



JUL 21 2014

Ms. Loriann Putzier, Chief Operating Officer
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
License #: 329480

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on April 24, 2014 and April 25, 2014, 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 Ch. 2600 must be maintained.

Your regular license for the period June 5, 2014 to June 5, 2015 was issued on March 27, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

JH

Enclosure
License Inspection Summary

Violation Report: 32948 - 04/24/2014 - Hoover, Douglas
PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The 2014 staff training plan does not include medication self-administration training.

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 Sheet Page 2A of 11. DE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Arianna Rosemas Executive Director</i>	Date <i>5-13-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7.9.14
(Date)

Plan of correction implementation status as of 7.9.14
(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: May 12, 2014

Plan of Correction Template

Violation Review: 2600.66(b) The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Violation Interpretation Statement: The 2014 staff training plan does not include medication self-administration training.

Benefit of the Regulation: Ensures that staff persons receive the necessary training to successfully provide essential resident care services.

Prevention: Every January in the new calendar year the staff training plan will be developed directly from the list of trainings that are specified in the RCG to ensure compliance of this regulation. This process will prevent errors of any missed required trainings. Medication self-administration training was incorporated into the staff training plan in May for 2014. Attached you will find the updated staff training plan for completion in 2014.

Responsibility: The Executive Director will be responsible for the development of the staff training plan every new calendar year to ensure all required trainings are accounted for within the plan. As a result of taking the trainings straight from the RCG the staff training plan will be in compliance moving forward for this regulation.

Date for correction to be completed: 4/24/14

Ariisa Roemas, Ed

Violation Report: 32948 - 04/24/2014 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION
 There are no directional exit signs for the bisecting corridors next to room 401. One corridor leads to a dead end on the left while the corridor on the right leads to the exit.
 There are no directional exit signs for the hallway bisecting the "Theater" and "Activity" open areas.

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 sheet Page 3A of 11 (JE)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Arissa Rosemas, Executive Director* Date *5/13/14*

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

The above plan of correction is approved as of <u><i>7.8.14</i></u> (Date) The above plan of correction was approved by <u><i>JE</i></u> (Initials)	Plan of correction implementation status as of <u><i>7.8.14</i></u> (Date) <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
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Community/Residence Name: Bedford Colonial Courtyard

License Number: 329480

Date: May 12, 2014

Plan of Correction Template

Violation Review: 2600.133(a)(2) If the home serves 9 or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Violation Interpretation Statement: There are no directional exit signs for the bisecting corridors next to room 401. One corridor leads to a dead end on the left while the corridor on the right leads to the exit.

There are no directional exit signs for the hallway bisecting the "Theater" and "Activity" open areas.

Benefit of the Regulation: Large Homes (serving more than eight people) have hallways and rooms that may visually obstruct exit paths. Labeling exit paths helps people escape during a fire or other emergency.

Prevention: Directional exit signs have been purchased that have an arrow showing the direction in which to exit in case of a fire or emergency in the facility. These additional directional exit signs have been affixed to the walls in all 4 bisecting corridors, midway points in hallways, the Theater and Activity rooms. The arrows showing direction will help lead the residents to outside exits of the facility in an emergency. Attached you will find pictures taken to show the signs have been added.

Responsibility: The Environmental Services Director will monitor that the signs remain in these areas moving forward.

Date for correction to be completed: 5/5/14

Anissa Rosemas, E.D.

Violation Report: 32948 - 04/24/2014 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1's initial medical evaluation is dated 12/5/12 which is more than 60 days prior to the resident's admission date of 4/19/13.

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 sheet Page 4A of 1E

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amissa Rosemas, Executive Director* Date *5/13/14*

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

The above plan of correction is approved as of 7.8.14
 (Date)

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

Plan of correction implementation status as of 7.8.14
 (Date)

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

Community/Residence Name: Bedford Colonial Courtyard

License Number: 329480

Date: May 12, 2014

Plan of Correction Template

Violation Review: 2600.141(a)(1)-A resident shall have a medical evaluation by a physician, physician 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.

Violation Interpretation Statement: Resident #1's initial medical evaluation is dated 12/5/12 which is more than 60 days prior to the resident's admission date of 4/19/13.

Benefit of the Regulation: Accurate medical information helps 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: All medical evaluations will be completed within the 60 days window prior to admission or the 30 days after admission for all new residents. An audit of all new admission files will be done at time of move in moving forward to ensure all required paperwork is completed for compliance of this regulation.

Responsibility: The Director of Sales and Move in will do the first audit when completing the admission paperwork. The Director of Resident Care Services will do a second audit to ensure required paperwork is completed upon admission. This process will continue with every move in going forward.

Date for correction to be completed: 4/24/14

Arissa Rosemas, ED

Violation Report: 32948 - 04/24/2014 - Hoover, Douglas
PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
There was *Nitrostat, 0.4 mg. tabs* in medication cart #1 for resident #2. The order was discontinued in 2013.

