

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

April 14, 2025

[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 02/10/2025 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: CWOPA

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 26 Waking Staff: 20

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 02/10/2025

**Inspection Dates and Department Representative**

02/10/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 31 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: 6 Are 60 Years of Age or Older: 21  
 Diagnosed with Mental Illness: 17 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

**02/10/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/02/2025

**03/03/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 04/13/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/07/2025

Inspections / Reviews *(continued)*

03/27/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/13/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/10/2025

04/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/13/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

A few weeks ago, on an unknown date, while Resident 1 was putting their plate away, Staff Person A pointed at Resident 2 and said, "I hate them!", fostering an atmosphere of hostility rather than care and support. Shocked by the remark, Resident 1 immediately left the kitchen.

Furthermore, during resident interviews on 2/10/25, multiple residents reported feeling intimidated, scared, or rushed during meals due to Staff Person A's behavior. Resident interviews indicate that Staff Person A frequently yelled at residents for not finishing their food or for eating too slowly, violating their rights to dignity and respect.

Plan of Correction

Accept (█ - 03/27/2025)

Both Administrators counseled Staff Person A regarding Resident Abuse and appropriate behavior with regard to dignity and respect. We provided Staff Person A with additional training to complete pertaining to Resident Abuse, What is Emotional Abuse, along with review of our Abuse Policy that is reviewed and signed by all new hires. It was noted that counseling and additional training was necessary. Staff Person A also received a verbal warning regarding █ behavior. However, it is always our goal to counsel and rehabilitate poor behavior. On 2/28/25, all staff received "Resident Abuse" training to include the attached information. During our meeting, we included some role playing and examples of scenarios that might not be perceived as abuse. Both Administrators will conduct weekly resident/staff interviews to assess that resident rights are being protected. This began on 3/11/25.

Licensee's Proposed Overall Completion Date: 03/26/2025

Implemented (█ - 04/14/2025)

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

Staff Person B, whose first day of work was █, did not have a background check requested on or before their start date. The background check on file was requested on █

Repeat violation date: 1/10/24.

Plan of Correction

Accept (█ - 03/03/2025)

Administrator 2 did not run the background check in the timeframe specified. █ created a "New Hire Checklist" on March 1, 2025 to abide by every time someone is hired to prevent this from happening again.

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented (█ - 04/14/2025)

85a - Sanitary Conditions

3. Requirements

2600.

85a - Sanitary Conditions (continued)

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/10/24, at 11:56am, the shared bathroom across from Apartment 20 had a strong odor of urine.

Repeat violation date: 1/10/24.

Plan of Correction

Accept ( ) - 03/03/2025

Both Administrators held a resident staff meeting on 2/17/25 to review hygiene and cleanliness of bathrooms, reminding residents to advise a staff member if they have a bathroom issue and the bathroom requires additional cleaning. On 3/1/25, we also implemented bathroom checks during various shifts to ensure cleanliness of bathrooms as identified in the attached checklist.

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented ( ) - 04/14/2025

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept ( ) - 03/27/2025

Attached is a spreadsheet of all resident DME due dates. A column was added with dates 45-days in advance of the DME due dates. We will use that column as a reminder to schedule the appointment in enough time so as to ensure that the DME is completed in time. We will add these reminders to our resident calendar as well as post this list on the wall next to the Administrator computer. Both Administrators will review the list weekly to make sure we stay on track.

Licensee's Proposed Overall Completion Date: 03/26/2025

Implemented ( ) - 04/14/2025

162c - Menus Posted

5. 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 2/10/25, the menu for the week of 2/8/25 to 2/14/25, was posted. However, the weekly menu for the upcoming week was not displayed in a conspicuous and public place in the home.

Plan of Correction

Accept ( ) - 03/27/2025

Both Administrators instructed staff on 2/28/25 to make sure there are always the current weekly menu posted and the upcoming weekly menu posted and Administrators will check daily. Administrator 2 also specifically added to the Kitchen Responsibilities and Procedures (attached) posted it in the kitchen and recirculated it to staff. In addition,

**162c - Menus Posted (continued)**

█ added a note to the sleeves in which the menus are posted (attached). A weekly check list (attached) was created to be used by both Administrators beginning on 2/28/25 to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/26/2025

Implemented (█ - 04/14/2025)

**185a - Implement Storage Procedures****6. 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 3 has an order for glucose checks to be completed at meal times, scheduled for 8a, 12p, and 5p, and another order to have glucose check at bed time, scheduled for 8pm.

On 2/6/25 at 8:33pm, Resident 3's blood glucose reading was 115. However, it was documented as 119 on the Medication Administration Record/glucose log.

On 2/7/25 at 4:49pm, Resident 3's blood glucose reading was 154. However, it was documented as 156 on the Medication Administration Record/glucose log.

On 2/8/25 at 5:03pm, Resident 3's blood glucose reading was 140. However, it was documented as 130 on the Medication Administration Record/glucose log.

**Plan of Correction**

Accept (█ - 03/27/2025)

Training was provided to staff on 2/28/25. They were presented with the following procedures: "Please follow these simple steps to ensure better accuracy in inputting the numbers:

1. If you wear glasses, please make sure you have them on when checking blood sugars.
2. Administer all the medication first prior to testing blood sugar.
3. Upon drawing blood and applying it to the test strip, please input the reading into the MAR immediately. (Do NOT remove the test strip until you are completely finished).
4. Prepare the insulin (both regular and long acting at night).
5. Prior to administering the insulin, check the reading on the glucometer again and cross reference it with what you entered in the MAR.
6. Make changes to what you entered if necessary and adjust insulin accordingly if necessary.
7. If what you entered does match the glucometer, proceed with insulin administration.
8. Once administered and the location is entered, proceed with selecting "Record All."

We also implemented a weekly audit of all glucometers, readings, and insulin administrations to ensure proper transcription. They began on 3/1/25 and will be done weekly by med techs and documentation will be audited by either Administrator weekly.

Licensee's Proposed Overall Completion Date: 03/26/2025

185a - Implement Storage Procedures (*continued*)

Implemented ( [REDACTED] - 04/14/2025)