



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 26 2018

Ms. Loriann Putzier
President and Chief Operating Officer
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:

This is to acknowledge receipt of your request to appeal the Department's decision to issue a first provisional license for Colonial Courtyard at Tyrone. Your request has been forwarded to the Department of Human Services, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

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

Jacqueline L. Rowe
Director

cc: Mary Lavery, Office of General Counsel



The integrated approach
to senior living.

February 15, 2018

RECEIVED

FEB 22 2018

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

Human Services Licensing

Dear Ms. Rowe:

This letter serves as an appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services for Colonial Courtyard at Tyrone, License #329491, in response to the Notice dated February 6, 2018 of the decision to issue a First Provisional License.

First, I want to convey to you that we take our license and regulatory compliance seriously. We see ourselves as responsible and accountable for operation and resident well-being at Colonial Courtyard at Tyrone and we understand the gravity of the situation. We strive to exceed what the 55 Pa. Code Ch. 2600 regulations require so I am sure you can imagine how appalling it was to open the February 6, 2018 letter notifying us that we have been placed on FIRST PROVISIONAL status.

Secondly, I want to take this opportunity to provide you some insight into how we responded to the citations and followed through at the community. Based on our Plans of Correction and subsequent surveyor visits and feedback, the issuance of a Provisional License was both alarming and disconcerting.

Violation Report # 32949 – 11/22/17 Regulation 2600.42(c)

All supporting documentation is located in tab "2600.42 (c)" of this binder. I would like to note here that this was the result of self-reporting an incident by [REDACTED] the Executive Director at the time of the incident. She was both thorough and transparent in her initial report and her subsequent final report. Her Plan of Correction was submitted timely and was approved by The Department on 12/18/17. To summarize:

- The employee who was speaking loudly at a resident was suspended during the investigation. She subsequently left our employ. She was recently rehired and was re-oriented to 2600.42 (c) and she fully understands that any future instances of disrespect toward a resident will result in her termination. Her statement is also included for reference.
- All appropriate parties were contacted and the incident was thoroughly investigated.

- A staff meeting was held on 12/29/17 to re-educate the staff on 2600.42 (c) and to also inquire about concerns with resident needs and behaviors.
- All staff were re-trained on 2600.42 (c) using the Pennsylvania Department of Aging training materials as requested. Once again, staff were encouraged to share concerns or frustrations with the Director of Resident Care Services and/or the Executive Director as they felt the need.
- Weekly meetings are occurring with the existing staff to discuss residents and their personal care needs as well as any concerns that exist. It should be noted that the surveyor team added this requirement after approving the Plan of Correction. This was not communicated to our staff until the Provisional License was issued. Nonetheless, the plan was put into place immediately.
- All new hires since the date of the noted incident received the required training as part of their General Orientation.

The Violation Report on this incident dated 1/29/18 states that the Plan of Correction was only “partially implemented – inadequate progress” despite the fact that all actions on the Plan of Correction were implemented. When the surveyors were onsite on 1/18/18, they communicated in two separate dialogues with our leadership team that we were being “cleared on this violation” and that they observed notable improvements in our progress. That seemed correct to our team as we have accomplished the plan and have processes and protocols in place for compliance moving forward. I realize that things change at times but the complete 360 from feedback provided onsite to the written report is alarming. If the survey team are to be respected, they must also be trusted on their words. How and why can this happen?

Violation Report # 32949 – 11/22/17 Regulation 2600.190 (a)

All supporting documentation is located in tab 2600.190 (a) in this binder. The Plan of Correction was approved on 12/18/17 and as of the date of the Plan of Correction submission 12/11/17, all actions noted were fully implemented.

- On 12/18/17, the Department added two requirements to the Plan of Correction as noted at the bottom of Page “3B of 3” in the binder.
- The tickler file was created and is being monitored by the Director of Resident Care Services.
- The Annual Practicum Observations has been added to the Training Plan for each staff person responsible for medication administration.
- The Director of Resident Care Services is comparing the tickler to the bi-weekly staffing schedule to ensure that all staff on the schedule for medication administration have had the necessary training, observation and monitoring.
- The employee noted on the Violation Report completed the Annual Practicum and Observation on 12.11.17.
- All staff on the schedule are 100% in compliance.

