



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 27 2017

Ms. Loriann Putzier, President & COO
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
License #: 329490

Dear Ms. Putzier:

As a result of the Department of Human Services' annual licensing inspections on August 24, 2016 and August 25, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: COLONIAL COURTYARD AT TYRONE		License Number: 32849
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: 6800 BROOKTREE COURT STE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy		
C-2 LP		I-2
03/02/1999		11/14/2014
Labor and Industry		Tyrone Borough
Staffing Hours		
Resident Support: 0	Total Daily Staff: 54	Working Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/24/2016: OPake, Hope; Heemer, Laura		
08/25/2016: OPake, Hope; Heemer, Laura		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>NOV 17 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Date		
Licensed Capacity: 70 Number of Residents Served: 36 Secured Dementia Care Unit In Home: Yes Area: Life Stories Secured Dementia Unit Capacity, if Applicable: 11 Number of Residents Served in Secured Dementia Care Unit, if applicable: 10 Number of Current Hospice Residents: 9 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 34 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 18 Have a Physical Disability: 8	

Violation Report: 32949 - 08/24/2016 - O'Pake, Hope
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 85 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 On August 21, 2016, a total of 40.5 hours of direct care was required during waking hours. However, only 39.75 hours were provided.

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 page 2A of 7. -JE

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
LISA COWAN, Executive Director	11/10/16

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

The above plan of correction is approved as of 11-30-16
 (Date)

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

Plan of correction implementation status as of 11-30-16
 (Date)

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

PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: August 24-25, 2016

Date of Submission: November 18, 2016

1. Violation Review: 2600.57(d) - At least 75% of the personal care service hours specified in 2600.57(b) and 2600.57(c) shall be available during waking hours.
2. Violation Interpretive Statement: On August 21, 2016, a total of 40.5 hours of direct care was required during waking hours. However, only 39.75 hours were provided.
3. Review of the benefit of the Regulation, per RCG: Ensures that staffing hours provided to meet personal care needs are supplied during a time of day when residents are awake.
4. Description of the Repair of the Immediate Problem: Director of Resident Care will schedule at least 75% of direct care staff hours during waking hours.
5. Determine / Document the Root Cause of the Violation: Both the Director of Resident Care and the Executive Director are relatively new to their positions. Although the minimum number of direct care staff hours was exceeded, it was an oversight to not ensure 75% of those hours were allocated to waking hours.
6. Detail Action Steps / System Developed to prevent future occurrence: With our increased awareness, our current staffing pattern is in compliance with this regulation. Director of Resident Care will review staffing hours as we have new admissions, discharges, and residents who experience a change in status, in accordance with each resident RASP, that would affect our number of immobile residents. The direct care staff hours will be adjusted as needed to ensure 75% of the total hours will be allocated to waking hours. Please see attached, (2a).
7. Designated person responsible and specify target date for correction: The Director of Resident Care will be responsible for scheduling hours according to regulation requirements. This is already in effect. Same attachment. The Executive Director will audit monthly.



Violation Report: 32949 - 08/24/2016 - OPaka, Hope
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 58 Pa.Code §2600
 2800.63(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 August 17, 2016, from 11:30 pm until 4:00 am on August 18, 2016, no staff persons were present in the home who were certified in CPR.
 -On August 18, 2016, from 4:00 am to 7:00 am, no staff persons were present in the home who were certified in First Aid.
 -On August 20, 2016, from 12:00 am to 7:00 am, no staff persons were present in the home who were certified in CPR and First Aid.

