pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **TITHONUS TYRONE LP**
LEGAL ENTITY

To operate **COLONIAL COURTYARD AT TYRONE**
NAME OF FACILITY OR AGENCY

Located at **5546 EAST PLEASANT VALLEY BLVD, TYRONE, PA 16686**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE | ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE | ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE | ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **70**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 11

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **February 6, 2018** until **August 6, 2018**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **329491**

Robert E. Robinson
ISSUING OFFICER

Tina L Long
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628p – 5/17

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

FEB 06 2018

Ms. Loriann Putzier, 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 #: 329491

Dear Ms. Putzier:

As a result of the Department of Human Services' Bureau of Human Services Licensing inspection on September 19, 2017, September 20, 2017, October 27, 2017, November 22, 2017 and January 18, 2018 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license # 329490 dated September 14, 2017 to September 14, 2018 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated September 14, 2017 to September 14, 2018 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license or a written request for an appeal must be received within 10 days of the date of this letter by:

Jacqueline Rowe, Director
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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

PCH Name: COLONIAL COURTYARD AT TYRONE	License Number: 32949
Address: 5548 EAST PLEASANT VALLEY BLVD., TYRONE, PA 16686	County: Blair
Administrator: LISA COWAN	Region: CENTRAL
Legal Entity Name: TITHONUS TYRONE LP	
Legal Entity Address: C/O INTEGRACARE CORPORATION, WEXFORD, PA 15090	

Certificate(s) of Occupancy

I-2
11/14/2014
BOROUGH OF TYRONE

Staffing Hours

Resident Support: 0 | Total Daily Staff: 54 | Waking Staff: 41

Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

11/22/2017: Bomberger, Cybil

Off-Site Inspection Dates and Inspectors, If Applicable

Other Details

Partial or Full Triggers: | Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 70

Number of Residents Served: 34

Secured Dementia Care Unit in Home: Yes

Area: REAR HALLWAY

Secured Dementia Unit Capacity, If Applicable: 11

Number of Residents Served in Secured Dementia Care Unit, If applicable: 11

Number of Current Hospice Residents: 9

Number of Hospice Residents in past year: 20

Number of Residents who:

Receive Supplemental Security Income: 2

Are 65 Years of Age or Older: 32

Have Mental Illness: 1

Have an Intellectual Disability: 1

Have a Mobility Need: 20

Have a Physical Disability: 0

PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 11/12/17 at approximately 12:00 AM, Resident #1 was being assisted in the bathroom by two staff persons. The resident was not able to follow direction and was resistant to care. The direct care staff requested assistance from a third staff person. Staff person A responded and attempted to have the resident use the toilet. At this time, the resident struck Staff Person A in the face. Staff person A then yelled at the resident and Resident #1's hands/wrists were held to prevent her from hitting staff during the completion of providing 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 Pages 2A and 2B

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 12/11/17

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

The above plan of correction is approved as of 12/18/17 (Date)

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

Plan of correction implementation status as of 1/29/18 (Date)

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

PLAN OF CORRECTION TEMPLATE

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: November 22, 2017

Date of Submission: December 11, 2017

1. Violation Review: 2600.42 (c)
   A resident shall be treated with dignity and respect.

2. Violation Interpretative Statement:
   On 11/12/17 at approximately 12:00 AM, Resident #1 was being assisted in the bathroom by two staff persons. The direct care staff requested assistance from a third staff person. Staff person A responded and attempted to have the resident use the toilet. At this time, the resident struck Staff Person A in the face. Staff Person A then yelled at the resident and Resident #1's hands/wrists were held to prevent her from hitting staff during the completion of providing care.

3. Review the benefit of the Regulation, per RCG:
   Ensures that residents are treated in a respectful and dignified manner.

4. Description of the Repair of the Immediate Problem:
   The employee in question was immediately suspended during our internal investigation.

5. Determine / document the Root Cause of the Violation:
   The employee reacted negatively to being physically hit by the resident.

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

   a. Changing practice?
      Treating residents with dignity and respect will continue to be the expectation of all staff, even when dealing with challenging behaviors.

b. Teaching or Training?
The staff will be trained in Safe Management Techniques by January 5, 2018. Record of the training will be kept in our training binder, available for Department review. Resident Rights were reviewed at the Resident Counsel meeting held November 21, 2017, and residents were urged to report any concerns regarding violations of their rights. See attachment A.

c. On-going Monitoring?
All staff members will be encouraged to immediately report to their supervisor, any instances where it is believed our residents are not being treated with dignity or respect.

