



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 13 2017

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 inspections on June 27, 2017 and June 28, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32948 - 06/27/2017 - Springs, Israel
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 8/5/17, 8/16/17, and 8/23/17 between the hours of 10:30pm and 6:30am, there were seventy-three residents in the home and only one staff member on duty 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.

CPR class will be conducted by 8-3-17 to update staffing who has expired CPR.
and E.D. will review CPR binder quarterly.

* The administrator will ensure that sufficient numbers of staff with the required training and certification are present in the home at all times. Documentation of staffing, training, and certification will be retained for Department review.

BS 7/12/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Stacey Frederick, Acting Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Stacey Frederick, Acting Executive Director* Date *7/12/17*

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

The above plan of correction is approved as of 7/12/17
(Date)

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

Plan of correction implementation status as of 7/12/17
(Date)

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

Violation Report: 32948 - 08/27/2017 - Springs, Israel
PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa. Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

Za. DESCRIPTION OF VIOLATION

The documentation of medical evaluation form for Resident #1, dated 1/16/17, was missing data for the Height, Pulse Rate, Blood Pressure, and Temperature.

The documentation of medical evaluation form for Resident #2, dated 8/10/16, was missing data for the Height, Weight, Pulse Rate, Blood Pressure, and Temperature.

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.

The Director of Marketing will review new Admissions' DME's along with DRCS or ED to assure All vitals are documented. Annual renewals will be reviewed by DRCS and or E.D. Annual's will be sent out by 2 disinated supervisor's.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Stacey Frederick, acting Executive Director*

Printed Name and Title of Legal Entity Representative Date *7/10/17*

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

The above plan of correction is approved as of 7/12/17 (Date)

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

Plan of correction implementation status as of 7/12/17 (Date)

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