



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 2 1 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 Tyrone  
5546 East Pleasant Valley Boulevard  
Tyrone, Pennsylvania 16686  
License #: 329490

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on May 8, 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 17, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director

SH

Enclosure  
License Inspection Summary



Violation Report: 32949 - 05/08/2014 - Hoover, Douglas  
 PCH Name: COLONIAL COURTYARD AT TYRONE

**1. REGULATION 55 Pa.Code §2600**

2600.29a(b)(1) - 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: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

**2a. DESCRIPTION OF VIOLATION**

Resident #1, who receives hospice services, has a physician order, dated 4/3/14, which excludes the resident from fire drills because of "cardiac instability." There is no documentation that resident #1, is actively dying or that participation in fire drills would hasten death or cause injury.

**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 & 2B of 5.  
 (JE)

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) *Danielle Corrigan* Date *6/19/2014*

**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 JE  
 (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: Colonial courtyard at Tyrone  
License Number: 329490  
Date 6/17/14

**Plan of Correction Template**

**Violation Review: 2600.39a(B)(1)** 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:  
A physician who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

**Violation Interpretation Statement:** Resident #1, who receives hospice services, has a physician order, dated 4.3.14 which excludes the resident from fire drills because of "cardiac instability" There is no documentation that resident #1 is actively dying or that participation in fire drills would hasten death or cause injury.

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

**Prevention:**

- Resident #1 has been removed from the white tag list and is now evacuating for all fire drills.
- In future any resident meeting the criteria for a white tag will be assessed by the hospice physician and an appropriately worded order will be obtained, along with informed consent form the resident and or family.
- Supporting documentation will state the resident is "actively dying" per the doctor's order.
- Executive Director will audit the charts of those residents that have a white tag monthly. The audit log will be kept in a binder in the Executive Directors office.
- Executive Director will educate hospice families and residents on the importance of those on hospice to still participate in fire drills unless their physician believes that they are "actively dying" and the fire drill would cause the resident harm. Executive Director will keep a sign off sheet for family/Resident training in the Executive Director's office.

**Responsibility:** DRCS will request the evaluation and obtain an appropriate order. The executive director will audit the charts of all residents on a white tag status to ensure compliance with the regulation. The executive director will audit monthly the charts of all

Page ~~2~~ 2B of 5 (DE)

residents on a white tag status to ensure compliance with the regulation. Executive Director will be responsible for educating hospice residents and families

Date for correction to be completed: June 17, 2014.

Violation Report: 32949 - 05/08/2014 - Hoover, Douglas  
 PCH Name: COLONIAL COURTYARD AT TYRONE

**1. REGULATION 55 Pa.Code §2600**

2800.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The fire drill record for the drills conducted on 12/4/13, 2/25/14, and 3/19/14 does not include the actual number of residents in the home at the time of the drill.

**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 of 5.  
 DC

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *7/9/14*

**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 DC  
 (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: Colonial Courtyard at Tyrone  
License Number: 329490  
Date: 6/17/2014

### Plan of Correction Template

**Violation Review:** 2600. 132(c)-A written fire drill record must indicate the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Violation Interpretation Statement:** The fire drill record for the drills conducted on 12/4/13, 2/25/14, and 3/19/14 does not include the actual number of residents in the home at the time of the drill.

**Benefit of the Regulation:** Recording fire drill information helps home ensure compliance with all the regulations relating to the fire drills, and to identify and correct problems with evacuation.

- **Prevention:** Maintenance Director will be in serviced daily on the number of residents that are in the community versus the number of residents that are on total census. Maintenance director will sign off on the daily stand-up notes that highlight the census in the community versus the total census.
- Maintenance Director will communicate with the charge nurse during fire drills to ensure that the head count is the census that is reflective of the residents that are currently in the community and not the total census (that includes residents that are out of the community during the time of the fire drill).
- Executive Director will ensure by completion of an audit directly after the fire drill is completed that the fire drill log is reflective of the number of residents that are currently in the community versus the total census. Audits will occur monthly or bi-monthly dependent upon the number of fire drills in the month. The Executive Director will initial the bottom right hand sign of the drill log after audit to indicate that the in house census is correct.

