



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

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 Tyrone
5546 East Pleasant Valley Boulevard
Tyrone, Pennsylvania 16686

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on May 16, 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".

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 32949 - 05/16/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION

There is no statement of informed consent from Resident #1's health care representative regarding the Resident not evacuating during fire drills. The resident was not evacuated during the fire drill conducted on 4/18/13.

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 page # 2a of 9. -ge

RECEIVED

JUL 02 2013

**CENTRAL REGION FIELD OFFICE
 Human Services Licensing**

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Darville Corrigan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Darville Corrigan</i>	Date <i>6/27/2013</i>
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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>DC</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

Community / Residence Name: Colonial Courtyard at Tyrone

License Number: 329490

Date: 7/15/2013

Plan of Correction Template

JE

Violation Review:

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and sen with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the The resident, the resident's power of attorney for health care, the resident's legal guardian or the resid representative has provided written informed consent that the person is not to evacuate in a fire drill.

according to physician instructions, etc

Violation Interpretation Statement:

There is no statement of informed consent from Resident #1's health care representative regarding the Resident not evacuating during fire drills. The resident was not evacuated during the fire drill conducted on 4/18/13.

Benefit of the Regulation: The decision not to evacuate during a fire drill is very serious, as it raises the possibility of a resident perishing in an actual fire. Documentation of informed consent ensures that the resident was permitted to make a choice.

Prevention: Resident 1 has since expired-moving forward the Executive Director will draft and implement a letter by July 10 explaining to the resident and health care representative of a hospice recipient that they are not required to evacuate during a fire drill if they are actively dying. When residents and their health care representatives elect hospice services the Executive Director and Director of Resident Care services will meet with the resident and or health care representative to discuss their option. The Director of Resident Care Services will monitor the charts of Hospice residents to ensure that the health care representative and or resident was educated and a written informed consent is signed. During a fire drill staff will stimulate evacuation of the hospice resident.

Responsibility: Executive Director and Director of Resident Care Services

Date for correction to be completed: July 15 2013

Annelle Ann

6/27/2012

Violation Report: 32949 - 05/16/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

2a. DESCRIPTION OF VIOLATION
 Resident #1's assessment and support plan do not address the Resident's exclusion from evacuation during fire drills due to status in an active dying process.

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 page 3 a of 9. -SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Danielle Carr*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Danielle Carr* Date *6/27/2013*

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

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

The above plan of correction was approved by DC
 (Initials)

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

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

Community / Residence Name: Colonial Courtyard at Tyrone

License Number: 329490

Date: 6/25/2013

Plan of Correction Template

JE

Violation Review:

2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

Violation Interpretation Statement:

Resident #1's assessment and support plan do not address the Resident's exclusion from evacuation during fire drills due to status in an active dying process.

Benefit of the Regulation:

The Resident Assessment-Support Plan is the blueprint for all resident care needs, including special evacuation needs.

Prevention:

- Resident #1 has since expired
- RASPs will be updated daily by nursing staff beginning July 1st 2013
- The Director of Resident Care will review daily communication logs and ensure that all changes are recorded on the RASP addendum and that a significant change RASP is completed as is needed.
- The Director of Resident Care Services will review 3 charts weekly to verify that the RASPs are current; the Executive Director will review 1 chart weekly- Beginning July 1st
- In the case of an actively dying resident the Director of Resident care will review hospice charts weekly to make sure the RASP is current with special evacuation needs-beginning July 1st

Responsibility: Director of Resident Care and Executive Director

Date for correction to be completed: Plan of correction will be implemented by July 15 2013

Handwritten signature and date: 6/27/13

Violation Report: 32949 - 05/16/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures were updated March 2013. The updated emergency procedures have not been submitted to the municipal emergency management agency.

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.

Please See Attached page 4a of 9.
 - 22

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Danielle Corrigan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Danielle Corrigan* Date *6/27/2013*

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

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

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

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

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

Community / Residence Name: Colonial Courtyard at Tyrone
License Number: 329490
Date: 6/25/2013

Plan of Correction Template

JE

Violation Review:

2600. 107 (d)- The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency

Violation Interpretation Statement:

The homes written emergency procedures were updated March 2013. The updated emergency procedures have not been submitted to the municipal emergency management agency.

Benefit of the Regulation: Ensures that local emergency management officials are aware of the homes emergency procedures.

