

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

March 28, 2024

[REDACTED], BOARD MEMBER  
WHEELER CARE CENTERS INC  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/10/2024 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:** 02/05/2024  
**Address:** 1710 CREEK ROAD, GLENMOORE, PA 19343  
**County:** CHESTER **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** WHEELER CARE CENTERS INC  
**Address:** [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:** 20 **Waking Staff:** 15

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal, Complaint **Exit Conference Date:** 01/10/2024

**Inspection Dates and Department Representative**

01/10/2024 **On Site:** [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 31	<b>Residents Served:</b> 20		
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
Hospice			
<b>Current Residents:</b> 0			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 4	<b>Are 60 Years of Age or Older:</b> 15		
<b>Diagnosed with Mental Illness:</b> 13	<b>Diagnosed with Intellectual Disability:</b> 0		
<b>Have Mobility Need:</b> 0	<b>Have Physical Disability:</b> 0		

**Inspections / Reviews**

01/10/2024 - Full  
**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 02/02/2024

Inspections / Reviews (*continued*)

## 02/08/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/21/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/13/2024

## 02/20/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/21/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/20/2024

## 03/28/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/21/2024

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

Approximately three weeks before Christmas 2023, Resident 1 fell while carrying a bag of cat litter, and walking down the concrete steps to his/her apartment. Resident was taken to the Emergency Room, and came back the same day. Injuries sustained were a broken arm and a bruised knee. The home did not submit an incident report to the Department.

Plan of Correction

Accept [redacted] - 02/08/2024)

Incident Report was completed and faxed to Bureau of Human Services, Southeast Regional Office on January 10, 2024 (See attached). On January 11, 2024 we had a staff meeting and went over Incident Reports (see attached). The Incident report was completed on January 10, 2024 by [redacted].

Licensee's Proposed Overall Completion Date: 01/30/2024

Implemented [redacted] - 03/28/2024)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The staff record for Staff Person A, administrator, did not include an updated criminal background check. Staff Person A left employment with the facility for 1.5 years, and returned 2/20/2023; an updated criminal background was completed upon staff person's return to employment after an absence greater than one year.

Plan of Correction

Accept [redacted] - 02/20/2024)

Criminal Background Check from Pennsylvania State Police was completed on January 10, 2024 (previously attached). Also attached is the original background check from 3/6/23 that was overlooked during the inspection. New Hire paperwork we added the need to have criminal background checks on both new and returning employees (attached). This was completed on January 10, 2024 by both Administrators.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented [redacted] - 03/28/2024)

62 - Contact List

3. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff Person A, the administrator, maintains a list of staff persons that does not include Staff Person B.

62 Contact List (continued)

Plan of Correction

Accept (redacted) - 02/08/2024)

On January 10, 2024 the staff list was updated to include staff person B name, address and phone number. Staff list will be reviewed by both administrators when we have a new hire. The staff list was completed by Margaret Seitz on January 10, 2024. See Attached.

Licensee's Proposed Overall Completion Date: 01/30/2024

Implemented (redacted) - 03/28/2024)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Staff Person A is the only staff member who holds a current, valid CPR certification. Staff Person A is regularly only present in the home evenings and weekends, leaving no CPR certified staff on the premises during daytime hours.

Plan of Correction

Accept (redacted) - 02/20/2024)

The administrator is completing her Red Cross Instructor Certification Course on February 4, 2024 (see attached). Upon completion of the course she will do the skills session with all employees. Administrator will renew this course as needed in the future. A checklist was created to indicate employee completion dates of CPR, First Aid and Medication Observations are due (attached). This was completed on February 4, 2024 by the Administrator.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented (redacted) - 03/28/2024)

64a - Admin Training

5. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- 2. A 100-hour standardized Department-approved administrator training course.

Description of Violation

Staff Person A and Staff Person C, currently share administrator duties and both are listed as the current administrator on record. Staff person A has not successfully completed the Department approved 100 hour administrator training course.

