

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

March 31, 2023

[REDACTED], OWNER

RE: COLONIAL GARDENS GUEST HOUSE
121 STEPPLAND ROAD
BUTLER, PA, 16002
LICENSE/COC#: 44570

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/31/2023, 02/01/2023 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 GARDENS GUEST HOUSE **License #:** 44570 **License Expiration:** 05/25/2023

Address: 121 STEPPLAND ROAD, BUTLER, PA 16002

County: BUTLER **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: R LYNN AND LINDA MUELLER

Address: [REDACTED]

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

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 12/18/1985 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 27 **Waking Staff:** 20

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal, Complaint **Exit Conference Date:** 02/01/2023

Inspection Dates and Department Representative

01/31/2023 - On-Site: [REDACTED]

02/01/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 35 **Residents Served:** 26

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 17

Diagnosed with Mental Illness: 25 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 1 **Have Physical Disability:** 1

Inspections / Reviews

01/31/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/20/2023

03/07/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/14/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/10/2023

Inspections / Reviews (*continued*)

03/13/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/20/2023

03/31/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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], at [REDACTED], resident #1 left the home by taxi with a bag of clothing, indicating he/she was going to their mothers to stay. When the home called resident #1's mother to inquire about the resident leaving without taking his/her medications, the resident's mother indicated the resident was not staying there. The home did not know where resident #1 was until approximately 48 hours later when the local hotel called the home indicating resident #1 was being asked to leave due to trying to use a fraudulent name and credit card. The home did not report this incident to the Department.

Plan of Correction

Accept ([REDACTED] - 03/13/2023)

I am going to dispute this violation. On [REDACTED] Resident #1 told the staff that [REDACTED] was going to visit [REDACTED] mom. The staff called the administrator who just left the home to return so that [REDACTED] could give [REDACTED] medications to take home. [REDACTED] left by taking Tina's taxi at [REDACTED] prior to the administrator returning, [REDACTED] took along a bag of clothing and nothing else. The administrator called [REDACTED] mom who denied that [REDACTED] was coming to visit. The administrator notified the VA and the resident's social worker of [REDACTED] leaving. [REDACTED] then called [REDACTED] taxi and was told the manager would return [REDACTED] call. On 8/11/22 at approximately 9am the manager of [REDACTED] taxi called and eventually told the administrator that the resident was dropped off at the Hampton Inn in Butler. The administrator called the Hampton Inn and talked to the manager. [REDACTED] said that the resident checked in the evening before, had food and beer delivered to [REDACTED] room by a male. [REDACTED] also said that [REDACTED] was going to be taken to the Super 8 motel as the Hampton was sold out for the night. On the morning of the 12th between 7am and 8am the home received a call from the Super 8 saying that the resident was trying to check in using a false ID and credit card. The resident was talking to a person from Catholic services and resident told [REDACTED] he lives at Colonial Gardens. Staff from the home went to the Super 8 to pick the resident up, [REDACTED] said [REDACTED] just wanted a break from the home and to drink beer.

The staff knew where the resident was located prior to the 24 hour regulated time to notify the Department. The staff in a meeting on 2/6/2023, staff were re-educated on the 24 hour requirement of notifying the Department if someone elopes and are missing over 24hours.

3/7/2023 The staff meeting was conducted by [REDACTED] the administrator on 2/6/2023.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented ([REDACTED] - 03/30/2023)

20b3 - Written Receipts

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

20b3 Written Receipts (continued)

Description of Violation

On multiple days, including [REDACTED], a cash disbursement of [REDACTED] and on [REDACTED] a cash disbursement of [REDACTED] was made to resident #2. However, the home did not obtain the resident signature for the receipt of the disbursement.

Plan of Correction

Accept ([REDACTED] - 03/07/2023)

Immediate fix on 2/3/23 the administrator had resident #2 try and sign [REDACTED] name on the financial sheet, [REDACTED] made is mark. On 2/3/23 the administrator had a meeting with all residents who require financial assistance that they must come to the office area when the daily finances are being given out and they must ether sign their name or make a mark in order for the money to be given to them.

During the staff meeting on 2/6/23 a review was done with staff regarding that each resident must sign his name or make a mark to receive their daily money.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented ([REDACTED] - 03/30/2023)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident home contract dated [REDACTED], for resident #3 was not signed by the resident.

Plan of Correction

Accept ([REDACTED] - 03/07/2023)

The immediate fix was for resident #3 to sign the agreement on [REDACTED], however resident #3 was admitted to the local hospital early that morning with difficulty breathing. Subsequently the resident passed away and was unable to sign.