7. Designated position responsible and specify target date for correction.
All staff members are responsible for ensuring our residents are treated with respect and dignity at all times. The Director of Resident Care will provide informal education to staff at the monthly department meeting, and Safe Management Techniques education will be completed by January 5, 2018.

Authorized Signature _____ Date: 12/11/17

The administrator will hold private meetings with staff members individually to discuss care in the facility and identify any problems. Five staff members shall be met with on a weekly basis, and where the same staff members are not met with for two consecutive weeks. These meetings shall occur for a period of eight weeks (commencing upon receipt of this plan). After the eight week period, the meetings shall be conducted on a monthly basis. BKS 1/29/18

Violation Report: 322949 - 11/22/2017 - Bomberger, Cybil
PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff Person A administered medications to residents on 11/21/17 and 11/22/17. The home has not completed the required medication administration training annual practicum record reviews and administration observations of Staff Person A since October 2016 and therefore Staff Person A is not currently trained to administer medications.

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 pages 3A and 3B

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: 12/11/17

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

The above plan of correction is approved as of 12/18/17 (Date)

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

Plan of correction implementation status as of 1/29/18 (Date)

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

PLAN OF CORRECTION TEMPLATE

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: November 22, 2017

Date of Submission: December 11, 2017

1. Violation Review: 2600.190 (a)
   A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance –based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2. Violation Interpretative Statement:
   Staff Person A administered medications to residents on 11/21/17 and 11/22/17. The home has not completed the required medication administration training annual practicum record reviews and administration observations of Staff Person A since October 2016 and therefore Staff Person A is not currently trained to administer medications.

3. Review the benefit of the Regulation, per RCG:
   Staff persons will be trained in the proper procedures to safely and correctly administer medications to residents.

4. Description of the Repair of the Immediate Problem:
   Staff Person A completed the MA training today, 12/11/17.

5. Determine / document the Root Cause of the Violation:
   MA training was not completed. Our Train The Trainers are in transition.

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

   a. Changing practice?
      A tickler file will be developed and monitored to ensure future compliance.

b. Teaching or Training?

c. On-going Monitoring?
The Director of Resident Care will monitor for staff in need of this annual review and observation via a tickler that will be developed.

7. Designated position responsible and specify target date for correction.
The Director of Resident Care is responsible. The tickler to notify her will be developed by 12/31/17.

Authorized Signature _____ Date: 12/11/17

- Annual practicum observations and record reviews shall be added to the staff training plan for each staff person responsible for medication administration.
- The Administrator, or Director of Resident Care, shall review each week's staffing schedule prior to implementation to assure that there is sufficient staff with current medication administration training scheduled in the home at all times.

BKS 12/18/17

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

PCH Name: COLONIAL COURTYARD AT TYRONE

Address: 5548 E PLEASANT VALLEY BLVD, TYRONE, PA 16686

License Number: 32049

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
03/02/1999
L&I

I-2
11/14/2014
Tyrone Boro.

Staffing Hours

Resident Support: 0

Total Daily Staff: 55

Waking Staff: 41

Type of Inspection: Partial

BHA Docket Number:

Notice: Unannounced

Reason(s) for Inspection(s)

Complaint, Incident

On-Site Inspections Dates and Department Representatives On-Site

09/18/2017: Springs, Israel; Hoover, Douglas
09/20/2017: Springs, Israel; Hoover, Douglas
10/27/2017: Swanger, Brett; Emlek, Gloria

Off-Site Inspection Dates and Inspectors, If Applicable

09/29/2017 Swanger, Brett
10/04/2017: Swanger, Brett
11/02/2017 Swanger, Brett

Other Details

Partial or Full Triggers:

Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 70

Number of Residents Served: 35

Secured Dementia Care Unit in Home: Yes

Area: Two 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: 1

Number of Hospice Residents in past year: 25

Number of Residents who:

Receive Supplemental Security Income: 2

Are 60 Years of Age or Older: 32

Have Mental Illness: 3

Have an Intellectual Disability: 1

Have a Mobility Need: 20

Have a Physical Disability: 0

1. REGULATION 55 Pa.Code §2680

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 9/15/17, an agent of the Blair County Area Agency on Aging's Protective Services Unit arrived at the home to investigate concerns of alleged abuse to Resident #1. The administrator was informed of the allegations and the protective services investigation on this date, but did not notify the Department until 9/29/17.

