



SEP 1 1 2013

Ms. Loriann Putzier, Executive Vice President
Tithonus Bedford LP
c/o Integracare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: Colonial Courtyard at Bedford
220 Donahue Manor Road
Bedford, Pennsylvania 15522

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on May 8, 2013 and May 15, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License inspection Summary and continued compliance with 55 Pa.Code 2600 must be maintained.

Your regular license for the period June 5, 2013 to June 5, 2014 was issued on March 7, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", is written above the printed name.

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 32948 - 05/08/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600

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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Per the home's progress notes regarding Resident #1, the following events occurred and were not reported to the department:

- On 3/12/13, Resident #1 grabbed the arms of another resident and slapped him/her in the face,
- On 4/14/13, Resident #1 hit another resident in the face and also scratched the resident on the finger.
- On 4/5/13, Resident #1 grabbed another resident's hand and attempted to trip him/her.
- On 4/9/13, Resident #1 grabs a resident's wrists every morning and forcefully attempts to kiss him/her.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached sheets - Page 2a of 7 - 2e

RECEIVED

JUL 11 2013

**CENTRAL REGION FIELD OFFICE
 Human Services Licensing**

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Maria Gomez

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Maria Gomez

Date *6-28-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/15/13
 (Date)

Plan of correction implementation status as of

7/15/13
 (Date)

The above plan of correction was approved by

lac
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Page 2a of 7.

Community / Residence Name: Bedford Colonial Courtyard

License Number: 329480

Date: 6/28/13

Plan of Correction Template

JE

Violation Review: The home shall report the incident or condition to the department's personal care home regional office or the personal care hotline within 24 hours in a manner designated by the department.

Violation Interpretation Statement: Resident #1 on 4 different occasions grabbed at another resident hand to kiss him/her, trip, scratch finger and slapped the resident.

Benefit of the Regulation: Reporting incidents allows the department to respond promptly to serious situations and offers homes the opportunity to provide information that may reduce the need for the department to pursue additional information.

Prevention: Through staff communication regarding any incidents will be documented on a reportable incident form and submitted to the department. This communication will take place during shift reporting and follow through.

Responsibility: The Director of Resident Care Services and the Administrator will monitor on a ongoing basis all communications and will review all reportable incidents to ensure that compliance is met with this regulation.

Date for correction to be completed: 5/15/13

Arianna Roemer, ED

Violation Report: 32948 - 05/08/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Person A & B did not receive training in falls & accident prevention during training year 2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached sheets - Page 3a of 7-be

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Anissa Roemas

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Anissa Roemas

Date

6-28-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/15/13
 (Date)

Plan of correction implementation status as of

7/15/13
 (Date)

The above plan of correction was approved by

AR
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Community / Residence Name: Bedford Colonial Courtyard

License Number: 329480

Date: 6/28/13

Plan of Correction Template

Violation Review: Direct care staff persons, ancillary and substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- ~Fire Safety completed by a fire safety expert
- ~Emergency Preparedness procedures
- ~Residents Rights
- ~The Older Adult Protective Services Act
- ~Falls and Accident Prevention
- ~New Population groups that are being served at the home that were not previously served, if applicable.

Violation Interpretation Statement: Staff person A & B did not receive training in falls and accident prevention

Benefit of the Regulation: Reporting incidents allows the department to respond promptly to serious situations and offers homes the opportunity to provide information that may reduce the need for the department to pursue additional information.

Prevention: Will monitor the staff training plan each year to ensure that the staff receive all of the required trainings.

Responsibility: On an Ongoing basis the Administrator will monitor so compliance is met with this regulation.

Date for correction to be completed: 5/23/13

Staff persons A + B received training on this topic on May 23, 2013. AC

Anissa Rosemas, EO

Violation Report: 32948 - 05/08/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The last drill conducted during sleeping hours was on 10/26/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached Sheets - Page 4a of 7. -2e

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Anissa Rosemas*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anissa Rosemas</i>	Date <i>6-28-13</i>
---	---------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/15/13</u> (Date)	Plan of correction implementation status as of <u>7/15/13</u> (Date)
The above plan of correction was approved by <u>AR</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 4a of 7-2E

Community / Residence Name: Bedford Colonial Courtyard
License Number: 329480
Date: 6/28/13

Plan of Correction Template

Violation Review: A fire drill shall be held during sleeping hours once every 6 months

Violation Interpretation Statement: The last fire drill conducted during sleeping hours was on 10/26/12

Benefit of the Regulation: It is critical to practice response and evacuation while residents are asleep, since an individual's response time and actions when waking from sleep are reduced and because most fire deaths occur during sleeping hours

Prevention: A fire drill was conducted at our facility on April 10, 2013 at 4:20 am to meet this regulation #132e. However when documenting the fire drill on the log the maintenance worker in error documented PM instead of AM. Attached you will find a faxed printout from Bedford County Control 911 showing that the call was placed to them for our facility to go offline to conduct the drill at 04:19 AM. Bedford County Control phone number is 814-623-1105. Also attached is a printout of the Direct Supply TELS program that is used within our facility for documentation.