On 2/7/23 the administrator reviewed all resident records to ensure all paperwork required was in the record and all forms appropriately signed. The meeting with the staff of 2/6/23 reviewed the paperwork that is to be signed by residents upon admission. The administration staff on a quarterly basis will randomly review 6 records to ensure that all paperwork is in the records and signed properly commencing 3/1/23. If the resident refuses to sign any paperwork, it will be witnessed by 2 staff members who will sign and attest to the fact that the resident refuses to sign. If the payee/POA/family says resident is not competent to sign it will be explained that this is Department regulation and they can co sign.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented ([REDACTED] - 03/30/2023)

81b - Resident Personal Equipment

4. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

81b - Resident Personal Equipment (continued)

Description of Violation

On [redacted], resident #4 had a bedrail on his/her bed that measured 20 inches wide and had an uncovered/unsecured opening of 18 1/2 inches wide by 12 1/2 inches high and a 3-inch gap between the bedrail and mattress.

Plan of Correction

Accept [redacted] - 03/13/2023)

[redacted] the administrator contacted resident #4's PCP for a new order for the bedside rail (old order was over a year old). The order was received on 2/1/23.

The bedrail was removed from the bed once resident #4 demonstrated that he was able to get out of the bed without the rail which was used after his stroke to pull himself into a sitting position.

3/7/23 On 2/6/23 during the staff meeting conducted by [redacted] the administrator it was reviewed that a new doctors order for things like a bedrail must be obtained annually unless the bedrail is less than 18 inched in length as per Department. The bedrails if used will be covered using a blanket so that the arms and legs of the resident will be unable to go through the rail, this will be down by the housekeeping staff when making the bed.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented [redacted] - 03/30/2023)

83a - Indoor Temperature

5. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 1/31/23, at 11:01 am., when residents were present in the home, the temperature in bedroom #11 used by the residents was 65 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 03/13/2023)

On 1/31/23 the temperature was increased to 72 degrees. On 2/3/23 a meeting with the maintenance staff was held to discuss that room temperature checks were to be done initially daily for a week then weekly. The room thermometers will be checked to ensure that the temperature is at least 70 degrees and not more than 80 degrees. A log will be kept with the maintenance check list. The daily checks will start 2/3 thru 2/8 then weekly checks will begin 2/13/23.

3/7/23 The meeting was held on 2/3/23 with the administrator [redacted] and the maintenance staff. The temperature was immediately raised on 1/31/23 by BL the head of maintenance. Temperature checks will be done weekly by [redacted] the head of maintenance.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented [redacted] - 03/30/2023)

100a - Exterior - Free of Hazards

7. Requirements

2600.

100a Exterior Free of Hazards (continued)

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 1/31/23, at 9:30 am. and at 1:08 pm., a dog chain was laying across the front entrance steps and porch, presenting a potential trip/fall hazard.

On 2/1/23, at 9:00 am, a dog chain was laying across the front entrance sidewalk, presenting a potential trip/fall hazard.

Plan of Correction

Accept () - 03/13/2023

On 2/1/23 the immediate fix was to remove the dog chain from the porch and place in the yard away from the sidewalks. On 2/6/23 during the staff meeting review of fall risks were discussed including the placement of the dog chain. The administrator during her weekly walk throughs will check placement of the dog chain.

3/7/23 The dog chain was removed on 2/1/23 by () the administrator who also conducted the staff meeting.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented () - 03/30/2023

132b - Safety Inspection/Fire Drill

8. 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

On 2/1/23, there was no documentation of a fire safety inspection by a fire safety expert being completed in 2021 or 2022.

Plan of Correction

Accept () - 03/13/2023

A fire drill is held annually with local fire company. The administrator contacted a fire safety inspector on 2/16 to have a fire safety inspection done of the home. The date is pending the schedule of the inspector. The administrator will schedule with the fire service company to come annually for the inspection.

3/7/23 The fire safety inspection was done by Fire Fighters on 2/17/23, awaiting report. Fire Fighters Inc. has agreed to do the annual safety inspection each year in January when they inspect the fire extinguishers.

By 3/20/23: The administrator or designee shall develop and implement a tracking system to ensure a fire safety inspection and fire drill conducted by a fire safety expert are completed annually. Documentation of a tracking system shall be kept. () 3/13/23

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented () - 03/31/2023

132e Fire Drill Sleeping Hours

9. Requirements

2600.

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

Description of Violation

The last fire drill conducted during sleeping hours was on 7/5/22, at 5:00 am.