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 cause cannot be ascertained, immediately, include dates by which the steps will be completed.

Refer to Pages 2A and 2B

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	[signature]
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Lisa Cowan, Executive Director
Date	12/1/17

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

The above plan of correction is approved as of 12/11/17 (Date)

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

Plan of correction implementation status as of 1/29/18 (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: September 19th, 20th and October 27th, 2017.

Date of Submission: November 30, 2017

1. **Violation Review: 2600.16(c):**
   The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24-hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2. **Violation Interpretative Statement:**
   On 9/15/17, an agent of the Blair County Area Agency on Aging Protective Services Unit arrived at the home to investigate concerns of alleged abuse to Resident #1. The administrator was informed of the allegations and the protective services investigation on this date, but did not notify the Department until 9/29/17.

3. **Review the benefit of the Regulation, per RCG:**
   Reporting incidents allows the Department to respond promptly to serious situations, and offers homes the opportunity to provide information that may reduce the need for the Department to pursue additional information.

4. **Description of the Repair of the Immediate Problem:**
   A report was sent to DHS, and Blair County Area Agency on Aging on 9/29/17.

5. **Determine / document the Root Cause of the Violation:**
   The home's history of compliance with the requirement is established in the record, and the failure to report to DHS was an oversight by the Administrator, due in-part to the unfortunate sequencing of the reporting, further complicated by the failure of the ancillary hospice worker to completely fulfill their duties as a mandated reporter. Although the allegation was reported directly to Blair County Area Agency on Aging Protective Services Unit, the mandated reporter failed to report the allegation to the Executive Director or any Manager at the home so that appropriate steps for investigation, reporting, and plan for supervision could be established, despite documented training provided by the home to the contrary. This was the first time this Executive Director experienced an outside agency opening an investigation in the home. The ED was under the understanding that Blair County Area on Aging would notify the Department of Human Services, and subsequently failed to report to DHS as required.

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

   a. *Changing practice?*
   Moving forward, all reports of suspected abuse, whether the reporter is from inside or outside of the community, will be immediately reported to the DHS.

   b. *Teaching or Training?*
   The Executive Director has been educated by DHS, has re-read the RCG 2600.16, and now has a better understanding of her reporting obligations and processes.
   This will also be covered at the mandatory abuse training we will be conducting in house by the end of November, so that all Executive Director Designees are also trained. This training shall be documented, and documentation shall be retained
   The Executive Director will also ensure that staff ancillary to the home are fully trained in the expectations of reporting under 2600.16. Documentation of this training will be maintained.

   c. *On-going Monitoring?*
   The ED will monitor all systems established for communicating daily, and elevate any report in a manner consistent with the regulatory requirement.

7. **Designated position responsible and specify target date for correction.**
   The Executive Director is responsible and this function, immediately, and ongoing.

Authorized Signature [signature] Date: 12/1/17

1. REGULATION 55 Pa.Code §2800

2800.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On the morning of 10/16/17 at approximately 8am, as a staff member was entering the facility to start his/her shift, Resident #2 was heard by the staff member calling for help. When the staff member responded to the resident's room, Resident #2 was found lying in bed with dried vomit on his/her body, on his/her clothes, on the bedding, and on the wall next to the bed. The staff member also stated that while cleaning the vomit off the resident, the staff member found dried feces in the resident's disposable brief and the resident's buttocks was described as red and sore. This resident is incontinent of bladder and identified as having mobility needs that requires the assistance of one person for transfers. The home failed to provide timely care and supervision to this resident on this date as evidenced by the fact that the vomit and feces had dried by the time staff responded.

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.

Refer to Pages 3A and 3B

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 12/1/17

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

This above plan of correction is approved as of 12/11/17 (Date)

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

Plan of correction implementation status as of 1/29/18 (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: September 19th, 20th and October 27th, 2017.