Plan of Correction

Accept (redacted) - 02/05/2024)

Staff Person A completed the Administrator 100 hour course at P.E.P.P. Unlimited on June 12, 2013. (redacted) requested and received from P.E.P.P. Unlimited her certificate of Initial Administrator Training and sent to the Department of Human Services on January 17, 2024. (redacted) has this included in her employee file now. This was completed on January 17, 2024 by (redacted)

Licensee's Proposed Overall Completion Date: 01/30/2024

Implemented (redacted) - 03/28/2024)

65a - FS Orientation 1st Day

6. 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 D, whose first day of work was [REDACTED], did not receive orientation on the following topics until 8/7/23: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, the location and use of fire extinguishers, smoke detectors and fire alarms.

Plan of Correction

Accept [REDACTED] - 02/20/2024)

Administrators will complete new hire training checklist that has been updated to reflect what is to be completed on the first day of employment for all new employees. Reviewed all employee files to ensure compliance with training requirements. Staff training checklist was reviewed by both administrators on February 9, 2024 to ensure compliance. Fire safety is reviewed with employees at every staff meeting including our most recent staff meeting on January 20, 2024. This was completed by both Administrators. (Attached)

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented [REDACTED] - 03/28/2024)

65b Rights/Abuse 40 Hours

7. 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 D completed his/her 40th scheduled work hour in [REDACTED]. However, as of [REDACTED], this staff person has not completed training in the following topics: reporting of reportable incidents and conditions.

Plan of Correction

Accept [REDACTED] - 02/20/2024)

Staff person D received training on reporting reportable incidents and conditions on January 11, 2024. Administrators will complete new hire training checklist that has been updated to reflect what is to be completed on the first day of employment for all new employees. Both Administrators reviewed all employee files on February 9, 2024 to ensure compliance with training requirements. Staff training checklist will be reviewed by both

65b Rights/Abuse 40 Hours (continued)

administrators when we have a new hire to ensure compliance. Reportable incidents were reviewed with employees at our most recent staff meeting on January 20, 2024. This was completed by both Administrators. (See attached)

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( ) - 03/28/2024)

66a - Staff Training Plan

8. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2024.

Plan of Correction

Accept ( ) - 02/05/2024)

On January 10, 2024, the staff training plan was completed and put in the front of the staff training binder by [redacted]. The first of the year list to be completed by Administrators includes this topic as well as others but due to staffing shortages it was not completed in a timely manner this year. Administrators will ensure that all first of the year items are completed in December. Completed by [redacted] on January 10, 2024. See attached.

Licensee's Proposed Overall Completion Date: 01/30/2024

Implemented ( ) - 03/28/2024)

85a - Sanitary Conditions

9. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/10/24 at 11:50 AM, in the powder room by the stairwell on the main floor:

- there was a dried yellow brown substance on the edge of the cabinet drawer, under the sink
- the toilet commode chair seat splash guard was soiled with drips and a brown substance, and needed to be cleaned

On 1/10/24 at 2:46 PM, in the first floor full bathroom at the end of the hall:

- there was a black moldy substance on the grout in the shower
- the toilet commode chair seat splash guard was soiled with drips and a brown substance, and needed to be cleaned

On 1/10/24 at 3:11 PM, in Room #15, there was a strong odor of urine.

Plan of Correction

Accept ( ) - 02/20/2024)

On January 10, 2024, staff cleaned all common area bathrooms upon observations made by the state. Bathrooms are cleaned nightly and staff checks them periodically throughout the day. However, we implemented a daily checklist for staff to ensure that bathrooms are checked regularly at 10am and 2pm. All splash guards have been removed from the toilets. Maintenance has replaced the grout in the shower. Grout will also be observed when

85a - Sanitary Conditions (continued)

checking bathrooms and grout will be replaced as needed. Maintenance has also been made aware to check bathrooms daily. This was completed on January 10th by staff, maintenance and Administrators and was reviewed at our staff meeting.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented (████) - 03/28/2024)

85d - Trash Receptacles

10. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 1/10/24 at 3:11 PM there was an uncovered, unattended trash can in the bathroom of Room #15.

