



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 08 2016

Ms. Loriann Putzier, President & COO
Tithonus Lancaster 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
License #: 329480

Dear Ms. Putzier:

As a result of the Department of Human Services' annual licensing inspection on July 6, 2016 and July 7, 2016 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32948 - 07/08/2016 - McCloskey, Jason
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 7-2, 7-3 and 7-4-16, from 10:30pm to 8:00am, 71 residents were present in the home. During this time, there were no staff present in the home that were trained in first aid and certified in obstructed airway techniques and CPR.

On 7-2 and 7-3-16, from 8:00am to 2:00pm, 71 residents were present in the home. During this time, only 1 staff person was present in the home that was trained in first aid and certified in obstructed airway techniques and CPR.

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

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nanielle Poor, PHA

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

Nanielle Poor, Executive Director

Date *7/21/16*

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

The above plan of correction is approved as of

8/2/16
 (Date)

Plan of correction implementation status as of *8/2/16*
 (Date)

The above plan of correction was approved by

NAS
 (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: July 6-7, 2016

Date of Submission: July 21, 2016

1. **Violation Review:** 2600.63(a) – At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.
2. **Violation Interpretative Statement:** On 7/2, 7/3, and 7/4/16, from 10:30pm to 6:00am, 71 residents were present in the home. During this time, there were no staff present in the home that were trained in first aid and certified in obstructed airway techniques and CPR.
On 7/2 and 7/3/16, from 6:00am to 2:00pm, 71 residents were present in the home. During this time, only 1 staff person was present in the home that was trained in first aid and certified in obstructed airway techniques and CPR.
3. **Benefit of the Regulation, per RCG:** Ensures that staff are appropriately trained to respond to an emergency, and that there are sufficient numbers of qualified staff to respond to simultaneous emergency situations (for example, if one resident is choking while another resident experiences cardiac arrest).
4. **Description of the repair of the immediate problem:** First aid training and certification in obstructed airway techniques and CPR has been scheduled for 7/28/16 for 20 team members of the Resident Care Department, including all Medication Assistants. Resident Care staff scheduled to ensure one staff person for every 50 residents trained in first aid and certified in obstructed airway techniques and CPR is on duty at all times in accordance with the regulation.
5. **Prevention of future occurrences:** A tracking system has been implemented to monitor all team members who are trained in first aid and certified in obstructed airway techniques and CPR. Resident Care staff will be scheduled in accordance with the regulation. Team members certified in CPR and trained in First Aid will be designated on the schedule to be visually apparent that there are at least two team members certified in CPR and trained in First Aid scheduled at all times.
6. **Position Responsible:** The Director of Resident Care will monitor first aid training and certification in obstructed airway techniques and CPR for all Resident Care staff as well as scheduling. The Executive Director will ensure first aid training and certification in obstructed airway techniques and CPR is scheduled and carried out as necessary to achieve compliance.
7. **Date for correction to be completed:** 7/31/16.

Authorized Signature

[Handwritten Signature], RN, RCHA

Date:

7/21/16

Violation Report: 32948 - 07/06/2016 - McCloskey, Jason
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

Three 1 1/2 quart plastic storage containers located in the upright cooler in the back of the kitchen had broken lids. As a result, unused portions of applesauce, chicken and rice soup and spaghetti sauce were opened and unsealed.

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

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Nanielle Ford, PA, PHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nanielle Ford, Executive Director</i>	<i>7/21/16</i>

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

The above plan of correction is approved as of 8/2/16
 (Date)

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

Plan of correction implementation status as of 8/2/16
 (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: July 6-7, 2016

Date of Submission: July 21, 2016

1. **Violation Review:** 2600.103(g) – Food shall be stored in closed or sealed containers.
2. **Violation Interpretative Statement:** Three 1 ½ quart plastic storage containers located in the upright cooler in the back of the kitchen had broken lids. As a result, unused portions of applesauce, chicken and rice soup, and spaghetti sauce were opened and unsealed.
3. **Benefit of the Regulation, per RCG:** Ensures that food is stored safely and protected from spoilage or infestation by insects and rodents.
4. **Description of the repair of the immediate problem:** The above mentioned food products and plastic storage containers were immediately discarded. New plastic storage containers were purchased to provide food storage in accordance with the regulations.
5. **Prevention of future occurrences:** Cooks will inspect food storage containers prior to storing food products. Cooks will notify Food Service Director of any defects and need to order new storage containers. Food Service Director will perform monthly visual audits to ensure all food containers are able to be sealed in accordance with the regulations. All food products will be stored in closed or sealed containers that are free from cracks. Food Service Director will retain the Food Service Team regarding proper storage and storage containers at the monthly staff meeting on August 3, 2016
6. **Position Responsible:** Cooks will inspect food storage containers prior to storing food products. Food Service Director will perform monthly visual audits to ensure all food storage containers are sealed in accordance with the regulations.
7. **Date for correction to be completed:** 8/3/16.