Date of Submission: November 30, 2017

1. **Violation Review: 2600.42(b)**
   A Resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2. **Violation Interpretative Statement:**
   On the morning of 10/16/17 at approximately 8am, as a staff member was entering the facility to start his/her shift, Resident #2 was heard by the staff member calling for help. When the staff member responded to the resident's room, Resident #2 was found lying in bed with dried vomit on his/her body, on his/her clothes, on the bedding, and on the wall next to the bed. The staff member also stated that while cleaning the vomit off the resident, the staff member found feces in the resident's disposable brief and the resident's buttocks was described as red and sore. This resident is incontinent of bladder and identified as having mobility needs that requires the assistance of one person for transfers. The home failed to provide timely care and supervision to this resident on this date as evidenced by the fact that the vomit and feces had dried by the time staff responded.

3. **Review the benefit of the Regulation, per RCG:**
   Protects residents from abuse and neglect.

4. **Description of the Repair of the Immediate Problem:**
   Internal investigation indicates that care needs of Resident #2 were met by staff immediately upon discovery.

5. **Determine / document the Root Cause of the Violation:**
   Although DCS are doing rounds every two hours, we found they are not necessarily checking residents in the same order, due to calls and interruptions by other Residents along the route. This could result in checks exceeding two hours. More importantly, while the emesis was documented, (with no further episodes noted) there was no report of concern of neglect or abuse made by any team member to any manager or external Agency regarding discovery of the dried emesis when it would have had the greatest impact. While the presence of a dried emesis is both concerning and deeply regrettable, the lack of reporting thwarted any chance for investigation and corrective action related to individuals who were accountable for the oversight on the shift of occurrence.

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

   a. Changing practice?
   DCS will check residents who are on the every two hour check and change, every two hours in the same order. Also, DCS going off-shift and DCS coming on shift will round together to ensure residents are clean and dry, and their needs are met at that time. Both shifts of DCS will initial the assignment sheet.

   b. Teaching or Training?
   The wellness team will be educated at this month's department meeting on the importance of rounding/checking residents in the same order to prevent extended time between checks. They will be educated to do rounds together at the change of shifts and to have both aides initial the assignment sheets. Documentation of the training shall be maintained.

   c. On going monitoring?
   Monitoring of the assignment sheets will occur on a weekly basis to ensure completion. There will be ongoing dialogue with staff and observation of staff practices.

7. Designated position responsible and specify target date for correction.
   The Director of Resident Care will be responsible for monitoring the assignment sheets, staff practices and ongoing discussion with staff. The target date is immediate and ongoing with November 28, 2017, being the formal review at the Wellness Department meeting.

Authorized Signature [signature] MAU RCH Date: 12/1/17

* All employees of the home will receive re-education in abuse and neglect as provided by the local Area Agency on Aging. This training will be completed within 90 days from the date of this plan. Documentation of the training and the staff members in attendance will be retained by the home for Department review.

BMS 12/11/17

PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan

2a. DESCRIPTION OF VIOLATION

At 8am on 10/27/17 inspectors observed that the home, including the memory care unit, was staffed by two aides and one medicator technician. On this date, the home had a population that included twenty three residents identified by the home as "immobile" (twelve residents in senior living and eleven residents in the memory care unit). Within this "immobile" populace, four residents require the assistance of two staff for transfers, two residents require the assistance of two staff and a hoyer lift for transfers, eight residents require one staff member assistance with transfers, and fourteen of these residents require one staff member assistance to propel the resident's wheelchair. The home does not have adequate staffing to safely provide the care and supervision needed by these residents.

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.

Refer to Pages 4A and 4B

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 12/1/17

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

The above plan of correction is approved as of 12/11/17 (Date)

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

Plan of correction implementation status as of 1/29/18 (Date)

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

Page 4A of 6

PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: September 19th, 20th and October 27th, 2017.

Date of Submission: November 30, 2017

1. Violation Review: 2600.60 (a)
   Staffing shall be provided to meet the needs of the Residents as specified in the Resident's assessment and support plan.

2. Violation Interpretative Statement:
   At 6am on 10/27/17 inspectors observed that the home, including the memory care unit, was staffed by two aides and one medication technician. On this date, the home had a population that included twenty three residents identified by the home as immobile (twelve residents in senior living and eleven residents in the memory care unit). Within this "immobile" populace, four residents require the assistance of two staff for transfers, two residents require the assistance of two staff and a hoyer lift for transfers, eight residents require one staff member assistance with transfers, and fourteen of these residents require one staff member assistance to propel the resident's wheelchair. The home does not have adequate staffing to safely provide the care and supervision needed by these residents.

3. Review the benefit of the Regulation, per RCG:
   Ensures that there is sufficient staff persons on duty at all times to meet the residents' needs.