Prevention: The Maintenance Director will develop and implement a tickler system by July 15th 2013, that ensures annually a letter of renewal and a copy of all emergency procedures shall be reviewed and signed by the local municipality, emergency management staff and the Mayor of Tyrone.

by the home staff. If changes are required an updated copy of the emergency procedures must be sent to the local Emergency Management Agency. The

Responsibility: Executive Director and Maintenance Director

home shall maintain documentation that procedures were sent.

Date for correction to be completed: Plan of Correction will be completed by July 25 2013

6/25

Ann Marie Colar/2013

Violation Report: 32949 - 05/16/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2500
 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.

2a. DESCRIPTION OF VIOLATION

The fire safety letter dated 10/24/12, indicated that the safe evacuation time for the facility is 8 minutes. The evacuation time for the fire drill conducted on 10/26/12, at 5:00am was 9 minutes. The evacuation time for the fire drill conducted on 11/21/12, at 5:00am was 9 minutes and 23 seconds.

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 Pages 5a + 5b of 9.5 &c

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Danielle Corrigan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Danielle Corrigan* Date *7/2/2013*

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 *DC*
 (Initials)

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

Community / Residence Name: Colonial Courtyard at Tyrone

License Number: 329490

Date: 6/25/2013

JE

Plan of Correction Template

Violation Review: 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 safe expert.

Violation Interpretation Statement: The fire safety letter dated 10/24/2012 indicated that the safe evacuation time for the facility is 8 minutes. The evacuation time for the fire drill conducted on 10/26/2012, at 5:00AM was 9 minutes. The evacuation time for the fire drill conducted on 11/21/2012, at 5:00AM was 9 minutes and 23 seconds.

Benefit of the Regulation: Evacuation within the maximum evacuation time prevents fire-related death or injury.

Prevention:

- Fire safety training with 3rd shift staff already in progress-started training 10/27/2012
- Walk through fire drills with overnight staff to improve upon communication and best plan of exit-already in progress started training 10/27/2012 *2 LAC*
- Analysis of past fire drills to determine the area of concern that hindered from making time for overnight fire drills and a plan to correct those concerns-already in progress started training 10/27/2012 *2 LAC*
- Continue to do fire safety training for all employees.
- Please see attached the documentation that was present ^{ed} to DPW during the renewal inspection, from the December 23rd 2012 fire drill was conducted at 5:29AM-5:34AM. Our evacuation was completed in 5 minutes and 38 seconds.

Monthly drills since Dec, 2012 thru April 2013 were completed within the home's safe evacuation time. LAC

Responsibility: Maintenance Director and Executive Director

[Signature] *6/27/2013*

~~Page 4~~

Page 5b of 9.

Date for correction to be completed: June 25, 2013

SL

Amelle on blankets

Violation Report: 32949 - 05/16/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The fire drill conducted on 1/10/13 at 4:02pm, only 37 of 38 residents evacuated. One resident refused to evacuate.

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 page 6a of 9. - 2E

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Minnich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Donnelle Corrigan</i>	Date <i>6/27/2013</i>
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The above plan of correction is approved as of 9-4-13
 (Date)

Plan of correction implementation status as of 9-4-13
 (Date)

The above plan of correction was approved by ea
 (Initials)

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

6/25/13

Community / Residence Name: Colonial Courtyard at Tyrone
License Number: 329490
Date: 6/25/2013

Plan of Correction Template

JE

Violation Review: 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

Violation Interpretation Statement: The fire drill conducted on 1/10/2013 at 4:02PM, only 37 of 38 residents evacuated. One resident refused to evacuate.

Benefit of the Regulation: Designated meeting places and communication systems ensure that residents are accounted for during actual fires to ensure total evacuation and prevent death or injury from wandering.

Prevention:

- Executive Director will meet with all new move-ins to explain the expectation of evacuating during a fire drill-Implemented 6/1/2013. *The expectation of mandatory participation in fire drills is in the home's Rules. etc*
- Maintenance Director will meet with all new move-ins to do a walk through fire drill-will be implemented July 1st 2013
- Should any resident refuse to evacuate during a fire drill, staff will approach two times and with continued refusal, staff will simulate evacuation of said resident-Implemented 6/1/2013
- Should any resident refuse to evacuate the executive Director will meet with the resident and health care representative to discuss the importance and expectation of evacuation-Implemented June 25 2013

Responsibility: Executive Director and Maintenance Director

Date for correction to be completed: July 1 2013

Arnold Curran 6/27/2013

Violation Report: 32949 - 05/16/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2's current medical evaluation is dated 2/21/13. The previous medical evaluation is dated 10/6/11.