Plan of Correction

Accept (████) - 02/20/2024)

On January 11, 2024, a covered trash receptacle was purchased and placed in the bathroom or Room #15. All bathrooms were checked to ensure they contained a covered trash can. During the weekly cleaning of rooms and common area bathroom checks, staff will check to make sure that there are lids on all trash cans and that they are secure as indicated on the attached room cleaning checklist. Administrators will perform weekly common area bathroom and room checks to ensure compliance. This was completed by the Administrator on February 11, 2024.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented (████) - 03/28/2024)

88a - Surfaces

11. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 1/10/24 the following hazard concerns were found:

- loose floor boards in the sun room
- carpeting at the top of the stairs to the third floor was torn/frayed
- peeling floor boards at the bottom of the stairs to the third floor

Plan of Correction

Accept (████) - 02/20/2024)

On January 11, 2024, the Administrator sent to the Board in writing, the violation and need to replace both carpet and flooring requesting that this be added to the 2024 budget and approved promptly. We are awaiting a response and approval. We place a large indoor/outdoor carpet over the damaged areas of the floor to eliminate any tripping hazards. The Administrators went through the home and ensured that there were no more additional areas in which the floor would cause any hazards and in need of repair. We will continue to inspect weekly. The Administrators reviewed all issues related to the recent inspection on January 20, 2024. Employees were made aware that these issues are important to the safety of our residents and need to be addressed immediately if noted. Employees were

88a - Surfaces (continued)

*instructed to notify the Administrator immediately upon noticing any additional safety issues or hazards. Inspection was completed by both Administrators on February 11, 2024.*

**Licensee's Proposed Overall Completion Date: 02/13/2024**

**Implemented (█) - 03/28/2024)**

95 - Furniture and Equipment

12. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*On 1/10/24 the dryer in the lower level laundry room, and the oven in the kitchen, were inoperable.*

**Plan of Correction**

**Accept (█) - 02/08/2024)**

*On January 12, 2024, the repair company come and replaced the oven. We just spent \$3,000.00 on a new commercial grade washer and dryer located on the main floor. All laundry is done by staff using the new washer and dryer. Laundry room on lower level has been eliminated. The washer was previously removed and the dryer was removed on January 13, 2024.*

**Licensee's Proposed Overall Completion Date: 01/30/2024**

**Implemented (█) - 03/28/2024)**

100a - Exterior - Free of Hazards

13. Requirements

2600.

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 the deck outside of the kitchen, there were two deck boards popping up, causing a tripping hazard.*

**Plan of Correction**

**Accept (█) - 02/20/2024)**

*On January 11, 2024, the two boards were repaired by our maintenance person. All other deck boards were checked as well. Maintenance will check all boards weekly to make sure they are not loose. This was added to the Maintenance weekly checklist. The deck is only three years old. Repair was checked by an Administrator on January 12, 2024.*

**Licensee's Proposed Overall Completion Date: 02/13/2024**

**Implemented (█) - 03/28/2024)**

100b - Removal Snow/Obstructions

14. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

100b Removal Snow/Obstructions (continued)

Description of Violation

On 1/10/24, outside of the upper floor Emergency Exit, there was a pile of wet, slippery leaves in the corner and in front of the threshold.

Plan of Correction

Accept ( ) - 02/20/2024)

On January 10, 2024, the leaves were removed. Administrators will check all emergency exits weekly and as need to make sure there were no obstructions. This was added to the weekly maintenance checklist to prevent it from happening again, Staff was alerted at our January 20, 2024 staff meeting to check all egresses daily as they work throughout the house to ensure there are no obstructions. Staff was advised to remediate the problem and report to Administrators if an exit/egress is blocked. Leaves were removed by Administrator on January 10, 2024.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( ) - 03/28/2024)

101r - Bedroom - shades/drapes/window covering

15. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window blinds in bedroom #10 have multiple slats that are broken and/or missing.

Plan of Correction

Accept ( ) - 02/20/2024)

On January 17, 2024, the broken blind was removed and replaced with a new blind in working order. Maintenance checked every window throughout the house and took measurements of all windows with a broken blinds on January 17, 2024. New blinds are currently on order. Staff was alerted at the January 20, 2024 staff meeting to check for broken blinds when cleaning rooms weekly and to notify maintenance immediately if any need to be replaced. Completed by maintenance on January 17, 2024.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( ) - 03/28/2024)

102k - No Common Towel

16. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

There were four unlabeled, used towels in the shared bathroom; three hanging on unmarked towel racks, and one on the floor in Room #15, which is shared by two residents.

