold. 2. Staff member grabbed the wrong meter due to the closeness in name. Jenn/Jeff which is labeled on the outside of the meter.

Prevention of future occurrences: 1. Maintenance staff regouted the lower part of the shower with a white grout. The shower will be assessed for the presence of mold with each use and cleaning. 2. Administrator relabeled the meters with full names on the outside. Administrator coached the staff member that made this mistake on the regulation, the rationale behind the regulation and on infection control to prevent future violations.

Licensee's Plan Completion Date: 10/17/2022

Implemented () - 01/04/2023)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 does not have access to a source of light that can be turned on/off at bedside.

POC Submission

Accept (█ - 09/28/2022)

Immediate Response: Administrator had Maintenance staff install another light source for Resident #3.

Route Cause Investigation: There was a light source already installed. However, the surveyor and Administrator did not notice the light due to it being obscured by the residents' coats which were hanging above the light and blocked the vision of the light source. The alternate light source that was installed is a round tap light.

Prevention of future occurrences: Administrator will add an audit check for bedside lighting on the Maintenance monthly checklist.

Licensee's Plan Completion Date: 10/17/2022

Implemented (█ - 11/21/2022)

102i - Soap Dispenser

4. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There were two unlabeled, used bars of soap in cabinet above the sinks in the main level big bathroom .

POC Submission

Accept (█ - 09/28/2022)

Immediate Response: While surveyor was on-site the soap bars were discarded.

Route cause investigation: A resident placed them in the cabinet not knowing that was not allowed without it being labeled.

Prevention of further occurrences: Administrator will place a sign in the bathroom stating, No personal Items are allowed to be kept in bathroom. These signs will be placed in all the "public" bathrooms.

Licensee's Plan Completion Date: 10/17/2022

Implemented (█ - 11/21/2022)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the mini refrigerator on the upper level living room.

103f Refrigerator/Freezer Temps (continued)

POC Submission

Accept () - 09/28/2022

Immediate Response: Administrator asked the Maintenance staff to purchase more thermometers.

Route Cause Investigation: Resident moved her personal fridge to the common area. Administrator and Dining Manager overlooked the need for the thermometer.

Prevention of Future Occurrences: Administrator will coach the Dining Manager of the required thermometer and temperature log for this mini fridge.

Licensee's Plan Completion Date: 10/17/2022

Implemented () - 01/04/2023

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 6/11/2021.

POC Submission

Accept () - 09/28/2022

Immediate response: Administrator completed and sent the letters along with the Emergency plans to the appropriate places.

Route Cause Investigation: The emergency plans were not submitted timely.

Prevention of future occurrences: Administrator will create an annual checklist of required items with dates they are due to be completed.

Licensee's Plan Completion Date: 10/17/2022

Implemented () - 01/04/2023

121a - Unobstructed Egress

7. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 9/8/22 at approximately 1:00pm, a small table piled with hats and other personal belongings, pillows, signs and a folded snack table blocked egress from the home's emergency exit window in room 10.

POC Submission

Accept () - 09/28/2022

Immediate Response: The items were immediately moved from the area. The maintenance staff purchased shelving and a hat rack to help eliminate this obstruction.

Route cause investigation: Resident obstructed the exit with his personal items not knowing that it could not be there.

Prevention of future occurrences: The maintenance staff purchased shelving and a hat rack to eliminate this obstruction. Administrator coached the resident on the importance to keep the area clear from items. This will also be placed on the Maintenance Monthly checklist.

121a - Unobstructed Egress (continued)

Licensee's Plan Completion Date: 10/17/2022

Implemented () - 01/04/2023)

132a - Monthly Fire Drill

8. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of February 2022.

POC Submission

Accept () - 09/28/2022)

Immediate Response: Administrator coached the Manager of the importance of completing and documenting the fire dill each month.

Route Cause Investigation: This was an oversight.

Prevention of Future Occurrences: Administrator and/or Manager will ensure that there is a fire drill completed each month and an overnight one completed once every 6 months.

Licensee's Plan Completion Date: 09/25/2022

Implemented () - 01/04/2023)

132b - Safety Inspection/Fire Drill

9. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection by a fire safety expert was conducted on 7/5/2021.

POC Submission

Accept () - 09/28/2022)

Immediate Response: Administrator was able to contact () to arrange for () to do a fire safety inspection. This inspection took place on 9/12/2022.