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 page 7 a of 9. - 2e

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Danielle Carrigan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Danielle Carrigan</i>	Date <i>2/21/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/15/13
 (Date)

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

Plan of correction implementation status as of 2/15/13
 (Date)

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

Community / Residence Name: Colonial Courtyard at Tyrone
License Number: 329490
Date: 6/25/2013

Plan of Correction Template

2600.141(b)(1)

JE

Violation Review: A resident should have a medical evaluation at least annually

Violation Interpretation Statement: Resident #2's current medical evaluation is dated 2/21/13. The previous medical evaluation is dated 10/6/2011

Benefit of the Regulation: Accurate, updated medical information help homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

Prevention:

- Director of Resident Care Services will develop, implement and maintain a tickler file to ensure compliance with annual exams and documentation.
- To monitor effectiveness of this system the Director of Resident Care Services will review 3 charts weekly and the Executive Director will review one chart weekly

Responsibility: Executive Director and Director of Resident Care Services

Date for correction to be completed: July 15 2013

Handwritten signature and date: [Signature] 6/27/2013

Violation Report: 32949 - 05/16/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The most recent assessment for Resident #2 was completed on 1/3/12.

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 page Pa of 9. -ze

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Danielle Corrigan</i>	Date <i>6/27/13</i>
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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>[Signature]</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

Community / Residence Name: Colonial Courtyard at Tyrone
License Number: 329490
Date: 6/25/2013

Plan of Correction Template

BE

Violation Review: 2600.225(c)- The resident shall have additional assessments as follows:

- (1) Annually
- (2) If the condition of the resident significantly changes prior to the annual assessment
- (3) At the request of the Department upon cause to believe that an update is required

Violation Interpretation Statement: Most recent assessment for Resident #2 was completed on 1/3/2012

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:

- Director of Resident Care Services will develop, implement and maintain a tickler system to ensure that all assessments to ensure compliance
- To monitor the effectiveness of this system, the Director of Resident Care Services will review 3 charts weekly and the Executive Director will review 1 chart weekly

Responsibility: Executive Director and Director of Resident Care Services

Date for correction to be completed: July 15 2013

Russell Ann 6/27/2013

Violation Report: 32949 - 05/16/2013 - Minnich, Ron
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, completed on 4/25/13, does not include an accurate assessment of the resident's mobility needs. Through staff interviews it was determined that Resident #1 physically needs to be evacuated during emergencies. Resident #1's assessment, dated 4/25/13 includes "minimal mobility" status and "some physical assistance" for ambulating.

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 page 9a of 9. - *je*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Danielle Correy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Danielle Correy</i>	Date <i>6/20/13</i>
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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 *DC*
 (Initials)

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

Community / Residence Name: Colonial Courtyard at Tyrone
License Number: 329490
Date: 6/25/2013

Plan of Correction Template

Ja

Violation Review: 2600.226 (a)-The resident shall be assessed for mobility needs as part of the resident's assessment

Violation Interpretation Statement: Resident #1's assessment, completed on 4/25/2013 does not include an accurate assessment of the residents mobility needs. Through staff interviews it was determined that Resident #1 physically needs to be evacuated during emergencies. Resident #1's assessment, dated 4/25/2013 includes "minimal mobility" status and "some physical assistance" for ambulating.

Benefit of the Regulation: Assessing the resident's mobility needs benefits both the resident and the home. The resident's needs including mobility are identified and services can be arranged, as well as the home can accommodate for the resident's needs by possibly locating the resident's bedroom in a more accessible location.

Prevention:

- RASP will be updated daily by nursing staff
- Director of Resident Care Services will review daily communication logs and ensure that all changes are recorded on the RASP addendum and that significant change RASP is completed as is needed
- Director of Resident Care Services will review 3 charts weekly. The Executive Director will review 1 chart weekly

Responsibility: The Executive Director and Director of Resident Care Services

Date for correction to be completed: July 15 2013

Danille Aron