Responsibility: On an Ongoing basis the Administrator will monitor the months of April and October of each calendar year that compliance is met with this regulation.

Date for correction to be completed: 4/10/13

Arissa Roemas, ED

Violation Report: 32948 - 05/08/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for Resident #2, admitted 4/5/13, was completed on 4/19/13. The assessment was not completed on the department's approved assessment form.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached sheets - Page 5a of 7 - 2E

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Anissa Rosemas

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Anissa Rosemas

Date *6/28/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/15/13*
 (Date)

Plan of correction implementation status as of *7/15/13*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Page 5a of 7-2E

Community / Residence Name: Bedford Colonial Courtyard

License Number: 329480

Date: 6/28/13

Plan of Correction Template

Violation Review: A resident shall have a written initial assessment that is documented on the department's assessment form within 15 days of admission.

Violation Interpretation Statement: The initial assessment for resident #2, admitted 4/5/13 was completed on 4/19/13. The assessment was not completed on the department's approved assessment form.

Benefit of the Regulation: Allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

Prevention: The facility will implement using the departments RASP to complete all assessments and support plans ASAP.

Responsibility: The Director of Resident Care Services and Administrator will monitor that this form is being used on an ongoing basis to ensure compliance of this regulation is being met.

Date for correction to be completed: 5/15/13

Arissa Roemas, ED

Violation Report: 32948 - 05/08/2013~ Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The home did not develop a support plan for Resident #1 and Resident #2.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached Sheets - Page 6a of 7 - 8E

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Arissa Rozemas*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Arissa Rozemas</i>	Date <i>6-28-13</i>
---	---------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/15/13</u> (Date)	Plan of correction implementation status as of <u>7/15/13</u> (Date)
The above plan of correction was approved by <u><i>AL</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 6 of 7

Community / Residence Name: Bedford Colonial Courtyard

License Number: 329480

Date: 6/28/13

BE

Plan of Correction Template

Violation Review: A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the department's support plan form.

Violation Interpretation Statement: The home did not develop a support plan for resident #1 and #2

Benefit of the Regulation: Ensures that each resident's needs are being met, and that accountability for meeting those needs is firmly established.

Prevention: A support plan will be developed for every resident within 30 days of admission to the facility using the department's RASP form. A tickler system will be developed to track when assessments and support plans are due.

Responsibility: The Director of Resident Care Services and Administrator will monitor that this on an ongoing basis to ensure compliance of this regulation is being met.

Date for correction to be completed: 5/15/13

Resident #1's support plan was completed 5/15/13
Resident #2 ceased to breathe on 5/14/13.

CA

Arissa Hoeman, FS

Violation Report: 32948 - 05/08/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600 .
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 The home did not complete an annual support plan for Resident #3.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached sheets - Page 7a of 7. - BE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Anissa Rosemas

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Anissa Rosemas

Date *6-28-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/15/13
 (Date)

Plan of correction implementation status as of 7/15/13
 (Date)

The above plan of correction was approved by *LR*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Page 1a of 7

Community / Residence Name: Bedford Colonial Courtyard

License Number: 329480

Date: 6/28/13 JE

Plan of Correction Template

Violation Review: The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs on the current assessment.

Violation Interpretation Statement: The home did not complete an annual support plan for resident #3

Benefit of the Regulation: Ensures that each resident's needs are being met, and that accountability for meeting those needs is firmly established.

Prevention: A support plan will be developed for every resident annually by using the RASP form. The Director of Resident Care Services will develop a tickler system to monitor that every resident has a support plan annually to ensure that compliance is met with this regulation.

Responsibility: The Director of Resident Care Services and Administrator will monitor that this on an ongoing basis to ensure compliance of this regulation is being met.

Date for correction to be completed: 5/15/13

Support plan for Resident #3 completed 7/15/13
WTC

Amissa Roseman, ED