Route Cause Investigation: () was scheduled to come out to the home to do the inspection on Wednesday July 6, 2022. However, () did not come. Several emails went out to reschedule with () with no success.

Prevention of Future Occurrences: Administrator will look for another Fire Safety Inspector for a backup, so this does not occur again.

Licensee's Plan Completion Date: 10/17/2022

Implemented () - 01/04/2023)

132e - Fire Drill Sleeping Hours

10. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

132e - Fire Drill Sleeping Hours (continued)

Description of Violation

There has been no fire drill conducted during sleeping hours from 12/1/2021 to 8/31/2022.

POC Submission

Accept () - 09/28/2022

Immediate Response: The fire drill documentation was thoroughly reviewed. Normal sleeping hours for this community is 10p-6a. There was a fire drill conducted at 10:40pm which is after our nightshift starts and during sleeping hours for our residents. Our overnight shift is 10p-6a which is our homes sleeping hours. In the regulation it states that "Sleeping hours' means 11pm to 7am unless the home can demonstrate that another time period more accurately reflects normal sleeping hours. For example, if most (more than half) go to sleep at 10pm and wake at 6am, 10pm to 6am may be used as sleeping hours when measuring compliance with this regulation.

Route Cause Investigation: The fire drill was conducted within the regulatory guidelines. This should not have been cited as a violation.

Prevention of future occurrences: Administrator will put sleeping hours on the fire drill form to inform the future surveyors of this.

Licensee's Plan Completion Date: 10/17/2022

Implemented () - 11/21/2022

185a - Implement Storage Procedures

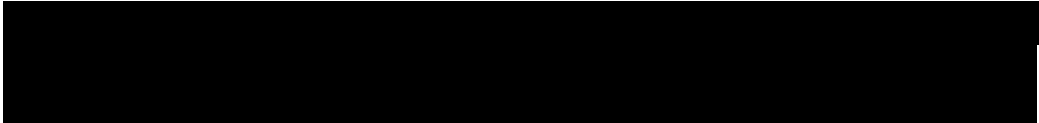
11. Requirements

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 #1 has an order to have glucose checked 4 times a day. Resident also has an order for insulin coverage based on glucose readings taken at 8a-12p-5p; 150-200=1u, 201-250=2u, 251-300=3u, 301-350=4u, 351-400=5u. The following readings were observed in the residents record:



POC Submission

Accept () - 09/28/2022

Immediate response: The medication Techs that completed the incorrect documentation were coached on proper procedure and documentation.

Route Cause Investigation: Resident #1 is able to perform the glucose test independently. However, when resident completes this, the resident relays the wrong information to the med techs and therefore the documentation becomes incorrect. The staff members did not verify if the numbers the resident gave were correct before documenting.

Prevention of future occurrences: Administrator will educate Med Techs on the importance of verifying the result on the meter themselves to ensure correct documentation and correct insulin coverage.

Licensee's Plan Completion Date: 10/17/2022

Implemented () - 01/04/2023

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [redacted] -One by mouth daily at bedtime. However, this medication was not available in the home on [redacted]

POC Submission

Accept [redacted] - 09/28/2022)

Immediate Response: Administrator spoke with PCP about this medication and the PCP sent order to pharmacy to have this medication discontinued on 9/13/22.

Route Cause Investigation: Resident's psychiatrist was approached on several occasions and asked to send a discontinued order over to pharmacy at which the Administrator was not successful.

Prevention of Future Occurrences: Administrator is taking this as an education of how to handle this in the future. Administrator will contact the PCP in the event that this happens again.

Licensee's Plan Completion Date: 09/25/2022

Implemented ([redacted] - 11/21/2022)

190b - Insulin Injections

13. 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 [redacted] at [redacted], staff person A, who has not successfully completed a Department-approved diabetes patient education program with in the last 12 months , administered insulin to resident 1.

On [redacted] at [redacted], [redacted] staff person B, who has not successfully completed a Department-approved diabetes patient education program with in the last 12 months , administered insulin to resident 1.

POC Submission

Accept ([redacted] - 09/28/2022)

Immediate Response: Qualifications of Staff person B were reviewed and it was noted that [redacted] received [redacted] Diabetic Training in November of 2021.

Route Cause Investigation: The certificate was misplaced on site.

Prevention of Future Occurrences: The Administrator will complete an Audit monthly to ensure that all certifications are present, up to date and all certificates are filed in a consistent location.

Licensee's Plan Completion Date: 10/17/2022

Implemented ([redacted] - 01/04/2023)