

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

March 18, 2024

[REDACTED]
WHEELER CARE CENTERS INC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2024 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: 02/05/2025
 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]
 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: 20 Waking Staff: 15

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 02/21/2024

Inspection Dates and Department Representative

02/21/2024 - On-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: 14 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

02/21/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/14/2024

03/18/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/18/2024
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews (*continued*)

03/18/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [REDACTED] medical evaluation dated [REDACTED] did not include the medical information pertinent to diagnosis and treatment in case of an emergency, the special health or dietary needs of the resident and medication regimen, contraindicated medications, medication side effects, and if the resident has the ability to self-administer medications.

Resident [REDACTED] medical evaluation dated [REDACTED] did not include the medical information pertinent to diagnosis and treatment in case of an emergency and the residents medication list.

Resident [REDACTED] medical evaluation dated [REDACTED] did not include the medical information pertinent to diagnosis and treatment in case of an emergency and if the resident has the ability to self-administer medications.

Plan of Correction

Accept [REDACTED] - 03/18/2024)

In collaboration with the physician, necessary corrections were made by Administrator A to the fields that were omitted in the Document of Medical Evaluation (DME) for Resident's A, B and C (See Attached). All appropriate information such as diagnoses and medication lists were attached as necessary. Moving forward, we will provide the physician with a DME containing highlighted fields clearly indicating what needs to be completed. We will keep a master copy on file as a cross reference to ensure that we have all necessary information. (Attached) Since the entries were all made by the same physician, we pulled DME's for all of his patients and corrected all fields as necessary. A new DME was completed for Resident A on [REDACTED] (Attached) Corrections were made to Resident B's current DME and we are awaiting the completion of a new DME from his physician. (Attached) Corrections were also made to Resident C's current DME. (Attached) All information was corrected by Administrator A and double checked by Administrator B by [REDACTED].

Licensee's Proposed Overall Completion Date: 03/13/2024

Implemented [REDACTED] - 03/18/2024)