

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

February 15, 2024

[REDACTED], OWNER
[REDACTED]
[REDACTED]
[REDACTED]

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 01/30/2024 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COLONIAL GARDENS GUEST HOUSE License #: 44570 License Expiration: 05/25/2024
 Address: 121 STEPPLAND ROAD, BUTLER, PA 16002
 County: BUTLER Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED]

Legal Entity

Name: [REDACTED]
 Address: [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: 24 Waking Staff: 18

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 01/30/2024

Inspection Dates and Department Representative

01/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 35 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: 0 Are 60 Years of Age or Older: 19
 Diagnosed with Mental Illness: 22 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 2

Inspections / Reviews

01/30/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/16/2024

02/12/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/13/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/20/2024

Inspections / Reviews *(continued)*

02/13/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/11/2024

02/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

20b3 - Written Receipts

1. Requirements

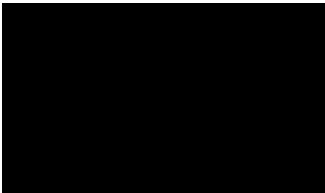
2600.

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.

Description of Violation

Resident #1's financial record was not signed by the resident for multiple cash withdrawals to include the following:



Plan of Correction

Accept ([redacted] - 02/13/2024)

The immediate fix on 1/30/24, the administrator [redacted] had resident #1 sign [redacted] name on the financial sheet. It was explained to [redacted] that [redacted] must sign [redacted] name or make [redacted] mark which will be initialed by the administrator in order to receive his daily money. A resident/staff meeting was held on 2/9/24 conducted by [redacted], administrator, reviewing the need to have everyone who receives money sign or make a mark to receive their money.

The person responsible for ensuring is either the administrator or the assistant administrator, as no other staff has access to the residents' funds. The start date is 2/1/24. The administrator will review the financial records monthly for the next six months until the next meeting to ensure that the residents.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented [redacted] - 02/15/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There were 3 smears of feces, measuring approximately 1/2 inch, 1 inch and 3 inches long, on the front drawers of the vanity in the common bathroom across from bedroom E5

There were multiple brown spots of what appeared to be feces in the sink of the common bathroom next to bedroom #2

Plan of Correction

Accept ([redacted] - 02/13/2024)

The date the staff was reminded to check the bathrooms on their rounds was 2/9/24 in the staff meeting by [redacted] administrator.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented [redacted] - 02/15/2024)

144c1 - Smoking Area Guidelines

3. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

There were multiple flammable materials in and around the indoor smoking area to include:

*6 flattened cardboard boxes on the benches

*a barber chair with cushions that did not have tags indicating they were California code compliant

*a gasoline powered snow blower was parked next to the smoking area benches

Plan of Correction

Accept ([redacted] - 02/13/2024)

The immediate fix by [redacted] administrator, the cardboard boxes were removed, the barber chair was thrown into the dumpster, and the snow blower was moved to the shed area. A resident/staff meeting was held on 2/9/24 conducted by [redacted] administrator, reviewing with the residents not to put the cardboard boxes on the benches as this can be a fire hazard. The maintenance supervisor, BL will upon arriving at work check the smoke room for cardboard and keep the snow blower in the shed area.

The immediate start date for the initial removal of the cardboard, the throwing away of the barber chair and the moving of the snow blower to the shed was 1/30/24. The maintenance supervisor began his checks on 1/31/24 when he arrived into work. The smoke room will be checked daily by either the administrator, assistant administrator or maintenance supervisor when the pop machine is filled to ensure that there is no cardboard left in the area.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented ([redacted] - 02/15/2024)

183e - Storing Medications

4. 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

Resident #1's [redacted] insulin labels indicate – Discard vials 28 days after opening. However, the vials in the home's medication cart were opened on 1/1/24 and still in the home's medication cart on 1/30/24.

Plan of Correction

Accept ([redacted] - 02/13/2024)

The immediate fix on 1/30/24 was done by [redacted]. [redacted] discarded the insulin bottles, new ones were opened and dated correctly for 28days. During the resident/staff meeting conducted on 2/9/24 by [redacted] administrator, the proper policy for insulin was reviewed with the nurse and staff. [redacted] marked the calendar with the stop dates of the insulins, [redacted] will call the pharmacy on week prior to the stop dates to ensure the insulin will be available for the next month, the reminders are on the calendar. Insulin is stored in the medication room refrigerator in the locked area.

183e - Storing Medications (continued)

The start date the nurse will begin to call the pharmacy will be 3/11/24, as marked on the calendar.

Licensee's Proposed Overall Completion Date: 03/11/2024

Implemented [redacted] - 02/15/2024)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.

Description of Violation

Resident #2's January 2024 Medication Administration Record (MAR) does not include the strength of the resident's [redacted].

Resident #3 is prescribed [redacted] - take three tablets daily at bedtime. However, the resident's January 2024 Medication Administration Record (MAR) indicates [redacted] - take three [redacted] tabs at bedtime.

Plan of Correction

Accept [redacted] - 02/13/2024)

The immediate fix on 1/30/24 was done by [redacted]. The dosage for resident #2s' [redacted] was placed on the MAR, the next month's dosage was on the MAR. The description for resident #3's [redacted] was changed to read [redacted] (ER) SA Tab, take 3 [redacted] by mouth at bedtime to stabilize moods. The resident/staff meeting conducted by [redacted] on 2/9/24 it was reviewed that [redacted] will review the medications and compared with the MAR to ensure the correct information from the bottles are on the MARs. This will be done the end of each month prior to putting the next month's MARs in the book. The medicines checked by [redacted] will have an X placed before the medication ensuring that it was checked and verified.

The start date for the RN to begin the reviews was 1/31/24.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented [redacted] - 02/15/2024)