



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 11 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
Certificate #: 329490

Dear Ms. Putzier:


As a result of the Department of Human Services' annual licensing inspections on August 23, 2017; August 24, 2017; and October 27, 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,


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: 32949
Address: 5546 E PLEASANT VALLEY BLVD, TYRONE, PA 16866		County: Blair
Administrator: Lisa Cohen		Region: CENTRAL
Legal Entity Name: TITHONUS TYRONE LP		
Legal Entity Address: 6600 BROOKTREE COURT STE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy		
C-2 LP	I-2	
03/02/1999	11/14/2014	
L&I	Tyrone Boro.	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 59	Waking Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
08/23/2017: Hoover, Douglas; Springs, Israel		
08/24/2017: Hoover, Douglas; Springs, Israel		
Off-Site Inspection Dates and Inspectors, If Applicable		
<p>RECEIVED</p> <p>SEP 8 5 2017</p> <p>CENTRAL REGION FIELD OFFICE</p> <p>ALTOONA, PA 15201</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
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: 9 Number of Current Hospice Residents: 11 Number of Hospice Residents in past year: 25	Number of Residents who: Receive Supplemental Security Income: 2 Are 80 Years of Age or Older: 34 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 23 Have a Physical Disability: 0	

Violation Report: 32949 - 08/23/2017 - Hoover, Douglas
PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract, dated [redacted] 17 for Resident #1, admitted to the secured demential care unit (SDCU) on [redacted] 17, was not signed by the resident.

The contract, dated 7/6/17 for Resident #2, admitted to the SDCU on [redacted] 7, was not signed by the resident.

The contract, dated [redacted] 16 for Resident #3, admitted [redacted] 16, was not signed by 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.

See attached Pages 2A + 2B of 7. - ee

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)

Lisa Cowan, Executive Director

Date *9/25/17*

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

The above plan of correction is approved as of 10-4-17
(Date)

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

Plan of correction implementation status as of 10-4-17
(Date)

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

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: 8/23/17

Date of Submission: 9/25/17

1. Violation Review: 2600.25(b)

2. Violation Interpretative Statement:

The contract, dated [redacted]/17 for Resident #1, admitted to the secured dementia care unit (SDCU) on [redacted] resident.

The contract, dated [redacted] 17 for Resident #2, admitted to the SDCU on [redacted] 17, was not signed by the resident.

The contract, dated [redacted] 16 for Resident #3, admitted [redacted] 16, was not signed by the resident.

3. Review the benefit of the Regulation, per RCG: Signing the contract constitutes a pledge by both parties to abide by the specified terms.

4. Description of the Repair of the Immediate Problem: Resident #1, #2, and #3 have signed their respective contracts for admission to Colonial Courtyard at Tyrone.

- Resident #1, front page and signature pages of the contract-Attachment A - signed 9/24/17
- Resident #2, front page and signature pages of the contract-Attachment B - signed 9/24/17
- Resident #3, front page and signature pages of the contract-Attachment C - Refusal noted 9/23/17

5. Determine / document the Root Cause of the Violation:

Resident signatures were not obtained at the time of admission.

6. Detail Action Steps / System Developed to prevent future occurrence:


- a. Changing practice? The Director of Sales and Marketing (DSM)/Executive Director/or Designated Manager will work to ensure resident signatures or mark will be obtained at the time of admission.

b. Teaching or Training? All managers received education from Doug Hoover during the annual survey, regarding the importance of involving the resident in the admission process. This was again reviewed with managers and acknowledgements were signed. See attachment D.

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c. On-going Monitoring? The ED will review all contracts to ensure resident signature/mark is completed on the contract, prior to filing.

7. Designated position responsible and specify target date for correction. The DSM/Executive Director/Designated Manager, will be responsible to obtain resident signature/mark at the time of admission. Executive Director will review prior to filing. This correction went into effect immediately and is ongoing.

Authorized Signature  Date: 9/25/17

Violation Report: S2949 - 08/23/2017 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Glucometer readings are erased after 2 days and do not match the documentation in the medication administration records (MAR's):

On 8/23/17, the glucometer reading for Resident #4 was 101. The blood sugar reading recorded in the MAR was 136. There was no glucometer memory prior to 8/22/17 for Resident #4.

On 8/24/17, the glucometer reading for Resident #5 was 135. The blood sugar reading recorded in the MAR was 131. There was no glucometer memory prior to 8/23/17 for this resident.

There was no glucometer memory prior to 8/23/17 for Resident #6.

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 7. -SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa Cowan, ETD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lisa Cowan Executive Director</i>	Date <i>9/25/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-27-17
 (Date)

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

Plan of correction implementation status as of 10-27-17
 (Date)

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

Community Name: Colonial Courtyard at Tyrone

Page 3A of 7

License Number: 329490

Date of Visit: 8/23/17

DE

Date of Submission: 9/25/17

1. Violation Review: 2600.185(a)

2. Violation Interpretative Statement: Glucometer readings are erased after 2 days and do not match the documentation in the medication administration records (MAR's):

On 8/23/17, the glucometer reading for Resident #4 was 101. The blood sugar reading recorded in the MAR was 136. There was no glucometer memory prior to 8/22/17 for resident #4.

