



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **TITHONUS TYRONE LP**
LEGAL ENTITY

To operate **COLONIAL COURTYARD AT TYRONE**
NAME OF FACILITY OR AGENCY

Located at **5546 EAST PLEASANT VALLEY BLVD, TYRONE, PA 16686**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **70**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 11

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **February 26,** **2015** until **August 26,** **2015**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **329491**

Robert E. Robinson
ISSUING OFFICER

Matthew J. [Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: FEB 26 2015

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 #: 329491

Dear Ms. Putzier:

As a result of the Department of Human Services' (Department) licensing inspection on February 3, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #329490 dated June 5, 2014 to June 5, 2015 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for three months from the date of issuance. The license dated June 5, 2014 to June 5, 2015 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

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

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Home Licensing). The revised license indicates a secured dementia care unit licensed capacity of 11 for your facility.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal line extending to the right.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: COLONIAL COURTYARD AT TYRONE		License Number: 32949
Address: 5546 EAST PLEASANT VALLEY BLVD, TYRONE, PA 16686		County: Blair
Administrator: Megan Campbell		Region: CENTRAL
Legal Entity Name: TITHONUS TYRONE LP		
Legal Entity Address: 6600 BROOKTREE COURT STE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy		
C-2 LP	I-2	
03/02/1999	11/17/2014	
Labor & Industry	Borough of Tyrone	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 65	Working Staff: 49
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s)		
New		
On-Site Inspections Dates and Department Representatives On-Site		
02/03/2015: McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 70	Number of Residents who:	
Number of Residents Served: 48	Receive Supplemental Security Income: 2	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 46	
Area: Life Stories Memory Care	Have Mental Illness: 2	
Secured Dementia Unit Capacity, if Applicable: 0	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 10	Have a Mobility Need: 17	
Number of Current Hospice Residents: 7	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 16		

Violation Report: 32949 - 02/03/2015 - McCloskey, Jason
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The beds in rooms # 202 and # 204 do not have a source of light that can be turned on/off from bedside.

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 2A of 6. -SE

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) *Megan Campbell Interim Administrator* Date *2/16/15*

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

The above plan of correction is approved as of 2-18-15
 (Date)

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

Plan of correction implementation status as of 2-18-15
 (Date)

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

PLAN OF CORRECTION

Page 2 A of 6

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: 02/03/2015

Date of Submission: 2/16/15

1. Violation Review:
2600.101 (j) 7 – Each Resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside
2. Violation Interpretative Statement:
The beds in 202 and 204 do not have a source of lighting that can be turned on/off from bedside
3. Description of the Repair of the Immediate Problem:
The beds in 202 and 204 had nightstands with lamps that were able to be positioned closer to the bed. Photo verification is attached for 202 and 204.
4. Determine / document the Root Cause of the Violation:
In the SDCU, Residents sometimes move their furniture.
5. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Teaching or Training:
The regulations for 2600.101 (j) 7 was reviewed with our environmental services staff with emphasis on the requirement that the light source must be able to be turned on and off from the bed.
 - b. On-going Monitoring?
The environmental services staff will provide daily monitoring, and the Executive Director will provide no less than weekly monitoring for light source to be located within reach of the bed.
6. Designated position responsible and specify target date for correction.
Immediately and on-going, the Environmental Services team will monitor that there is a light source within reach of the bed. The Executive Director will monitor weekly.

Authorized Signature

[Handwritten Signature]

Date:

2/16/15

Plan of Correction Template

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ADM040

[Handwritten initials]

Violation Report: 32949 - 02/03/2015 - McCloskey, Jason
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

2a. DESCRIPTION OF VIOLATION

There is no fire extinguisher in the Life Stories Memory Care kitchen.

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 3 A of 6 - SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Megan Campbell</i>
--	-----------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Megan Campbell II Interim Administrator</i>	<i>2/16/15</i>

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 (Date)

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

Plan of correction implementation status as of 2-18-15
 (Date)

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

PLAN OF CORRECTION

Page 3A of 6

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: 02/03/2015

Date of Submission: 2/16/15

1. Violation Review:
2600.131 (c) – A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required.
2. Violation Interpretative Statement:
There is no fire extinguisher in the LifeStories Memory Care kitchen – SDCU.
3. Review the benefit of the Regulation, per RCG:
To provide for fire safety near location where there is heat source, or likelihood of fire.
4. Description of the Repair of the Immediate Problem:
A fire extinguisher was installed in the kitchen of the SDCU. **Photo verification is attached.**
5. Detail Action Steps / System Developed to prevent future occurrence:
This was an oversight during construction and finalization. We will monitor the kitchen area for placement of the fire extinguisher.
6. Designated position responsible and specify target date for correction.
Immediately and on-going. The new fire extinguisher was placed on 6/5/15. Environmental Services workers and DCS staff assigned to the SDCU will monitor for placement of the fire extinguisher on a daily basis. Maintenance worker will inspect monthly, and will ensure it is present.

Authorized Signature

Date:

2/16/15

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Violation Report: 32949 - 02/03/2015 - McCloskey, Jason
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last fire drill observed by a fire safety expert was conducted on 10/24/13.