Authorized Signature William P. PCHA

Date: 7/21/16

Violation Report: 32848 - 07/06/2016 - McCloskey, Jason
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The home has not completed an initial assessment for Resident 1, admitted [redacted] 16.
 The initial assessment for Resident 2, admitted [redacted] 15, was completed on [redacted] 16.

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 4A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Danielle Poor, RN, RCHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Danielle Poor, Executive Director</i>	<i>7/21/16</i>

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

The above plan of correction is approved as of 8/2/16
 (Date)

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

Plan of correction implementation status as of 8/2/16
 (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: July 6-7, 2016

Date of Submission: July 21, 2016

- 1. Violation Review:** 2600.225(a) – A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.
- 2. Violation Interpretative Statement:** The home has not completed an initial assessment for Resident 1, admitted [REDACTED] 16. The initial assessment for Resident 2, admitted [REDACTED] 15, was completed on [REDACTED] /16.
- 3. Benefit of the Regulation, per RCG:** Allows homes 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:** Assessment and documentation were completed on Resident 1 on 7/19/16. A chart audit of all new move-ins within the past 30 days will be completed to ensure assessments are completed in compliance of the regulations. Additionally a chart audit of all assessments will be completed to ensure assessments are completed in compliance of the regulations. Any outstanding assessments will be completed immediately.
- 5. Prevention of future occurrences:** All assessments will be completed within 15 days of admission for all new residents. A tracking system has been implemented to ensure assessments are completed in accordance with the regulations. Assessment due dates will be documented on a written calendar.
- 6. Position Responsible:** The Resident Care Department and/or Designee will complete the assessment on all new residents within 15 days of admission, according to the tracking system. The Director of Resident Care and the Executive Director will utilize the tracking calendar to confirm assessments are completed according to the regulation.
- 7. Date for correction to be completed:** 8/19/16.

Authorized Signature Maureen Ford, RN, RCHA

Date: 7/21/16

Violation Report: 32948 - 07/06/2016 - McCloskey, Jason
 PCH Name: COLONIAL COURTYARD AT BEDFORD

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
 The most recent assessment for Resident 3 was completed on 8-3-15, the previous assessment was completed on 7-10-14.

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.

Please see attached
 Page 5A

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

Signature of Legal Entity Representative (Required on EVERY Page) Danielle Poor, RN, RHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Danielle Poor, Executive Director Date 7/21/16

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

The above plan of correction is approved as of 8/2/16
 (Date)

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

Plan of correction implementation status as of 8/2/16
 (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: July 6-7, 2016

Date of Submission: July 21, 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 Interpretative Statement:** The most recent assessment for Resident 3 was completed on 8/3/15, the previous assessment was completed on 7/10/14.

3. **Benefit of the Regulation, per RCG:** Allows homes 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:** A chart audit of all assessments will be completed to ensure assessments are completed in compliance of the regulations. Any outstanding assessments will be completed immediately.

5. **Prevention of future occurrences:** All assessments will be completed annually, upon a significant change, and/or at the request of the Department. A tracking system has been implemented to ensure all assessments are completed in accordance with the regulation. Assessment due dates will be documented on a written calendar.

6. **Position Responsible:** The Resident Care Department and/or Designee will complete assessments on all residents annually, upon a significant change, or at the request of the Department. The Director of Resident Care and the Executive Director will utilize the tracking calendar to confirm assessments are completed according to the regulation.

7. **Date for correction to be completed:** 8/19/16

Authorized Signature Wendell Post, RN, RCHA

Date: 7/21/16

Violation Report: 32948 - 07/06/2016 - McCloskey, Jason
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident 1 was admitted to the home on [redacted] 16. The home has not developed a support plan for the resident.

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 6A

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Minikille Poor, Rth, PLHA			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Minikille Poor, Executive Director			7/20/16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
8/2/16 (Date)		8/2/16 (Date)	
The above plan of correction was approved by		<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	
BAS (Initials)			

PLAN OF CORRECTION TEMPLATE

Community Name: Colonial Courtyard at Bedford

License Number: 329480

Date of Visit: July 6-7, 2016

Date of Submission: July 21, 2016

1. **Violation Review:** 2600.227(a) – A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department’s support plan form.
2. **Violation Interpretative Statement:** Resident 1 was admitted to the home on [REDACTED] 16. The home has not developed a support plan for the resident.
3. **Benefit of the Regulation, per RCG:** Ensures that each resident’s needs are met, and that accountability for meeting those needs is firmly established.
4. **Description of the repair of the immediate problem:** A support plan was completed on Resident 1 on 7/19/16. A chart audit of all new move-ins within the past 30 days will be completed to ensure support plans are completed in compliance of the regulations. Additionally a chart audit of all support plans will be completed to ensure support plans are completed in compliance of the regulations. Any outstanding support plans will be completed immediately.
5. **Prevention of future occurrences:** All support plans will be completed within 30 days of admission for all new residents. A tracking system has been implemented to ensure support plans are completed in accordance with the regulations. Support plan due dates will be documented on a written calendar.
6. **Position Responsible:** The Resident Care Department and/or Designee will complete the support plan on all new residents within 30 days of admission, according to the tracking system. The Director of Resident Care will check new admission charts, within 30 days after admission, to ensure completion. The Executive Director will utilize the tracking calendar to verify support plans are completed according to the regulation.
7. **Date for correction to be completed:** 8/19/16.