On 8/24/17, the glucometer reading for Resident #5 was 135. The blood sugar reading recorded in the MAR was 131. There was no glucometer memory prior to 8/23/17 for this resident.

There was no glucometer memory prior to 8/23/17 for Resident #6.

3. Review the benefit of the Regulation, per RCG: Reduces the risk that medications and medical equipment will be misplaced, lost or misused.

4. Description of the Repair of the Immediate Problem: Policy of cleaning the memory weekly was discarded immediately. Readings are still retrieved but left on the memory of the glucometer for reference.

5. Determine / document the Root Cause of the Violation: DRCS misinterpretation of information relayed regarding our new Glucometer Verification Forms. See Attachment H.

6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? Glucometer readings are now left on our glucometers until they expire from the memory of the machine.

- b. Teaching or Training? All MA and LPN staff were immediately made aware to not erase the glucometer readings and to begin tracking the readings on the glucometer verification sheets. A group in-service has been scheduled for 10/11/17, regarding use of the glucometers and the importance of accuracy when entering readings into the emar. 24

- c. On-going Monitoring? DRCS will audit the glucometers vs. entered readings for accuracy utilizing the glucometer verification sheets and making any corrections necessary. Staff will be notified and educated upon the finding of any discrepancies.

- 7. Designated position responsible and specify target date for correction. The DRCS MA staff, and LPN staff will be responsible and corrections were put in place immediately. In-service is scheduled for 10/11/17 at 2pm and 10pm.

Authorized Signature  Date: 9/25/17

Violation Report: 32949 - 08/23/2017 - Hoover, Douglas
PCH Name: COLONIAL COURTYARD AT TYRONE

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

Resident #7's support plans, dated 4/26/17 and 8/6/17, were not signed and there were no notations of refusal or inability to sign the support 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.

See attached Pages 4A + 4B of 7. -BE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Lisa Cowan, Executive Director

Date 9/25/17

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

The above plan of correction is approved as of 10-4-17
(Date)

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

Plan of correction implementation status as of 10-4-17
(Date)

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

Community Name: Colonial Courtyard at Tyrone

Page 4A of 7

License Number: 329490

Date of Visit: 8/25/17

Date of Submission: 9/25/17

pa

1. Violation Review: 2600.227(h)
2. Violation Interpretative Statement: Resident #7's support plans, dated 4/26/17 and 8/6/17, were not signed and there were no notations of refusal or inability to sign the support plan.
3. Review the 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: Resident #7's support plans, dated 4/26/17 and 8/6/17, have been signed. See attachment E, the front page and signature page of these support plans.
5. Determine / document the Root Cause of the Violation: Though Resident #7's support plan was reviewed with the resident and her daughter, no signatures were obtained and no documentation of their involvement was noted.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? The Director of Resident Care Services (DRCS) will document on the support plan the date the support plan is reviewed with the resident and /or designated person. The DRCS will request the resident and/or designated person to sign the support plan on their next visit. Attempts will be made to obtain signatures, but documentation will be made on the RASP to reference who was involved in the development of the support plan.

b. Teaching or Training? Doug Hoover provided education to all managers during the 8/24/17 survey exit, regarding the importance of documentation of the resident and/or designated person participation in the resident support plan, especially in the absence of a signature. All wellness team members are reminded on an ongoing basis to encourage designated persons to stop by the wellness office to sign support plans. *JSE*

c. On-going Monitoring? The DRCS will document the date, time, and the name of the designated person participating in the support plan. Signature will be encouraged.

7. Designated position responsible and specify target date for correction.

The DRCS will be responsible to review the residents support plan with the resident and/or designated person and will obtain signatures or document on the support plan if designated person is not available to sign. This went in to effect immediately and is ongoing.

Authorized Signature *[Signature]* Date: 9/25/17

Violation Report: 32849 - 08/23/2017 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the SDCU on 7/8/17. The medical evaluation, dated 7/8/17, does not document the need for SDCU care.

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 5A + 5B of 7. -LE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Lisa Conran, Executive Director

Date *9/25/17*

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

The above plan of correction is approved as of 10-27-17
 (Date)

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

Plan of correction implementation status as of 6-27-17
 (Date)

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

Community Name: Colonial courtyard at Tyrone

License Number: 329490

Date of Visit: 8/23/17

Date of Submission: 9/25/17

PE

1. Violation Review: 2600.231(b)

2. Violation Interpretative Statement: Resident #2 was admitted to the SDCU on 7/6/17. The medical evaluation, dated 7/6/17, does not document the need for SDCU care.

3. Review the 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 residents' medical needs will be met.

4. Description of the Repair of the Immediate Problem: With Dr. McAleers' permission and agreement, section 4 of the medical evaluation has been marked to confirm the residents need for SDCU. See Attachment F.

5. Determine / document the Root Cause of the Violation: Resident #7's medical evaluation, dated 7/6/17, did not document the resident's need for a SDCU.