Plan of Correction

Accept (█ - 03/13/2023)

On 2/17/2023 a fire drill was held at 5:50am. The administrator or maintenance staff will conduct a night fire drill in August of 2023, the fire drill log was noted as a reminder of next night drill.

3/7/23 It was noted on the fire log by █ the administrator that night time fire drills are to be done twice annually with the months that are to have the drills done, this will serve as a reminder of when the night fire drill are due.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (█ - 03/30/2023)

162c Menus Posted

10. 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

On 1/31/23, the home did not have the current and upcoming weeks' menus posted. The menus posted were for the weeks of 1/1/23 - 1/7/23 and 1/15/23 - 1/21/23.

Plan of Correction

Accept (█ - 03/13/2023)

On 1/31/23 the next 2 week menu cycle was posted as was the next two weeks. During the staff meeting on 2/6/23 the kitchen staff reviewed the necessity of posting the menus. The daily menu is posted in the dining room on a white board the evening before it's served giving residents time to make changes. The administrator will check the menus weekly to ensure they are posted during the weekly walk through.

3/7/23 The menu was posted by the administrator █. The meeting was conducted by █ the administrator. The menus are done on a 8 week cycle. The head cook █ will post menus on a biweekly basis.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (█ - 03/30/2023)

190a Completion Medication Course

11. 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 A, who has not successfully completed the Department-approved medications administration course,

190a - Completion Medication Course (continued)

administered multiple medications to resident #3 to include the following:

- * [REDACTED]
- * [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/07/2023)

I want to dispute this violation. Staff #1 previously worked at another PCH. That home was contacted by both the employee and administrator to request copy of medication certification. The previous employer refused to give a copy to the employee and refused to speak to the administrator. Staff #1 was retested (see attached) on 7/2/2022 by medication trainer. Medication trainer checked that this was an initial annual practicum because staff was already previously trained, corrected paperwork is attached. She had her 6 months review in January.

During meeting with staff on 2/6/23 medication trainer reviewed the paperwork needed for each med tech and handwashing, gloving and MAR review conducted with all staff.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [REDACTED] - 03/30/2023)

225c - Additional Assessment

12. Requirements

2600.

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

1. Annually.

Description of Violation

On [REDACTED] resident #4's assessment, dated [REDACTED], does not include the resident's use of a bedrail.

Plan of Correction

Accept [REDACTED] - 03/13/2023)

2/1/23 the assessment/support plan was updated to include the bed rail. The administrator on 2/14/23 & 2/15/23 reviewed the current support plans of all the residents to ensure that treatments, personal care needs were up to date. A complete review will be done annually and when needs change.

During staff meeting on 2/6/23 staff were instructed to report any changes in the care needs of the residents and to assist in the implementation of the support plans.

3/7/23 The support plan was updated by RL assistant administrator. The annual reviews will be done by RL assistant administrator on prior to each due date.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented [REDACTED] - 03/30/2023)

228b - Discharge or Transfer

13. Requirements

2600.

228b Discharge or Transfer (continued)

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On [REDACTED], the home gave resident #1 a 30 day notice due to disruptive behaviors in the home. On [REDACTED], resident #1 was sent to the emergency room for a 302 assessment. On [REDACTED], the hospital released resident #1, however, the home refused to allow the resident to return back to the home and did not have a written notice from a physician or the Department indicating that a delay in discharge would jeopardize the health, safety or well being of the resident or others in the home.

Plan of Correction

Accept [REDACTED] - 03/07/2023)

For weeks leading up to Resident #1's 30 day notice [REDACTED] had been extremely disruptive in the household. He was harassing older residents and threatening to staff, throwing items at them, screaming, cursing and getting drunk. While the administration knows the right of the resident to have [REDACTED] 30 days, it was felt that [REDACTED] was a danger to himself and others. A 302 was instituted on [REDACTED]. Since resident is very manipulative and convincing the 302 was not upheld. Administrator was in contact with the VA, [REDACTED] medical physician, and AAA on [REDACTED] and many times in the previous weeks because of fear of [REDACTED] hurting someone. AAA verbally said we did not have to take [REDACTED] back. When asked for a letter from either PCP or AAA we were told they could not put anything into writing as it was against HIPPA.

During the meeting on 2/6/23 staff were retrained about the 30 day notice process and options the home has during this time.

Ongoing: For all future 30 day notices, the administrator shall ensure the resident is not required to leave the home (or be prohibited from returning from a hospital stay) prior to 30 days following the issuance of a 30 day involuntary discharge notice unless a delay in discharge or transfer would jeopardize the health, safety or well being of the resident or others in the home, as certified by a physician or the Department. [REDACTED] 3/7/23

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [REDACTED] - 03/30/2023)