



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 5, 2016

Ms. Loriann Putzier, President & COO
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
Certificate #: 329480

Dear Ms. Putzier:

As a result of the Department of Human Services' licensing inspection on August 31, 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.

Sincerely,

A handwritten signature in black ink that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32948 - 08/31/2015 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION

Resident #1 left the home on [redacted] 15 after giving a 30-day notice on [redacted] 15. The home issued a refund on [redacted] 15 however; the required refund amount was incorrect. The corrected refund amount was issued on 8/26/15 which was more than 30 days after discharge.

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 2 A of 5. -2e

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Danielle Foor, RN, PLHA</i>
--	--------------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Danielle Foor, Executive Director</i>	<i>10/8/15</i>

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

The above plan of correction is approved as of 1-5-16
 (Date)

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

Plan of correction implementation status as of 1-5-16
 (Date)

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

PLAN OF CORRECTION TEMPLATE

Community Name: Colonial Courtyard at Bedford

License Number: 329480

Date of Visit: August 31, 2015

Date of Submission: October 8, 2015

1. **Violation Review:** 2600.28(f)(2) – Refunds shall be made within 30 days of the resident’s discharge.
2. **Violation Interpretative Statement:** Resident #1 left the home on [redacted] 15 after giving a 30-day notice on [redacted] 15. The home issued a refund on [redacted] 15 however the required refund amount was incorrect. The corrected refund amount was issues on 8/26/15 which was more than 30 days after discharge.
3. **Benefit of the Regulation, per RCG:** Ensures that resident funds are refunded promptly following discharge.
4. **Description of the repair of the immediate problem:** The corrected refund amount for this resident was issued on 8/26/15.
5. **Prevention of future occurrences:** All resident refunds shall be made within 30 days of the resident’s discharge. The discharge form will be completed on the day of discharge and emailed to the accounting department. A follow up email will be sent to the accounting department one week after discharge to ensure the refund has been made.
6. **Position Responsible:** The Business Office Assistant will complete the discharge form on the same date the resident is discharged and email to the accounting department. A copy of this email will also be sent to the Executive Director. One week after discharge the Business Office Assistant will email the accounting department, with a copy to the Executive Director, to ensure the refund has been made. If the refund has not been made at that time, the Executive Director will contact the accounting department and the Senior Vice President of Operations or the President & Chief Operating Officer to ensure the refund is made promptly.
7. **Date for correction to be completed:** 8/31/15. ge

Authorized Signature [Handwritten Signature], RN, RCHA

Date: 10/8/15

Violation Report: 32948 - 08/31/2015 - 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

The medical evaluation for Resident #2 was completed on [redacted] 14; more than 60 days prior to the resident's admission date of [redacted] 15.

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 3A of 5 - SE

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

Signature of Legal Entity Representative (Required on EVERY Page) Danielle Pour, PAJ, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Danielle Pour Executive Director Date 10/8/15

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

The above plan of correction is approved as of 1-5-16 (Date)

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

Plan of correction implementation status as of 1-5-16 (Date)

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

PLAN OF CORRECTION TEMPLATE

Community Name: Colonial Courtyard at Bedford

License Number: 329480

Date of Visit: August 31, 2015

Date of Submission: October 8, 2015

1. **Violation Review: 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.
2. **Violation Interpretative Statement:** The medical evaluation for Resident #2 was completed on [REDACTED] 14; more than 60 days prior to the resident’s admission date of [REDACTED] 15.
3. **Benefit of the Regulation, per RCG:** 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 resident’s medical needs will be met.
4. **Description of the repair of the immediate problem:** A chart audit was completed on all new move ins within the past 30 days to ensure the medical evaluations were completed within 60 days prior to admission or 30 days after admission. All audited were found to be in compliance.
5. **Prevention of future occurrences:** All medical evaluations will be completed within 60 days prior to admission or 30 days after admission for all new residents. A double audit of all new admission files will be done at the time of move in to ensure the medical evaluation is done and all required forms are completed in compliance with this regulation.
6. **Position Responsible:** The Director of Sales and Move Ins will obtain the initial Documentation of Medical Evaluation for all new admissions. Once the forms are obtained, the Director of Sales and Move Ins will ensure the medical evaluation has been, or will be, completed in compliance with this regulation. The Executive Director will do a final audit of the Admission File during the admission process to ensure all required documents are in place and in compliance with this regulation. This process will continue for all new move ins.
7. **Date for correction to be completed:** 8/31/15.

DE

Authorized Signature [Handwritten Signature], PAI, PCHA

Date: 10/8/15

Plan of Correction Template

Copyright ©2000-2014 ICC Form

No part of this document may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, microfilming, recording, or otherwise without permission from ICC.

ADM040

Violation Report: 32948 - 08/31/2015 - 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

Ranitidine, 150 mg. was not given to Resident #3 on 6/1/15, 6/2/15 and 6/3/15 at 5:00 pm because the home did not have the medication on hand.