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 11. (DE)

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, Executive Director* Date *5/13/14*

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

The above plan of correction is approved as of 7.8.14 (Date)

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

Plan of correction implementation status as of 7.8.14 (Date)

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

Community/Residence Name: Bedford Colonial Courtyard

License Number: 329480

Date: May 12, 2014

Plan of Correction Template

Violation Review: 2600.183(d)-Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Violation Interpretation Statement: There was a Nitrostat, 0.4 mg. tabs in medication cart #1 for resident #2. The order was discontinued in 2013.

Benefit of the Regulation: Ensures the home does not keep medications that are for residents no longer living in the home or that have been discontinued.

Prevention: The Nitrostat, 0.4 mg. tabs were removed from the medication cart and disposed. An audit will be done on a bi-weekly basis in the medication carts and all medication will be checked for current usage or removed from the cart when discontinued.

Responsibility: The Medication Administration Assistant will be responsible to complete the bi-weekly audit during change out of carts from the pharmacy at this time. The Director of Resident Care Service will do a monthly audit to ensure that all discontinued medication has been removed. These two audits will continue bi-weekly and monthly ongoing moving forward.

Date for correction to be completed: 4/25/14

Arissa Rosemas, ED

Violation Report: 32948 - 04/24/2014 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

There was an unidentified 1/2 round white pill found along with torn paper and a white grainy substance in the bottom of the 3rd drawer in medication cart #1.

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 11 (PE)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Anissa Roseman

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

Anissa Roseman, Executive Director

Date *5/13/14*

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The above plan of correction is approved as of

7.9.14
 (Date)

Plan of correction implementation status as of

7.9.14
 (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: May 12, 2014

Plan of Correction Template

Violation Review: 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 manufactures instructions.

Violation Interpretation Statement: There was an unidentified ½ round white pill found along with torn paper and a white grainy substance in the bottom of the 3rd drawer in the medication cart #1.

Benefit of the Regulation: Ensures that medications will be stored in a manner that prevents damage or loss.

Prevention: The Medication Administration Assistant while doing the bi-weekly audit of the medications in all carts will wipe out all the drawers of each med cart to ensure a clean environment for storage of medications.

Responsibility: The Medication Administration Assistant bi-weekly and the Director of Resident Care Services monthly will be responsible to ensure that the medication carts are clean and kept sanitary for storage of all medication.

Date for correction to be completed: 4/29/14

Arissa Rosemas, ED

Violation Report: 32948 - 04/24/2014 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 There was a bottle of *Vitafusion Calcium, 500 mg.* in medication cart #1 that was not labeled with the name of a resident.

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.

The above Regulation 2600.184(b) was reviewed on 5/14/14 with all LPN's and MA's in order to understand compliance of this regulation.

Tonya Lighty MA
 Mary K. Allison MA
 Elaine Ferrante LP
 Stacy Frederick, LPN
 Glenn Shuff, MA
 Brittany Coy MA
 Kristin DeGroot MA
 Ashley A. Shearer LP

* See also attached sheet - Page TAB 11. (RE)

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, Executive Director* Date *5/13/14*

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

The above plan of correction is approved as of 7.9.14 (Date)

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

Plan of correction implementation status as of 7.9.14 (Date)

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

Community/Residence Name: Bedford Colonial Courtyard

License Number: 329480

Date: May 12, 2014

Plan of Correction Template

Violation Review: 2600.184(b)-If the OTC medications and CAM belong to the resident, they shall be identified with the residents name.

Violation Interpretation Statement: There was a bottle of Vitafusion Calcium, 500 mg. in medication cart #1 that was not labeled with the name of a resident.

Benefit of the Regulation: It will be clear to the home's staff persona as to whom the OTC medication or CAM belongs.

Prevention: All medications will be marked with a residents name. Upon admission of a new resident and/or delivery from the pharmacy all medications will be reviewed and confirmed with a residents name prior to placement into the medication cart for storage. Any medication received without a label from the pharmacy will be refused and returned. OTC and CAM will be marked with the residents name prior to storage placement in the medication carts. On 5/14/14 a re-training of the this regulation and processes will be reviewed with the LPN's and MA's.

Responsibility: All LPN's and MA's will be responsible to ensure that all medication is marked with the residents name upon admission of a new resident or delivery from the pharmacy. The Director of Resident Care Services will do random audits and this process will continue ongoing moving forward.

Date for correction to be completed: 5/14/14

Anissa Rosemas, ED

Violation Report: 32948 - 04/24/2014 - Hoover, Douglas
PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #3 was prescribed *Levofloxacin, 250 mg., tab* to be given for 7 days. Although the medication was available on 4/23/14, it was not given until 4/24/14.

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 sheet Page 8A of 11. (JE)

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Anissa Anemes, Executive Director* Date *5/13/14*

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

The above plan of correction is approved as of 7.9.14
(Date)

Plan of correction implementation status as of 7.9.14
(Date)

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

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

Community/Residence Name: Bedford Colonial Courtyard

License Number: 329480

Date: May 12, 2014

Plan of Correction Template

Violation Review: 2600.187(d)-The home shall follow the directions of the prescriber.

