



**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)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

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 September 14, 2015 until September 14, 2016,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 329490

Robert E. Robinson  
ISSUING OFFICER

[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

SEP 14 2015

Ms. Loriann Putzier, Chief Operating Officer  
Tithonus Bedford, LP  
C/o Intergracare Corporation  
6600 Brooktree Court, Suite 1000  
Wexford, Pennsylvania 15090

RE: Colonial Courtyard at Tyrone  
5546 East Pleasant Valley Boulevard  
Tyrone, Pennsylvania 16686  
License #: 329490

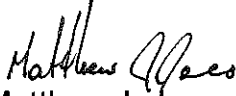
Dear Ms. Putzier:

As a result of the Department of Human Services' licensing inspection on July 7, 2015 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

  
Matthew J. Jones  
Director

Enclosures  
License  
License 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: Lisa Cowan		Region: CENTRAL
Legal Entity Name: TITHONUS TYRONE LP		
Legal Entity Address: 6600 BROOKTREE COURT STE 1000, WEXFORD, PA 15090		
<b>Certificate(s) of Occupancy</b>		
I-1 11/17/2014 Borough of Tyrone	I-2 11/17/2014 Borough of Tyrone	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 71	Waking Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/07/2015: Rouse, McKinley; Palermo, Michael		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 70 Number of Residents Served: 48 Secured Dementia Care Unit in Home: Yes Area: Life Stories Memory Care Secured Dementia Unit Capacity, if Applicable: 11 Number of Residents Served in Secured Dementia Care Unit, if applicable: 10 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 12	<b>Number of Residents who:</b> Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 46 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 23 Have a Physical Disability: 0	

Violation Report: 32949 - 07/07/2015 - Rouse, McKinley

PCH Name: COLONIAL COURTYARD AT TYRONE

**1. REGULATION 55 Pa.Code §2600**

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

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

**2a. DESCRIPTION OF VIOLATION**

Staff Person A, date of hire 12/03/2012, did not receive training in fire safety and emergency preparedness in the 2014 training year.

**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.

*Refer to 2.A. and 2.B.  
BAS*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Lisa Cowan, Executive Director*

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

*Lisa Cowan Executive Director*

Date

*8/24/15*

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

The above plan of correction is approved as of

8/31/15  
(Date)

Plan of correction implementation status as of

8/31/15  
(Date)

The above plan of correction was approved by

BAS  
(Initials)

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

PLAN OF CORRECTION

Community Name: Colonial Court at Tyrone

License Number: 32949

Date of Visit: July 7, 2015

Date of Submission: August 24, 2015

1. Violation Review: 2600.65(g) 1.
2. Violation Interpretative Statement: Staff person A date of hire 12/03/2012, did not receive training in for safety and emergency preparedness in the 2014 training year.
3. Review the benefit of the Regulation, per RCG: This regulation ensures that all staff who work in the residence are reminded of the residence's emergency preparedness/procedures and mandated reporting requirements
4. Description of the Repair of the Immediate Problem: Staff person A was re-educated on August 19, 2015. Attached. At no time did Staff person A work independent without another staff that was trained on fire safety and emergency preparedness and reporting expectations.
5. Determine / document the Root Cause of the Violation: Staff person A believes he was pulled away to assist with resident care on the date the training occurred. He was reminded to assure if this occurs he must report the absence to the Executive Director and make up any necessary annual trainings.
6. Detail Action Steps / System Developed to prevent future occurrence:
  - a. Changing practice? The Executive Director, Director of Environmental Services, and or the Fire Safe Expert will ensure current staff is in attendance as required for emergency preparedness and fire safety and reporting expectations training. If a current staff is not able to attend for any reason a make session will be scheduled within their annual date to meet these requirements. A review of all attendance for required annual in-services will be completed QUARTERLY by the BOA, to heighten awareness, and expedite the corrective action.
  - b. Teaching or Training? This training was completed by the acting Director of Environmental Services on August 19, 2015. Evidence of training attached.

Authorized Signature

*[Handwritten Signature]*

Date:

*8/24/15*

Plan of Correction Template

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- c. On-going Monitoring? Annual training requirements, including fire safety training, will be reviewed by the Executive Director, the BOA, and or the Director of Environmental Services and or designee each month to assure current and new staff receive the necessary training upon hire and annually.