The Violation Report on this incident dated 1/29/18 states that the Plan of Correction was only “partially implemented – adequate progress” despite the fact that all actions on the Plan of Correction were fully implemented. Once again, when the surveyors were onsite on January 18th, they communicated in two separate dialogues with our leadership team that we were being “cleared on this violation” and that they observed notable improvements in our progress. There is not one thing related to this violation that we did not follow through promptly and thoroughly.

Violation Report # 32949 – 09/19/17 **Regulation 2600.16 (c)**

All supporting documentation is located in tab 2600.16 (c) in this binder. The Plan of Correction was approved on 12/11/17 and as of the date of the Plan of Correction submission 12/11/17, all actions noted were fully implemented.

- Please note that this was the first time our Executive Director experienced an alleged abuse incident filed directly with Blair County Agency on Aging as opposed through the channels and process within the community. As such, her actions were not timely as stated in the Violation Report. We immediately educated her as to the reporting requirements for all situations and also pointed her to the RCG for further clarification when the reporting situation may be different.
- All staff were re-educated and encouraged to communicate to the onsite leadership team when there are challenging behaviors, changing resident needs and concerns of any nature. They were also educated on what constitutes a reportable situation along with the process and regulatory mandated reporting timeframe. The Staff Meeting Summary included, references all of the subject matter of that meeting.
- As a part of the aforementioned meeting, the IntegraCare Resident Abuse Reporting and Investigation Standard was reviewed in detail. A copy of that standard is included for reference.
- All new staff are educated on the mandatory abuse reporting requirements as part of their new hire General Orientation. The orientation checklists of those hired since this citation are included in the tab to evidence on-going consistency.

The Violation Report on this incident dated 1/29/18 states that the Plan of Correction was only “partially implemented – adequate progress” despite the fact that all actions on the Plan of Correction were fully implemented. Once again, when the surveyors were onsite on 1/18/18, they communicated in two separate dialogues with our leadership team that we were being “cleared on this violation” and that they observed notable improvements in our progress.

All supporting documentation is located in tab 2600.42 (b) in this binder. The Plan of Correction was approved on 12/11/17. Although we accepted this violation, there are a number of concerning aspects to the situation as well as the related regulatory investigation.

Please refer to pages “3A and 3B” in the tab 2600.42 (b).

- Please note that this “alleged” neglect was not reported to the Executive Director nor the Director of Resident Care Services.
- Secondly, there was not an onsite visit conducted by the DHS surveyor to actually observe what was alleged.
- The report of neglect was asserted by a disgruntled employee of Colonial Courtyard at Tyrone. In a proactive measure, the Sr. VP of Operations at IntegraCare called Brent Sutherland, Acting Licensing Director at DHS to share the situation and to convey that we believed these to be with fomented accusations. Brent replied to our phone inquiry by thanking us for reaching out but reinforcing that the citation would stand.
- Resident #2 in the allegation was getting two-hour checks. While the emesis on the resident was documented (with no further episodes noted) there was no concern of abuse or neglect reported by any employee to any manager or external agency regarding the discovery of dried emesis when it would have made the greatest impact. While the discovery of dried emesis is both concerning and regrettable, the lack of reporting thwarted any opportunity for internal or external investigation and corrective action for those responsible on the shift of occurrence.
- There have not been complaints of abuse or neglect by the family of Resident #2.
- The investigation that resulted in this citation was not conducted on the day of the alleged neglect and did not involve investigative interviews with other members of the Colonial Courtyard at Tyrone employees except for the reporter.
- The mere presence of dried vomit or emesis does not equal neglect. It certainly suggests greater understanding and follow-through but the leap to neglect in this situation is reaching. The records of Resident #2 indicate that she has received and continues to receive the proper care in accordance with her Resident Assessment and Support Plan.
- It is our assertion that a violation was issued for a situation fomented by a disgruntled worker. Further interviews within the Colonial Courtyard at Tyrone workforce would have corroborated that belief.