Authorized Signature W. Anderson, RN, PLHA

Date: 7/21/16

Violation Report: 32948 - 07/06/2016 - McCloskey, Jason
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa. Code §2500
 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 plans for Residents 2 and 4 were not signed by the staff persons who developed the plans.

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 7A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Manielle Poor, RN, PCHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Manielle Poor, Executive Director</i>	<i>7/21/16</i>

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

The above plan of correction is approved as of <u><i>8/2/16</i></u> (Date)	Plan of correction implementation status as of <u><i>8/2/16</i></u> (Date)
The above plan of correction was approved by <u><i>BAS</i></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: July 6-7, 2016

Date of Submission: July 21, 2016

1. **Violation Review:** 2600.227(g) – Individuals who participate in the development of the support plan shall sign and date the support plan.
2. **Violation Interpretative Statement:** The support plans for Residents 2 and 4 were not signed by the staff persons who developed the plans.
3. **Benefit of the Regulation, per RCG:** Having individuals who participate in the development of the support plan sign and date the support plan provides a record of who participated in the development of the support plan for future reference purposes.
4. **Description of the repair of the immediate problem:** The support plans for Residents 2 and 4 were signed and dated by the person completing the plans on 7/15/16. A chart audit will be completed of all support plans to ensure all are signed and dated. Any support plans not signed and dated will be reviewed by the resident and the Director of Resident Care and signed and dated immediately.
5. **Prevention of future occurrences:** All support plans will be signed and dated by the person completing the support plan. A tracking system has been implemented to ensure support plans are completed in accordance with the regulations.
6. **Position Responsible:** The Resident Care Department and/or Designee will immediately sign and date the support plans upon completion. The Director of Resident Care will utilize the tracking calendar to verify new support plans upon completion and ensure all support plans are signed and dated in accordance with the regulations. The Executive Director will utilize the tracking calendar to verify support plans are signed and dated according to the regulation.
7. **Date for correction to be completed:** 7/31/16.

Authorized Signature

Francisco [Signature], RN, PLHA

Date:

7/21/16

Plan of Correction Template

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ADM040

Violation Report: 32948 - 07/06/2016 - McCloskey, Jason
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 The support plan for Resident 2 was not signed by the resident and did not contain a notation of their refusal or inability to sign.

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 8A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Manuel Poo, AJ, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Manuel Poo Executive Director</i>	Date <i>7/21/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>8/2/16</i></u> (Date)	Plan of correction implementation status as of <u><i>8/2/16</i></u> (Date)
The above plan of correction was approved by <u><i>BAS</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partly Implemented - Adequate Progress <input type="checkbox"/> Partly Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PLAN OF CORRECTION TEMPLATE

Community Name: Colonial Courtyard at Bedford

License Number: 329480

Date of Visit: July 6-7, 2016

Date of Submission: July 21, 2016

1. **Violation Review: 2600.227(h)** – If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.
2. **Violation Interpretative Statement:** The support plan for Resident 2 was not signed by the resident and did not contain a notation of their refusal or inability to sign.
3. **Benefit of the Regulation, per RCG:** If a resident and/or designated person participates in the development of the support plan and is unable or chooses not to sign and date the support plan, noting this in the record provides a record of who participated in the development of the support plan for future reference purposes (even though the person did not sign).
4. **Description of the repair of the immediate problem:** The support plan for Resident 2 was reviewed with the resident and the resident signed and dated. A chart audit will be completed of all support plans to ensure all are signed and dated. Any support plans not signed and dated will be reviewed by the resident and the Director of Resident Care and signed and dated immediately.
5. **Prevention of future occurrences:** All support plans will be signed and dated by the resident. A tracking system has been implemented to ensure support plans are completed in accordance with the regulations.
6. **Position Responsible:** The Resident Care Department and/or Designee will obtain a signature and date from the resident upon completion of the support plan. The Director of Resident Care will utilize the tracking calendar to verify new support plans upon completion and ensure all support plans are signed and dated in accordance with the regulations. The Executive Director will utilize the tracking calendar to verify support plans are signed and dated according to the regulation.
7. **Date for correction to be completed:** 7/31/16.

Authorized Signature William D. Brown, RN, RCHA

Date: 7/21/16