Plan of Correction

Accept ( ) - 02/20/2024)

On January 10, 2024, there were name labels put on the towel racks. The Administrator explained to residents which towel racks to use. Administrator went to all shared rooms to ensure labels were on all towel racks on January 10, 2024, the same day as the inspection. Staff will check to make sure that labels are adhered to properly during weekly cleaning of rooms. Completed by the Administrator on January 10, 2024.

Licensee's Proposed Overall Completion Date: 02/13/2024

102k No Common Towel (continued)

Implemented (████) - 03/28/2024)

103e Left Overs

17. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

*In the laundry room refrigerator, there was an unlabeled, undated bag of what appeared to be butter.*

*In the kitchen refrigerator there were opened and undated packages of Capicola and Salami lunch meats.*

*In the kitchen freezer there were opened and undated bags of french fries and chicken cutlets.*

Plan of Correction

Accept (████) - 02/20/2024)

*On January 10, 2024, the refrigerator and freezer were checked by the Administrator and all food was labeled and dated correctly. There is a checklist on each refrigerator and freezer to ensure compliance. However, we reviewed with staff on January 20, 2024, the importance of the checklist and making sure all foods are labeled and dated. They are to pay attention to the cleanliness of the refrigerator and freezer and that there is no outdated food. Moving forward, each kitchen shift has been responsible for compliance. All food was labeled and dated by the Administrator. See the attached dry storage checklist.*

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented (████) - 03/28/2024)

121a Unobstructed Egress

18. 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 1/10/24 at 3:21 PM, a plastic container, a small air conditioner and other personal items blocked egress from the home's exit window in Room #10.*

Repeat Violation Date: 9/8/2022

Plan of Correction

Accept (████) - 02/20/2024)

*On January 10, 2024, all items were removed from in front of the exit window in room. Resident was counseled on his personal items not being put in front of the egress/window. Administrator put the items in containers that were placed under his bed and put other items in the proper place in the bedroom. Staff has been alerted at the January 20, 2024 staff meeting to make sure that when they are cleaning the room that there is nothing blocking the egress window. They have been instructed to move it immediately. Maintenance will check all egresses in the home monthly using the attached checklist that was started in January. Items were removed by the Administrator on January 10, 2024.*

121a - Unobstructed Egress (continued)

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( ) - 03/28/2024)

127a - Portable Space Heaters

19. Requirements

2600. 127.a. Portable space heaters are prohibited.

Description of Violation

On 1/10/24 at 9:00 AM, a portable fire place type space heater was located in the sun room.

Plan of Correction

Accept ( ) - 02/20/2024)

On January 11, 2024, the space heater was removed by a family member that owned it. In addition, the entire house was audited to ensure there were no additional space heaters. We alerted all staff at the January 20, 2024 staff meeting that there can never be space heaters on the premises in any capacity. Completed by family member on January 11, 2024 and observed by the Administrator.

Licensee's Proposed Overall Completion Date: 02/13/2024

Implemented ( ) - 03/28/2024)

132a - Monthly Fire Drill

20. Requirements

2600. 132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

On 1/10/2024, there was a 2024 Fire Drill Schedule listed in front of the fire drill book, listing dates and times that fire drills are to be completed. The fire drill book is kept in the medication room which is accessible to staff of the home.

Plan of Correction

Accept ( ) - 02/08/2024)

On January 10,2024 the 2024 fire drill log was removed from the fire drill book. ( ) inadvertently put the log in the fire drill book. Both administrators will check the fire drill book monthly to make sure that this does not occur again. Completed by ( ) on January 10, 2024.

Licensee's Proposed Overall Completion Date: 01/30/2024

Implemented ( ) - 03/28/2024)

132d - Evacuation

21. Requirements

2600. 132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home exceeded an evacuation time of 4 minutes 30 seconds, per the Fire Safety letter dated 9/15/23 during the following drills:

132d - Evacuation (continued)

- 6/13/23, 11:15 PM, 4 minutes 38 seconds
- 9/15/23, 11:15 AM, 5 minutes, 1 second
- 10/9/23, 5:30 AM, 4 minutes, 57 seconds
- 12/17/23, 4:30 PM, 4 minutes, 48 seconds

Plan of Correction

Accept ( [redacted] ) - 02/08/2024)

On January 10, 2024 [redacted] called and spoke to [redacted] of Fire and Life Safety Solutions regarding his inspection letter and the time recorded for evacuation including the one performed by him. [redacted] stated that the time in our letter was incorrect and sent over the corrected letter (see attached). The corrected letter allows us seven minutes for evacuation and we were within those parameters, which is what we were told by him during his inspection. The administrators will check the letter in the future and make sure it has the proper information. This was completed and sent via email on January 10, 2024 to [redacted] from [redacted]

Licensee's Proposed Overall Completion Date: 01/30/2024

Implemented [redacted] - 03/28/2024)

132e - Fire Drill Sleeping Hours

22. Requirements

2600.