Current staff training records were reviewed by the Business Office Assistant to assure there were no other staff was affected.

- 7. Designated position responsible and specify target date for correction. The Regional Director of Operation scheduled the necessary training with the Director of Environmental Services and this plan of correction was completed on August 19, 2015

Authorized Signature



Date:

8/24/15

Plan of Correction Template

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Violation Report: 32949 - 07/07/2015 - Rouse, McKinley  
 PCH Name: COLONIAL COURTYARD AT TYRONE

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The Medication Administration Record (MAR) for Resident #1 for 07/03/2015 documented a blood glucose reading of 246 at the dinner time check (4:00PM). The sliding scale prescription for Resident #1 reads that the resident is to receive 6 units of Novolog insulin for a blood sugar of 246. However, the MAR is inconsistent with the documentation of the amount of insulin administered. In that, the MAR for documents that the resident was given 4 units of Novolog insulin in one area of the record and 6 units of Novolog insulin in another area of the record for the dinner time administration on this date.

The medication administration record for Resident #2 did not give a diagnosis or purpose for the resident's prescribed Lisinopril 20mg tablets and Ciprofloxacin HCL 250mg tablets.

**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.

Refer to 3A, 3B, and 3C  
 BAS

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

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

Date

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The above plan of correction is approved as of 8/31/15  
 (Date)

Plan of correction implementation status as of 8/21/15  
 (Date)

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

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

PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone

License Number: 32949

Date of Visit: July 7, 2015

Date of Submission: August 21, 2015

1. Violation Review: 2600.187 (a) #6 and # 12

2. Violation Interpretative Statement:

2600.187 (a) (6): The Medication Administration Record for resident #1 for 7-03-2015 documented a blood glucose reading of 246 at the dinner time check (4:00 PM). The sliding scale prescription for resident #1 reads that the resident #1 shall receive 6 units of Novolog insulin for a blood sugar of 246. However, the MAR is inconsistent with the documentation of the amount of insulin administered. In that, the MAR for Resident #1 documents that the resident was given 4 units of Novolog insulin in one area of the record, and 6 units of Novolog insulin in another are of the record for the dinner time administration on this date.

2600.187 (a) (12): The medication administration record for resident #2 did not give a diagnosis or purpose for the resident prescription of Lisinopril 20mg tablets and Ciprofloxacin HCL 250mg tablets.

3. Review the benefit of the Regulation, per RCG: 2600.187 (a) (6): To ensure the right amount of medication is given and documented as ordered by the prescriber.

2600.187 (a) (12): To ensure the right medication is given for the right reason (diagnosis) as intended by the prescriber. The same medication may be used for different reasons given by the prescriber.

4. Description of the Repair of the Immediate Problem:

2600.187 (a) (6): The second shift LPN verbally gave the direction to the Medication Assistant on how to document on the quick MAR program for a blood glucose reading and coverage. There are multiple pages to the medication record and the Medication Assistant person must scroll through the pages to document in the correct area the correct amount given. Through investigation it was determined the correct amount of insulin was given on this time.

5.

Authorized Signature 

Date: 8/24/15

**2600.187 (a) (12):** The need for diagnosis was reinforced with our providing pharmacy. A Medication Assistant has reviewed current Medication records in Quick MAR for any other missing diagnosis. No other medication was affected as of August 19, 2015.

6. Determine / document the Root Cause of the Violation:

**2600.187 (a) (6):** This medication record has multiple pages and there are 4 blood glucose testing entries through the day. There are 3 sliding scale entries to be made but this is repeated in the record on another page. The Medication Assistant did not scroll through the entire medication record to make the appropriate entry once. Through investigation it was determined the correct amount of insulin was given on this time.

**2600.187 (a) (12):** Medication Assistants and LPN's receiving new orders will need to review for completeness, and work with MD and pharmacy when required information is not present.

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

- a. **2600.187 (a) (6):** Any new blood glucose monitoring entry made by the pharmacy will be only entered 1 time in Quick MAR and not a duplicate in the medication record. The Regional Director of Operations has discussed this concern and the correction with Thompson Pharmacy on August 18 and 19, 2015.