4. Description of the Repair of the Immediate Problem:
   The Resident composition and profile has changed since DHS visit, and completion of this plan of correction. Residents 1-4, 3 of whom were identified in the violations report as requiring 2-people to transfer, are no longer present in the home. The current composition and profile of the Residents require 54 hours of Direct Care Staffing in a 24-hour period, according to the guidelines. Our staffing plan exceeds the minimum requirement by greater than 50 percent.

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

   We did not fully consider the needs of each of the Residents in the context and sum of all Resident needs, and wanted to allow our long-term Residents to age in place.

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

   a. Changing practice?
   When a resident declines to the highest level of care, Level of care IV, the Director of Resident Care will meet with the Executive Director to review the current census acuity level – care needs, staffing level, and ensure the resident's care needs can be met. Admission of new residents will be carefully evaluated as to our current composition of Resident needs and our available staffing.

7. Designated position responsible and specify target date for correction.
   The target date is immediate and ongoing. The Executive Director, Director of Resident Care and the Director of Sales and Marketing will be collectively responsible.

Authorized Signature [signature] Date: 12/1/17

- The Administrator, and/or Director of Resident Care shall perform an audit of the current abilities and care needs of the home's residents. This audit shall be used to evaluate the required staffing to safely meet the needs of the residents as compared with the current staffing level. Increased staff will immediately be scheduled to address any issue, or time period, where the current level is found to be insufficient. This audit shall be completed with 15 days from the date of this plan.

- The home shall provide re-education to the staff to notify the supervisory/administrative staff of significant changes in the abilities of residents (to be completed within 90 days from the date of this plan). Upon identification of increased needs in a resident, the administrator will evaluate the required staffing to safely meet the needs of the resident as compared with the current staffing level. Increased staff will immediately be scheduled to address any issue where the current level is found to be insufficient.

- The Administrator/Director of Resident Care shall discuss resident care needs during each of the home's Wellness meetings with direct care staff to identify any residents that have experienced a significant decline in abilities.

BAJ 12/11/17

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

The home has not implemented procedures for the safe use of medical equipment as evidenced by the following errors found while comparing the actual readings stored in the glucometers of residents receiving blood sugar testing with the documented measurements on the Medication Administration Record (MAR):

- Resident #3 had a documented measurement of 112 on the MAR listing for 10/23/17, which was not a stored reading in the glucometer,
- Resident #4 had a documented measurement of 80 on the MAR listing for 10/26/17, which was not a stored reading in the glucometer
- Resident #5 had documented measurements of 125 and 135 on the MAR listings for 10/21/17 and 10/14/17, respectively. Neither reading was stored in the glucometer.

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.

Refer to Pages 5A and 5B

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 12/1/17

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

The above plan of correction is approved as of 12/11/17 (Date)

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

Plan of correction implementation status as of 1/29/18 (Date)

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

PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone

License Number: 329430

Date of Visit: September 19th, 20th and October 27th, 2017.

Date of Submission: November 30, 2017

1. **Violation Review: 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.

2. **Violation Interpretative Statement:**
   The home has not implemented procedures for the safe use of medical equipment as evidenced by the following errors found while comparing the actual readings stored in the glucometers of residents receiving blood sugar testing with the documented measurements on the Medication Administration Record (MAR):
   -Resident #3 had a documented measurement of 112 on the MAR listing for 10/23/17, which was not a stored reading in the glucometer.
   -Resident #4 had a documented measurement of 80 on the MAR for 10/26/17, which was not a stored reading in the glucometer.
   -Resident #5 had documented measurements of 125 and 135 on the MAR listings for 10/21/17 and 10/14/17, respectively. Neither reading was stored in the glucometer.

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:**
   Glucometers were assessed and batteries were replaced as needed. The Medication Assistants involved have been verbally reminded and will be re-educated at the November Wellness Department meeting, to ensure the numbers recorded in the MAR are reflective of the numbers recorded in the glucometers.

5. **Determine / document the Root Cause of the Violation:**
   Medication Assistants lack of attention to detail. It has been since determined that the values entered into the QMAR were not present in the Glucometer because the readings were not taken.

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

   a. Changing practice?

b. Teaching or Training?
Re-training /education will be provided at the November Wellness Department meeting.

c. On-going Monitoring?
Director of Resident Care will conduct weekly glucometer reconciliations.