Violation Interpretation Statement: Resident #3 was prescribed Levofloxacin, 250 mg., tab to be given for 7 days. Although the medication was available on 4/23/14, it was not given until 4/24/14.

Benefit of the Regulation: Ensures that the residents receive medications and treatments as ordered by a physician.

Prevention: During each medication pass each resident will be review to ensure that all medication is given to the resident. The E-MAR that is utilized at our facility for medication pass has a dashboard tool that will be used upon all shifts to verify that all medications have been given.

Responsibility: All LPN's and Medication Administration Assistants will be responsible to utilize the dashboard within the E-MAR system to ensure that all medications prescribed for the residents are given. This process will be conducted daily for compliance of the regulation.

Date for correction to be completed: 4/25/14

Anissa Rowman, ED

Violation Report: 32948 - 04/24/2014 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #4 has a order for *Lorazepam, 1 mg.* to be given every 8 hours as needed for agitation which is a chemical restraint. The home administered the medication on 4/11, 4/15, 4/16, 4/17 (2 times), 4/21 and 4/23/14.

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 9A of 11. JE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, Executive Director* Date *5/13/14*

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

The above plan of correction is approved as of <u><i>7.9.14</i></u> (Date)	Plan of correction implementation status as of <u><i>7.9.14</i></u> (Date)
The above plan of correction was approved by <u><i>JE</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: Bedford Colonial Courtyard

License Number: 329480

Date: May 12, 2014

Plan of Correction Template

Violation Review: 2600.202-The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, as defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or seduces a resident's ability to move his arms, legs, head, or other body parts freely, is prohibited.

Violation Interpretation Statement: Resident #4 has a order for Lorazepam, 1 mg. to be given every 8 hours as needed for agitation which is a chemical restraint. The home administered the medication on 4/11, 4/15, 4/16, 4/17 (2 times), 4/21 and 4/23.

Benefit of the Regulation: Protects residents' rights to be free from restraints, treated with dignity and respect, and be served in the least-restrictive setting possible.

Prevention: An audit of all medication was completed to ensure that no medication is labeled and used as a chemical restraint. All medications will be labeled appropriately from the pharmacy for correct usage and purpose for the resident. All new prescriptions ordered by the physician that are delivered to the facility will be checked by the LPN or Medication Assistant immediately for compliance of this regulation moving forward.

Responsibility: The LPN or Medication Assistant that is currently on duty at the time the medications are delivered will be responsible to ensure that all labels are appropriate for compliance.

Date for correction to be completed: 4/25/14

Anissa Rosemas, ED

Violation Report: 32948 - 04/24/2014 - Hoover, Douglas
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
Resident #5, admitted 11/13/12, did not have an assessment completed until 11/28/13.

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 sheet Page 10A of 11
(Signature)

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/08/2013

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

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Anissa Rosemas, Executive Director* 5/13/14

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

The above plan of correction is approved as of 7.9.14
(Date)

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

Plan of correction implementation status as of 7.9.14
(Date)

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

Community/Residence Name: Bedford Colonial Courtyard

License Number: 329480

Date: May 12, 2014

Plan of Correction Template

Violation Review: 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.

Violation Interpretation Statement: Resident #5, admitted 11/13/12, did not have an assessment completed until 11/28/13.

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

Prevention: A tracker system in our software program will track due dates for assessments and support plans. All new admission assessments and support plans will be completed in 15/30 days after the resident moves into the community. This process will repeat with every admission moving forward.

Responsibility: The Director of Resident Care Services will monitor this process and complete the assessments and support plans as they become due for compliance of the regulation.

Date for correction to be completed: 4/25/14

Arissa Roemas, ED

Violation Report: 32948 - 04/24/2014 - Hoover, Douglas
 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
 Resident #5, admitted 11/13/12, did not have a support plan completed until 11/28/13.

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 sheet Page 11A of 11. ~~11~~

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/08/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Anissa Roseman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anissa Roseman, Executive Director* Date: *5/13/14*

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

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 (Date)

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

Plan of correction implementation status as of 7.9.14
 (Date)

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

Community/Residence Name: Bedford Colonial Courtyard

License Number: 329480

Date: May 12, 2014

Plan of Correction Template

Violation Review: 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.

Violation Interpretation Statement: Resident #5, admitted 11/13/12, did not have a support plan completed until 11/28/13.

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

Prevention: A tracker system in our software program will track due dates for all assessments and support plans. All assessments and support plans will be completed in 30 days after the resident moves into the community. This process will repeat with every admission moving forward.

Responsibility: The Director of Resident Care Services will monitor this process and complete the assessments and support plans as they become due for compliance of the regulation.

Date for correction to be completed: 4/25/14

Arissa Roames, ED