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 page 3A + 3B of 7. -SE

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Lisa Cannon, Executive Director	11/10/16

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

The above plan of correction is approved as of <u>11-30-16</u> (Date)	Plan of correction implementation status as of <u>11-30-16</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PLAN OF CORRECTION

ja

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: August 24-25, 2016

Date of Submission: November 18, 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 Interpretive Statement:
 - On August 17, 2016, from 11:30 pm until 4:00 am on August 18, 2016, no staff persons were present in the home that were certified in CPR.
 - On August 18, 2016, from 4:00am to 7:00 am, no staff persons were present in the home who were certified in First Aid.
 - On August 20, 2016, from 12:00 am to 7:00 am, no staff persons were present in the home who were certified in CPR and First Aid.
3. Review of the benefit of the Regulation, per RCG: Ensures that staff is 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: All staff members will be trained in first aid and certified in obstructed airway techniques and CPR.
5. Determine / Document the Root Cause of the Violation: Although we have held CPR classes, it was not realized that these classes did not include first aid training. Historically these have been taught together.
6. Detail Action Steps / System Developed to prevent future occurrence: Three staff members attended classes for first aid, CPR, and AED on 8/23/16. Six staff members attended a class on 9/7/16 and eight members attended 11/15/16. We have classes scheduled for 12/5/16, one will be for first aid, AED, and CPR, and the other for first aid only. This will provide training for those

who previously attended the CPR without first aid. At that time all staff members will have the required training. We have developed a tracking system and will provide a first aid, AED, CPR class a minimum of one time per year. Please see attached, (3a, 3b).

7. Designated position responsible and specify the target date for correction: The Director of Resident Care will be responsible for tracking staff first aid, CPR, and obstructed airway training status. The target date for all staff members to be current with their training is December 5, 2016.

JE

Violation Report: 32949 - 08/24/2016 - OPake, Hope
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2800
 2800.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On August 24, 2016, there was an accumulation of lint in the lint trap of the dryer, located in the resident laundry room, by the inside entrance to the Secure Dementia Care Unit.

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 Page 4 A of 7. - SE

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lisa Cawan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Lisa Cawan, Executive Director</i>	<i>11/10/16</i>

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

The above plan of correction is approved as of <u>11-30-16</u> (Date)	Plan of correction implementation status as of <u>11-30-16</u> (Date)
The above plan of correction was approved by <u>LC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: August 24-25, 2016

Date of Submission: November 18, 2016

1. Violation Review: 2600.105(g)(1)-To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.
2. Violation Interpretive Statement: On August 24, 2016, there was an accumulation of lint in the lint trap of the dryer, located in the resident laundry room, by the inside entrance to the Secured Dementia Care Unit.
3. Review of the benefit of the Regulation, per RCG: Greatly reduces the chance of fire in the home.
4. Description of the Repair of the Immediate Problem: Lint trap was cleaned.
5. Determine / Document the Root Cause of the Violation: The lint was found in the resident laundry room dryer. One of our residents had just done their laundry and had not cleaned the trap.
6. Detail Action Steps / System Developed to prevent future occurrence: We have placed a sign in the laundry room, reminding everyone to clean the trap after every use. This will be addressed at this month's resident council meeting. We also have a tracking log placed in the laundry room, and memory care staff has been assigned the task of cleaning the trap once per shift.
7. Designated position responsible and specify the target date for correction: Director of Resident Care and Executive Director will ensure the lint trap is being cleaned by monitoring the log and the lint trap. Staff members who are not compliant with this policy will be disciplined.

Violation Report: 32949 - 08/24/2016 - OPake, Hope
PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been submitted to the municipal emergency management agency since May 2015.

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 page 5A + 5B of 7. -SE

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

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Lisa Cowan, Executive Director	11/16/16

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

The above plan of correction is approved as of <u>11-30-16</u> (Date)	Plan of correction implementation status as of <u>11-30-16</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PLAN OF CORRECTION