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

Description of Violation

The home conducted an overnight fire drill on 10/19/22 at 5:30am. The next overnight fire drill was conducted on 6/13/23 at 11:15pm, which is 8 months between drills. The most recent overnight drill was conducted on 10/9/2023.

Repeat Violation Date 9/8/2022

Plan of Correction

Accept ( [redacted] ) - 02/08/2024)

The 2024 fire drill log reflects the six months between the overnight drills as required by this regulation. Both administrators will check the fire drill logs monthly and make sure they are in compliance with this regulation. They will pay particular attention to the fire drill logs from year to year to make sure they are in compliance. The 2024 fire drill log was given to DHS on January 10, 2024 by [redacted] (see attached)

Licensee's Proposed Overall Completion Date: 01/30/2024

Implemented [redacted] - 03/28/2024)

132h - Designated Meeting Place

23. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Resident #2 stated that he/she has not participated in a fire drill since he/she moved in to the home [redacted]

132h - Designated Meeting Place (continued)

Resident #3 stated that he/she has not participated in a fire drill since the weather got cold.

Plan of Correction

Accept (████) - 02/08/2024)

The fire drills are conducted monthly by the administrators. Both residents participate in all fire drills and fire evacuations. On December 30, 2024 the fire alarm sounded and all residents evacuated to the designated meeting place, the fire company arrived and checked the building and cleared it for all to return. The administrators and staff make sure all residents participate in fire drills and evacuate to the designated meeting place. The administrators discuss fire safety at all resident council meetings. The two listed residents were spoken to and stated they did not remember the fire drills or fire evacuations and when they occurred but they know they always evacuate when they hear the alarm. Both administrators ██████████ will remain vigilant and continue to have the required monthly fire drills.

Licensee's Proposed Overall Completion Date: 01/30/2024

Implemented ██████████ - 03/28/2024)

183b - Meds and Syringes Locked

24. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 1/10/24 at 2:18 PM, prescription medication for the homes cat was unlocked, unattended, and accessible in the upper floor, common area mini refrigerator.

Plan of Correction

Accept (████) - 02/08/2024)

The resident that cares for the cat including taking to the vet and all the cats needs did not inform us that the cat was put on medication. The medication was kept in the refrigerator on the top floor where she and the cat reside. On January 10, 2024 the cat's medication was removed and locked in the medication room refrigerator and the resident will come to the medication room and get the medication as needed for the cat and return after she gives it to the cat. Resident was counseled on the need for the medication to be locked in the medication room and any future medication she will bring to staff to lock up in the medication room. The staff will check the refrigerator weekly when cleaning the third floor rooms and common area.

Licensee's Proposed Overall Completion Date: 01/30/2024

Implemented ██████████ - 03/28/2024)

183e - Storing Medications

25. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On ██████████ there was tape found on the back of blister pack space 19 for Resident #2's prescription of ██████████

183e - Storing Medications (continued)

**Plan of Correction**

**Accept** [REDACTED] - 02/20/2024)

*On January 10, 2024 all tape was removed from the blister pack and all other blister packs were checked. All staff members were informed on January 10, 2024 and told they are not allowed to tape a medication back into a blister pack and would have to dispose of the medication. The administrators will check the medication cards weekly starting on January 17, 2024 and ensure that medication is not being taped back into the blister packs. Administrators will work on a procedure manual for the medication room to be completed in about one month including this information and told staff at January 20, 2024 staff meeting. On January 10, 2024 there was a sign put in the medication room to remind staff not to tape blister packs by Administrator.*

**Licensee's Proposed Overall Completion Date: 02/13/2024**

**Implemented** [REDACTED] - 03/28/2024)