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 4 A of 5. -SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nanielle Poor, PA, PCHA

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

Nanielle Poor, Executive Director

Date *10/8/15*

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

The above plan of correction is approved as of 1-5-16
 (Date)

Plan of correction implementation status as of 1-5-16
 (Date)

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

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

PLAN OF CORRECTION TEMPLATE

Community Name: Colonial Courtyard at Bedford

License Number: 329480

Date of Visit: August 31, 2015

Date of Submission: October 8, 2015

1. **Violation Review:** 2600.187(d) – The home shall follow the directions of the prescriber.
2. **Violation Interpretative Statement:** Ranitidine 150 mg was not given to Resident #3 on 6/1/15, 6/2/15, and 6/3/15 at 5:00 PM because the home did not have the medication on hand.
3. **Benefit of the Regulation, per RCG:** Ensures that residents receive medications and treatments as ordered by a physician.
4. **Description of the repair of the immediate problem:** An audit was completed via the E-MAR to ensure all current medication orders have been administered.
5. **Prevention of future occurrences:** During each medication pass, each resident will be reviewed to ensure that all medications are given. The E-MAR dashboard will be utilized to verify that all medications have been given.
6. **Position Responsible:** All LPN's and Medication Assistants will be responsible to check the E-MAR dashboard at the end of their shift to ensure that all medications prescribed have been given. If noted that a medication is not available, the pharmacy will be contacted immediately to deliver the medication. The Director of Resident Care Services and/or Executive Director will also be notified. The Director of Resident Care Services and the Executive Director will also complete audits to monitor for medication management.
7. **Date for correction to be completed:** 9/1/15.

JE

Authorized Signature *Wendell Ford, RN, PCHA*

Date: 10/8/15

Plan of Correction Template

ADM040

Copyright ©2000-2014 ICC Form
No part of this document may be reproduced, stored in a retrieval system,
or transmitted in any form or by any means, electronic, mechanical,
photocopying, microfilming, recording, or otherwise without permission from ICC.

Violation Report: 32948 - 08/31/2015 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 The support plan, dated 2/14/15, for Resident #2 documents that the resident does not need supervision. The resident's record documents two episodes of confusion on 3/12/15 and 3/13/15. In addition to the confusion, verbal aggression was documented on 6/14/15, 6/16/15 and 7/27/15 with physical aggression towards staff on 8/28/15. This resulted in the resident being transported to the hospital for an emergency evaluation. The resident was also previously evaluated by a psychiatric nurse on 8/24/15. The support plan was not updated to reflect the resident's need for supervision and behavioral care services.

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 5. - BE

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Danielle Four, RN, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Danielle Four, Executive Director</i>	Date <i>10/8/15</i>
--	---------------------

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

The above plan of correction is approved as of <u>1-5-16</u> (Date)	Plan of correction implementation status as of <u>1-5-16</u> (Date)
The above plan of correction was approved by <u>BE</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 TEMPLATE

Community Name: Colonial Courtyard at Bedford

License Number: 329480

Date of Visit: August 31, 2015

Date of Submission: October 8, 2015

1. **Violation Review:** 2600.227(d) – Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health, or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant, or certified registered nurse practitioner, determine the necessity of these services.
2. **Violation Interpretative Statement:** The support plan dated 2/14/15 for Resident #2 documents that the resident does not need supervision. The resident’s record documents two episodes of confusion on 3/12/15 and 3/13/15. In addition to the confusion, verbal aggression was documented on 6/14/15, 6/16/15, and 7/27/15, with physical aggression towards staff on 8/28/15. This resulted in the resident being transported to the hospital for an emergency evaluation. The resident was also previously evaluated by a psychiatric nurse on 8/24/15. The support plan was not updated to reflect the resident’s need for supervision for behavioral care services.
3. **Benefit of the Regulation, per RCG:** Ensures that each resident’s needs are met as those needs change, and that accountability for meeting those needs is firmly established.
4. **Description of the repair of the immediate problem:** The support plan for Resident #2 was updated to reflect the need for supervision for behavioral care services.
5. **Prevention of future occurrences:** All resident support plans will be updated to reflect the need for all medical, dental, vision, hearing, mental health or other behavioral services, or referrals for the resident to outside services as the needs arise.
6. **Position Responsible:** All LPNs and Medication Assistants will be responsible for documenting changing needs on the residents’ support plans as the needs arise. The Director of Resident Care Services will perform audits on the support plans after reviewing the morning report to ensure that all support plans have been updated with any indentified needs.
7. **Date for correction to be completed:** 9/1/15. DE

Authorized Signature W. Daniel Poon, PAI, RCHA

Date: 10/8/15

Plan of Correction Template

ADM040

Copyright ©2000-2014 ICC Form
No part of this document may be reproduced, stored in a retrieval system,
or transmitted in any form or by any means, electronic, mechanical,
photocopying, microfilming, recording, or otherwise without permission from ICC.