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.

please see plan, attached, page 4 of 6

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Megan Campbell - Interim Administrator* Date *2/16/15*

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The above plan of correction is approved as of 2-18-15
 (Date)

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

Plan of correction implementation status as of 2-18-15
 (Date)

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

PLAN OF CORRECTION

Page 4 of 6

Community Name: Colonial Courtyard at Tyrone

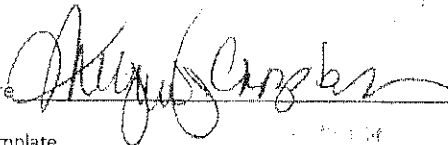
License Number: 329490

Date of Visit: 02/03/2015

Date of Submission: 2/16/15

1. Violation Review:
2600.132 (b): A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.
2. Violation Interpretative Statement:
Record of the last fire drill observed by a fire safety expert was conducted on 10/24/13.
3. Description of the Repair of the Immediate Problem:
Annual inspection was conducted, however there was no record of the drill. Fire Safety Expert contacted to conduct supervised drill on March 4, 2015. Verification will be sent to DPW following receipt from the Fire Safety Expert.
4. Determine / document the Root Cause of the Violation:
5. Detail Action Steps / System Developed to prevent future occurrence:
The FSE who services the facility will conduct the supervised / observed fire drill by 'default' in the future, negating the need to perform one with the local fire company, unless the Administrator and the local fire company desires this to be done.
 - a. On-going Monitoring?
The Maintenance worker will maintain schedule for the FSW visit, and note the need for drill. The Administrator / Executive Director will put a 'tickler' onto her Outlook calendar indicating the date of the annual and reminding that the drill is also necessary.
6. Designated position responsible and specify target date for correction.
By March 4, 2015, Colonial Courtyard will have a fire drill that is supervised by their Fire Safety Expert. The Maintenance Worker is aware of the need for the supervised fire drill to be conducted by FSE, and the ED will verify that all aspects of the annual inspection are conducted timely, by use of a tickler and monthly monitoring of these requirements, on-going.

Authorized Signature



Date: 2/16/15

Plan of Correction Template

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Violation Report: 32949 - 02/03/2015 - McCloskey, Jason
 PCH Name: COLONIAL COURTYARD AT TYRONE

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
 The hallway for residents in Bedrooms # 200 - # 206, located in the Life Stories Memory Care, lacked a direct visual line to the exit door leading to the main dining room. There were no signs marking the line of travel to this exit. On 2/3/15, the home served 48 residents.

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 5A of 6. -SE

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Megan Campbell - Interim Administrator Date 2/16/15

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

The above plan of correction is approved as of <u>2-18-15</u> (Date)	Plan of correction implementation status as of <u>2-18-15</u> (Date)
The above plan of correction was approved by <u>SE</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

PLAN OF CORRECTION

Page 5 A of 6

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: 02/03/2015

Date of Submission: 2/16/15

1. Violation Review:

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.

2. Violation Interpretative Statement:

The hallway for Residents in bedroom #200 - #206, located in the LifeStories Memory Care, lacked a direct visual to the exit door leading to the main dining room. There were no signs marking the line of travel to this exit. On 2/3/15, the home served 48 Residents.

3. Description of the Repair of the Immediate Problem:

The sign providing direct visual to the exit doors was present, but was 90-degrees off, and did not provide direction from the bedrooms, as indicated by the surveyor. The directional sign was rotated 90-degrees to facilitate visibility from the hallway containing Resident bedrooms. A photo is attached for verification of the visibility from the hallway.

4. Detail Action Steps / System Developed to prevent future occurrence:

The directional sign was rotated to facilitate visibility. The problem should not reoccur.

5. Designated position responsible and specify target date for correction.

On 2/3/15, The Maintenance Worker rotated the sign without problem. It is lit, and faces the correct direction.

Authorized Signature

Neeraj Chandra

Date: 2/16/15

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DE

Violation Report: 32949 - 02/03/2015 - McCloskey, Jason
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa. Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism are not conspicuously posted near the door leading from the courtyard to the exterior walkway.

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 2, page 6A of 6. - SE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Megan Campbell - Interim Administrator</i>	Date <i>2/16/15</i>
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 (Date)

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

Plan of correction implementation status as of 2-18-15
 (Date)

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

PLAN OF CORRECTION

Page 6A of 6

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: 02/03/2015

Date of Submission: 2/16/15

1. Violation Review:
2600.233 (c) – If key locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.
2. Violation Interpretative Statement:
The direction for operating the home’s locking mechanism are not conspicuously posted near the door leading from the (exterior) courtyard to the exterior walk way.
3. Description of the Repair of the Immediate Problem:
Code / direction for operating the home’s locking mechanism was reattached using hook and loop (Velcro) system. **Photo verification is attached.**
4. Determine / document the Root Cause of the Violation:
The wind had blown the code from the place where it was posted.
5. Detail Action Steps / System Developed to prevent future occurrence:
Maintenance worker and memory car staff will monitor the presence of the code / direction for operating the locking mechanism during rounds, daily. Weekly, the Administrator will verify that all codes are posted as required.
6. Designated position responsible and specify target date for correction.
The directions for operating the locking mechanism were posted using a different method on 2/6/15. Maintenance worker and staff working in Memory Care will monitor for the presence of the codes daily.
The Administrator will monitor for the presence of the codes during weekly rounds.

Authorized Signature Mary Ann [Signature]

Date: 2/16/15

JS