7. Designated position responsible and specify target date for correction.
Director of Resident Care will conduct the weekly reconciliation. This will be immediate and ongoing.

Authorized Signature [signature] Date: 12/4/17

* The weekly glucometer reconciliations performed by the Director of Resident Care shall be a comparison of the actual readings on a resident's glucometer as with the documented readings on the resident's Medication Administration Record. This comparison shall be completed for the residents who receive blood glucose testing. Documentation of the reconciliations shall be maintained by the home for Department review.

BAS 12/11/17

PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

(1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.

(2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.

(3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.

(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.

(5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.

(6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Pro Re Nata (PRN) medications of Haloperidol 2 mg/ml and Lorazepam 0.5 mg. The resident's MAR documents the Haloperidol is prescribed for "agitation" and the Lorazepam is prescribed for "anxiety/agitation". According to the MAR and the home's Resident Caregiver Notes, Resident #1 was administered a dose of Lorazepam and a dose of Haloperidol at 7:25pm on 9/12/17 due to the resident being "combative and aggressive during care". The MAR documents that the resident was also given a dose of Haloperidol on 9/6/17 at 5:20 pm and 9/8/17 at 4:37 pm for agitation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must title 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.

refer to Pages 6A and 6B

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 Gilman Executive Director

Date 12/1/17

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

The above plan of correction is approved as of 12/11/17 (Date)

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

Plan of correction implementation status as of 1/29/18 (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: September 19th, 20th and October 27th, 2017.

Date of Submission: November 30, 2017

1. **Violation Review: 2600.202**
   The following procedures are prohibited:
   1. Seclusion, defined as involuntary confinement of a Resident in a room from which the Resident is physically prevented from leaving, is prohibited;
   2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited;
   3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
   4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
   5. A mechanical restraint, defined as a device that restricts the movement or function of a Resident or portion of a Resident's body, is prohibited.
   6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a Resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2. **Violation Interpretative Statement:**
   Resident #1 is prescribed Pro Re Nata (PRN) medications of Haloperidol LAC 2 mg/ml and Lorazepam 0.5 mg. The resident's MAR documents the Haloperidol is prescribed for "agitation" and the Lorazepam is prescribed for "anxiety/agitation". According to the MAR and the home's Resident Caregiver Notes, Resident #1 was administered a dose of Lorazepam and a dose of haloperidol at 7:25pm on 9/10/17 due to the resident being "combative and aggressive during care". The MAR documents that the resident was also given a dose of Haloperidol on 9/6/17 at 5:29pm, and 9/9/17 at 4:37 pm, for agitation.

3. **Review the benefit of the Regulation, per RCG:**
   Protects residents rights to be free from restraints, treated with dignity and respect, and be served in the least restrictive setting possible.

4. **Description of the Repair of the Immediate Problem:**
   The Haloperidol was not administered again after DHS shared their concerns during their visit and it was discontinued 10/27/17. The Lorazepam was also not administered again, and was also discontinued.

5. **Determine / document the Root Cause of the Violation:**
   Staff misinterpreted resident anxiety behaviors as combative and aggressive behaviors.

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

   a. Changing practice?
   Medications for agitation will not be prescribed or given for challenging behaviors. The DRCS will monitor new orders and work with physician and DCS to avoid this prescribing routine.

   Behaviors will be documented for the purpose of trending and trouble-shooting causal factors. When Residents exhibit anxious behavior at any time, and specifically during care, DCS will use the communication techniques they have been taught; try different approaches, and seek assistance from other DCS.

   The personal information from the Resident's Life Story will be incorporated into the care routine and conveyed on the RASP, and entered into the QMAR as steps to try prior to medication appropriately prescribed and utilized.

   b. Teaching or Training?
   All Medication Administrators/LPN's will be educated at the November Wellness Department meeting, regarding the need to try and document alternative interventions when challenging behaviors occur. Documentation of training shall be maintained.

   c. On-going Monitoring?
   Director of Resident Care will monitor care notes and communication logs for residents with behavioral challenges to ensure alternative strategies are used the primary approach.

7. **Designated position responsible and specify target date for correction.**
   The Director of Resident Care will educate and monitor. The target date will be immediate and ongoing with the formal education being provided during the November Wellness Department meeting. Documentation of the training shall be maintained.

Authorized Signature [signature] Date: 12/1/17