**Responsibility:** Maintenance Director and Executive Director

**Date for correction to be completed:** 6/24/2014

Violation Report: 32949 - 05/08/2014 - Hoover, Douglas  
 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

Resident #1 did not evacuate to the designated meeting place during fire drills on 2/25/14, 3/19/14, 4/14/14 and 4/29/14.

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 Page 03 4A & 4B of 5.  
 (BE)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/18/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Danielle Corrigan* Date *6/17/14*

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 *[Handwritten Initials]*  
 (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: Colonial Courtyard at Tyrone

License Number: 329490

Date: 6/17/2014

### Plan of Correction Template

**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 drill.

**Violation Interpretation Statement:** Resident #1 did not evacuate to the designated meeting place during fire drills on 2/25/14, 3/19/14, 4/14/14, and 4/29/14.

**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:

- Resident #1 has been removed from the white tag list and is now evacuating for all fire drills.
- In future any resident meeting the criteria for a white tag will be assessed by the hospice physician and an appropriately worded order will be obtained, along with informed consent form the resident and or family.
- Supporting documentation will state the resident is "actively dying" per the doctor's order.
- Executive Director will audit the charts of those residents that have a white tag monthly. The audit log will be kept in a binder in the Executive Directors office.
- Executive Director will educate hospice families and residents on the importance of those on hospice to still participate in fire drills unless their physician believes that they are "actively dying" and the fire drill would cause the resident harm. Executive Director will keep a sign off sheet for family/Resident training in the Executive Director's office.

**Responsibility:** DRCS will request the evaluation and obtain an appropriate order. The executive director will audit monthly the charts of all residents on a white tag status to ensure compliance with the regulation. Executive Director will be responsible for educating hospice residents and families.

Page ~~34~~ B of 5 <sup>BE</sup>

Date for correction to be completed: 6/17/2014

Violation Report: 32949 - 05/08/2014 - Hoover, Douglas  
 PCH Name: COLONIAL COURTYARD AT TYRONE

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

2a. DESCRIPTION OF VIOLATION

Resident #2 is on a sliding scale for *Novolog, 100 ML* and is prescribed to be given insulin units at 9:00 am, 1:00 pm, 5:00 pm and 8:00 pm contingent on blood sugar readings. The home uses electronic medication administration records (EMARS). The EMAR for resident #2, from April 30, 2014 to May 8, 2014, only recorded dates and times when the insulin was not required. These were 5/5/14 at 8:21 am; 5/7/14 at 8:15 am and 5/7/14 at 4:58 pm. It is unknown whether the resident received the correct number of insulin units on the other dates and times.

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 0 & SA of S.  
 PE

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) *Donella Connor* Date *6/11/14*

**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 *[Signature]*  
 (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: Colonial Courtyard at Tyrone  
License Number: 32949  
Date: 6/17/14

**Plan of Correction Template**

**Violation Review: 2600 187 (d) The home shall follow the directions of the prescriber,**

**Violation Interpretation Statement:** Resident #2 is on a sliding scale for Novolog 100ml and is prescribed to be given insulin units at 9:00am, 1:00pm, 5:00 pm and 8:00 pm contingent on blood sugar readings. The home uses electronic medication administration records (EMAR. The EMAR for resident #2 from April 30, 2014 to May 8, 2014, only recorded dates and times when the insulin was not required.

These were 5/5/14, at 8:21 AM and 5/7/14 at 8:15 am and 5/7/14 at 4:58 pm. It is unknown whether the resident received the correct number of units on the other dates and times

**Benefit of the Regulation:** The home's staff persons will be able to track all medications a resident receives and to ensure that all medications are administered as prescribed.

**Prevention:** The above mention resident's MAR has been correct to include documentation of the amount of insulin given at each accu-check time. In future all residents receiving sliding scale insulin will have amount of insulin given recorded on the MAR. Pharmacy will include this in all sliding scale orders and the nurse who approves the order will double check to ensure that it is in place before approving the order.

**Responsibility:** DRCS will audit MARs weekly to ensure compliance.

**Date for correction to be completed:** 6/17/14