Page 5A of 7

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: August 24-25, 2016

Date of Submission: November 18, 2016

1. Violation Review: 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.
2. Violation Interpretive Statement: The homes written emergency procedures have not been submitted to the municipal emergency management since May, 2015.
3. Review of the benefit of the Regulation, per RCG: Ensures the local emergency management officials are aware of the homes emergency procedures.
4. Description of the Repair of the Immediate Problem: The management official, Mayor Fink, confirmed having a copy of the homes emergency procedures and he was made aware no changes have been made to this time. Please see attached.
5. Determine / Document the Root Cause of the Violation: It was the intention of the Executive Director to update the emergency procedure manual and then, upon its completion, send the updated manual to the municipal emergency management.
6. Detail Action Steps / System Developed to prevent future occurrence: The Executive Director will work with the Maintenance Supervisor to complete updates to the emergency procedure manual. The updated copy will be submitted to local municipal emergency management. The emergency procedure manual will be reviewed during the first quarter every year. Any needed changes will be made and a copy will be sent to the local emergency management. If no changes are made, the emergency management team will be notified in writing, by March 31.
7. Designated position responsible and specify the target date for correction: On November 8, 2016, Mayor Fink confirmed he has a copy of Colonial Courtyard at Tyrone's current emergency procedures and signed a confirmation letter. The Executive Director and the Maintenance

Page 5B of 7

Supervisor will work to complete any needed updates to the emergency procedure manual by the end of the first quarter, 2017. The Executive Director will provide a copy of the procedures to the local municipal emergency management by March 31, 2016. See attachment (4a).

je

Violation Report: 32949 - 08/24/2016 - OPake, Hope
PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2800
2800.123(b) - Copies of the emergency procedures as specified in § 2800.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's emergency procedures were not posted in a conspicuous and public place in the home.

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 Page 6 A of 7. - BE

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 11-30-16
(Date)

Plan of correction implementation status as of 11-30-16
(Date)

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

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

PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: August 24-25, 2016

Date of Submission: November 18, 2016

DE

1. **Violation Review: 2600.123(b)-Copies of the emergency procedures as specified in 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.**
2. **Violation Interpretive Statement: The homes emergency procedures were not posted in a conspicuous and public place in the home.**
3. **Review of the benefit of the Regulation, per RCG: Posting the required information allows for easy access to critical information by laypersons during an emergency.**
4. **Description of the Repair of the Immediate Problem: A copy of the emergency procedure manual has been placed on a table in the lobby area. See attached (5a).**
5. **Determine / Document the Root Cause of the Violation: It was believed that the emergency procedures were in a conspicuous place, available to visitors.**
6. **Detail Action Steps / System Developed to prevent future occurrence: All staff members will be made aware of the importance of keeping the emergency procedure manual on the table in the lobby. The updated emergency procedure manual will be kept in a red binder.**
7. **Designated position responsible and specify the target date for correction: On November 14, 2016, the Executive Director placed the Emergency Preparedness Manual in the lobby, on a designated table.**

Violation Report: 32949 - 08/24/2016 - OPaks, Hope
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Coda §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The last drill conducted during sleeping hours was held on March 24, 2016. The previous sleeping hours drill was conducted on August 26, 2015, more than six months prior.

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 Page 7A of 7. - SE

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Lisa Colman Executive Director	11/16/16

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

The above plan of correction is approved as of 11-30-16
 (Date)

Plan of correction implementation status as of 11-30-16
 (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

JE

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: August 24-25, 2016

Date of Submission: November 18, 2016

1. Violation Review: 2600.132(e)- A fire drill shall be held during sleeping hours once every 6 months.
2. Violation Interpretive Statement: The last drill conducted during sleeping hours was held on March 24, 2016. The previous sleeping hours drill was conducted on August 26, 2015, more than six months prior.
3. Review of the benefit of the Regulation, per RCG: It is critical to practice response and evacuation while residents are asleep, since an individual's response time and actions when waking from sleep are reduced, and because most fire deaths occur during sleeping hours.
4. Description of the Repair of the Immediate Problem: A fire drill during sleeping hours was conducted October 19, 2016, just four months from the previous drill.
5. Determine / Document the Root Cause of the Violation: The Executive Director was covering for multiple management positions, and the error in timeliness of this drill was an oversight.
6. Detail Action Steps / System Developed to prevent future occurrence: It is the intention of the Executive Director to meet our own operating standards, and facilitate a fire drill during sleeping hours every four months. This will exceed the regulation.
7. Designated position responsible and specify the target date for correction: The correction plan is effective now. Our next drill during sleeping hours will be scheduled for [REDACTED] 2017. The Maintenance Specialist and Executive Director will work together and schedule all fire drills, for 2018, in advance.