



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 22, 2016

Ms. Loriann Putzier, President and Chief Operating Officer
Tithonus Tyrone, 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
Certificate #: 329490

Dear Ms. Putzier:

As a result of the Department of Human Services' licensing inspection on November 17, 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 cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32949 - 11/17/2015 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1 was hospitalized on 7/23/15 and returned to the home on 9/4/15 after receiving physical therapy services. A new assessment was not done to determine the resident's needs and significant changes. The last assessment was done on 3/12/15.

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.

See attached Pages 2A + 2B of 3. -BE

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa Cowan, Esq., ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lisa Cowan, Executive Director</i>	Date <i>2/29/16</i>
---	------------------------

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

The above plan of correction is approved as of 3-21-16
 (Date)

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

Plan of correction implementation status as of 3-21-16
 (Date)

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

PLAN OF CORRECTION

ge

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: July 23, 2015 and November 17, 2015

Date of Submission: March 3, 2016

1. Violation Review: 2600.225(c)- The resident shall have additional assessments as follows:
 - (1) Annually
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2. Violation Interpretive Statement: Resident #1 was hospitalized on 7/23/15 and returned to the home on 9/4/15 after receiving physical therapy services. A new assessment was not done to determine the resident's needs and significant changes. The last assessment was done on 3/12/15.

3. Review the benefit of the Regulation, per RCG: This regulation allows the home to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

4. Description of the Repair of the Immediate Problem: The assessment was updated
5. Determine /document the Root Cause of the Violation: The ED did complete a functional assessment prior to the resident's return to the community and the level of care had not changed from prior to the resident's hospitalization. The meaning of significant change was not fully understood.

6. Detail Action Steps / System Developed to prevent future occurrence: Both the Director of Resident Care Services (DRCS) and the Executive Director (ED) have received extensive training pertaining to the RASP process and guidelines. (See attached-LC 1, 2, 3 and MC 1). All residents requiring care at a higher level of care facility, will have a Level of Care Assessment completed prior to returning to the community to determine not only change in level of care but also to determine any change in specific care needs, i.e., physical or occupational therapy. If it is determined a resident does have a change in specific care needs, the resident's change in condition and care needs will be discussed by the Admissions Committee, including the DRCS, the ED and the Director of Marketing (DM), to ensure the resident's care needs can be

met by the community. A new RASP will be completed upon the return of the resident to the community.

JE

7. Designated position responsible and specify target date for correction: The Level of Care Assessment will be completed by the DRCS, the ED or the DM prior to resident return to the community. Any new resident care needs will be reviewed by the Admissions Committee. The DRCS will complete the new RASP within 15 days of the residents return to the community. A tickler system is in place in Move N, to remind DRCS. This correction is already in effect.

Violation Report: 32949 - 11/17/2015 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT TYRONE

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

On 11/9/15, a psychiatric consultation was ordered for Resident #2 because of "inappropriate behaviors." The 3/11/15 assessment and support plan for Resident #2 was not updated to reflect the resident's need for psychiatric consultation and 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.

See attached Pages 3A & 3B of 3 - 8E

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *2/29/16*

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

The above plan of correction is approved as of 3-21-16
 (Date)

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

Plan of correction implementation status as of 3-21-16
 (Date)

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

PLAN OF CORRECTION

JE

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: July 23, 2015 and November 17, 2015

Date of Submission: March 3, 2016

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 Interpretive Statement: On 11/9/15, a psychiatric consultation was ordered for Resident #2 because of "inappropriate behaviors." The 3/11/15 assessment and support plan for Resident #2 was not updated to reflect the resident's need for psychiatric consultation and services.
3. Review of the benefit of the Regulation, per RCG: This regulation ensures that the 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 assessment addendum was updated 11/23/15, indicating no changes in care at that time and a new assessment was completed 2/29/16.
5. Determine / Document the Root Cause of the Violation: Both the Executive Director and the Director of Resident Care Services were acclimating to their new positions and learning the Regulatory Compliance Guidelines. Both have become more familiar with the guidelines and use the RCG as a reference tool.
6. Detail Action Steps / System Developed to prevent future occurrence: Both the Director of Resident Care Services (DRCS) and the Executive Director (ED), have received extensive training pertaining to the RASP process and guidelines. (See attached- LC 1, 2, 3 and MC 1).

On November 20, 2016, all Resident Care staff were trained regarding the RASP and the addendum to be used to reflect ongoing changes regarding resident care needs. Charge nurses were made aware of the importance of maintaining updated information on the addendum, (See attached-SM 1, 2, 3, 4).

DE

7. Designated position responsible and target date for correction: Director of Resident Care and /or Charge Nurses now maintain the Assessment and Support Plan Updates and Changes addendum (see attached-SPA 1), attached to the RASP. DRCS now monitors during regular RASP updates to ensure the addendums are being utilized to establish a pattern of compliance.