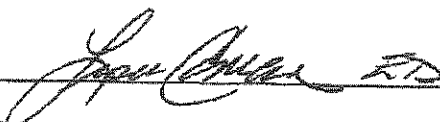
**2600.187 (a) (12):** The staff persons receiving an order will fax back to the prescriber to add the diagnosis if it is not on the prescription. The pharmacy will also monitor closely when receiving any medication orders for the diagnosis and contact the prescriber to clarify as needed and ongoing.

Medication regulation/ requirements will continue to be discussed upon initial MA training and ongoing reviews throughout the year.

- b. **2600.187 (a) (6):** Thompson Pharmacy is conducting additional re-training to current Medication Assistants and LPN staff. This will also include new Medication Assistants on August 28<sup>th</sup> at 1:00 PM.

This training will include **2600.187 (a) (12)** for the need of a diagnosis with any medications. The staff persons receiving an order will fax back to the prescriber to add the diagnosis if it is not on the prescription. The pharmacy will also monitor closely when receiving any medication order for the diagnosis and contact the prescriber to clarify as needed and on-going.

Authorized Signature



Date:

8/24/15

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c. On-going Monitoring? The Executive Director, Director of Resident Care Services and /or a designee will monitor frequently new entries made by the pharmacy for single entries of blood glucose monitoring and sliding scale as order by the prescriber. This will also be reviewed during the MAR reviews with the Medication Assistants throughout the year as well by the designated Practicum Observer.

This area of diagnosis requirement will also be reviewed periodically after a new admission and or new medication ordered is received by the prescriber. Also this area will be reviewed during the MAR reviews with the Medication Assistants throughout the year by the designated Practicum Observer.

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

The Executive Director, Director of Resident Care Services, Practicum Observer and or designee will assure completion of this plan by August 28, 2015

Authorized Signature



Date:

8/25/15

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Violation Report: 32949 - 07/07/2015 - Rouse, McKinley  
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident #2, dated 05/02/2015, was not signed by the staff person who completed the support plan.

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.

*Refer to Pages 4A and 4B  
 BWS*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lisa Cowan, ED*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lisa Cowan, Executive Director* Date *8/24/15*

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The above plan of correction is approved as of 8/31/15  
 (Date)

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

Plan of correction implementation status as of 8/31/15  
 (Date)

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

# PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone

License Number: 32949

Date of Visit: July 7, 2015

Date of Submission: August 24, 2015

1. Violation Review: 2600.227 (g)
2. Violation Interpretative Statement: The support plan for resident #2, dated 5/2/2015, was not signed by the person completing the support Plan.
3. Review the benefit of the Regulation, per RCG: To ensure each resident needs are met and accountability for meeting those needs is firmly established, prior to or shortly after admission to the community.
4. Description of the Repair of the Immediate Problem: The person who completed the RASP was no longer employed at Colonial Courtyard at Tyrone at the time of the survey. Signature was not obtained.
5. Determine / document the Root Cause of the Violation: They had forgotten to sign the RASP after completion.
6. Detail Action Steps / System Developed to prevent future occurrence:
  - a. Changing practice? The Executive Director, Director of Resident Care Services and/or designee will review the RAPS after completion for necessary signatures before is in filed in the resident record.  
  
The designated Medication Assistant will review current RASP's by September 11, 2015 to assure no other resident RASP has been affected.
  - b. Teaching or Training? Anyone responsible in the community to complete the RASP's will be educated by September 18, 2015 on the importance of dating the document and added the necessary signature for accountability of accuracy.

Authorized Signature 

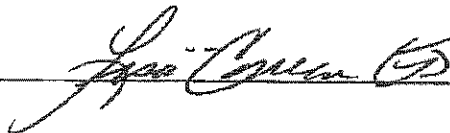
Date: 8/24/15

- c. On-going Monitoring? The Executive Director, Director of resident Care services will assure the necessary signatures are present on the current RASP's before being filed in the resident record.

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

The Executive Director, Director of Resident Care Services, Health Care Coordinator and or designee will assure this plan is completed by September 18, 2015. RASP's completed monthly will be monitored for same to establish pattern of compliance.

Authorized Signature \_\_\_\_\_



Date: \_\_\_\_\_

8/24/15

Plan of Correction Template

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