6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? The Admission Committee members, the Executive Director, the Director of Resident Care, and the Director of Sales and Marketing, will all review new residents medical evaluations to ensure they are fully completed. If a resident requires placement in a SDCU, we will all ensure it is documented on the medical evaluation and if it is not, this will be clarified with the physician prior to resident admission.

b. Teaching or Training? The medical evaluation tool used for training new managers and expectations regarding full completion prior to resident's admission have been reviewed by the Admissions Committee. We specifically reviewed the importance of having the need for SDCU documented if a resident is being admitted to our SDCU. See Attachment G.

MS

c. On-going Monitoring? Residents will not be accepted for admission prior to the medical evaluation being reviewed by all admissions committee members and completed in its entirety.

7. Designated position responsible and specify target date for correction.

The Executive Director, the Director of Resident Care Services, and the Director of Sales and Marketing will all be responsible to ensure all residents being admitted to the SDCU have this documented on their medical evaluation. The target date is immediate and ongoing.

Authorized Signature



Date:

9/25/17

Violation Report: 32949 - 08/23/2017 - Hoover, Douglas
PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the SDCU on [redacted] 17. The support plan was dated 6/29/17, more than 72 hours prior to admission.

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 6A + 6B of 7. - ee

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lise Cowan LP

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

Lise Cowan Executive Director

Date

9/22/17

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

The above plan of correction is approved as of 10-27-17
(Date)

Plan of correction implementation status as of 10-27-17
(Date)

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

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

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: 8/23/17

Date of Submission: 9/25/17

JE

1. Violation Review: 2600.234(a)
2. Violation Interpretative Statement: Resident #2 was admitted to the SDCU on [REDACTED] 17. The support plan was dated [REDACTED] 17, more than 72 hours prior to admission.
3. Review the benefit of the Regulation, per RCG: Ensures that there is a plan to serve residents with challenging behaviors as soon as possible.
4. Description of the Repair of the Immediate Problem: Start date was added to reflect initiation of the support plan, date of resident's admission. See Attachment I.
5. Determine / document the Root Cause of the Violation: The computer program used to complete the support plan automatically lists the date the Level of Care assessment was completed, prior to admission. The RASP is completed and started on the day of admission.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? Our practice is in compliance. We will now indicate the start date on the front of the RASP to reflect this.
 - b. Teaching or Training? The Director of Resident Care and the Executive Director have been made aware of this problem with our computer program and will ensure the start date is noted on all RASPs.

c. On-going Monitoring? DRCS will monitor on admission.

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7. Designated position responsible and specify target date for correction.

The DRCS will be responsible to document the start date of the RASP on the front page. The target date will be immediate and ongoing.

Authorized Signature  Date: 9/25/17

Violation Report: 32949 - 08/23/2017 - Hoover, Douglas
PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident #2, dated 8/29/17, does not indicate that the resident or the designated person participated in the development of the support plan.

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 7A + 7B of 7. - SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Lisa Cowan Executive Director

Date 9/25/17

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

The above plan of correction is approved as of 9-28-17
(Date)

Plan of correction implementation status as of 9-28-17
(Date)

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

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

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: 8/23/17

Date of Submission: 9/25/17

Page 7A of 7

JE

1. Violation Review: 2600.234(e)
2. Violation Interpretative Statement: The support plan for Resident #2, dated 6/29/17, does not indicate that the resident or the designated person participated in the development of the support plan.
3. Review the benefit of the Regulation, per RCG: Having a resident and/or designated person participate in the development and implementation of the support plan helps to provide crucial detailed information about the specific resident which can assist the home in developing a specific plan as to how it will meet the needs of the resident identified in the assessment.
4. Description of the Repair of the Immediate Problem: Resident #2's support plan has been signed. See Attachment I.
5. Determine / document the Root Cause of the Violation: Though Resident #2's support plan was reviewed with the resident's designated person, no signature was obtained and no documentation of their involvement was noted.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? The Director of Resident Care Services (DRCS) will document on the support plan the date the support plan is reviewed with the resident and /or designated person. The DRCS will request the resident and/or designated person to sign the support plan on their next visit. Attempts will be made to obtain signatures, but documentation will be made on the RASP to reference who was involved in the development of the support plan.

- b. Teaching or Training? Doug Hoover provided education to all managers during the 8/24/17 survey exit, regarding the importance of documentation of the resident and/or designated person participation in the resident support plan, especially in the absence of a signature. All Wellness team members are reminded on an ongoing basis to encourage designated persons to stop by the wellness office to sign support plans. JE

- c. On-going Monitoring? DRCS will ensure that documentation is made of the designated Person's involvement in the support plan at the time of the phone call/conversation and signatures will be encouraged.

7. Designated position responsible and specify target date for correction.

The DRCS will be responsible to review the residents support plan with the resident and/or designated person. The DRCS will document the date, time, and the name of the designated person participating in the support plan. This went in to effect immediately and is ongoing.

Authorized Signature  Date: 9/25/17