The Violation Report on this incident dated 1/29/18 states that the Plan of Correction was only “partially implemented – inadequate progress” despite the fact that all actions on the Plan of Correction are fully implemented. Once again, when the surveyors were onsite on 1/18/18, they communicated in two separate

dialogues with our leadership team that we were being “cleared on this violation” and that they observed notable improvements in our progress. Additionally, we did not appeal the original citation in the interest of regulatory harmony and our own desire to improve wherever possible. Unfortunately, the follow through and feedback by the survey team are not reflected in the written report we received on 2/10/18. Once again, the incongruity is disconcerting and seems as though our efforts and progress are in vein.

Violation Report # 32949 – 9/19/17

Regulation 2600.60 (a)

All supporting documentation is located in tab 2600.60 (a) in this binder. The Plan of Correction was approved on 12/11/17. We acknowledge the initial violation and take its implications very seriously. To that end:

- We employed the additional help from temporary agencies while we recruited more staff.
- We trained several of our management staff on medication administration.
- Our leadership team worked the floor caring for residents when additional staffing was required.
- We discharged 4 of the highest acuity residents, bringing greater balance to the care requirements and safety concerns. We had 22 immobile residents and 9 with the assist of two staff on 9/22/17 and as of 2/13/18, we have 18 immobile residents and 7 with the assist of two staff.
- We are consistently staffing with direct care hours that meet and/or exceed the regulatory requirements under 2600.60 (a).
- All staff were re-trained on communication about resident needs and the Resident Assessment and Support Plan in order to ensure that staffing is adjusted when unexpected resident changes occur.
- We also implemented all of the Plan of Correction requirements added by “BAS” of DHS.

The Violation Report on this incident dated 1/29/18 states that the Plan of Correction was only “partially implemented – inadequate progress” despite the fact that all actions on the Plan of Correction were fully implemented. The staffing is meeting or exceeding 2600.60 (a) and the needs of the residents are being met in accordance with their Resident Assessment and Support Plan. When the surveyors were onsite on 1/18/18, they communicated that we were being cleared on all citations EXCEPT this one related to staffing. They communicated that they could see that the current staffing met the regulations; things were improving at the community; and the overall culture was more upbeat. However, we were further informed they were not going to clear this citation because they wanted to see a more extended period of compliance.

We accepted that feedback and will continue to monitor daily to ensure full compliance.

Violation Report # 32949 – 9/19/17 **Regulation 2600.185 (a)**

All supporting documentation is located in tab 2600.185 (a) in this binder. The Plan of Correction was approved on 12/11/17 and as the Plan of Correction actions noted were fully implemented.

We acknowledge this violation and have implemented proactive measures to assure that it will not continue to occur.

- All actions detailed in our Plan of Correction have been implemented.
- Staff have been retrained.
- All records and residents have been audited for compliance.
- The employee who recorded false readings was terminated on 12/5/17.
- All supporting documentation is located in tab 2600.185 (a) in this binder. The Plan of Correction was approved on 12/18/17 and as of the date of the Plan of Correction submission 12/11/17, all actions noted were fully implemented.

The Violation Report on this incident dated 1/29/18 states that the Plan of Correction was only “partially implemented – adequate progress” despite the fact that all actions on the Plan of Correction were fully implemented.

Violation Report # 32949 – 09/19/17 **Regulation 2600.202**

All supporting documentation is located in tab 2600.202 in this binder. The Plan of Correction was approved on 12/11/17.

- All actions detailed in our Plan of Correction have been implemented.
- Staff have been retrained.
- All records and residents have been audited for compliance.

The Violation Report on this incident dated 1/29/18 states that the Plan of Correction was only “partially implemented – adequate progress” despite the fact that all actions on the Plan of Correction were fully implemented.

I would like to conclude by conveying that we work toward exemplary regulatory compliance and solid surveyor relationships daily. We work to cultivate a culture of transparency, self-reporting, honesty and doing the right thing instead of the easy thing. Unfortunately, these approaches find us with a Provisional License when we have followed through on our Plans of Correction and can demonstrate that.

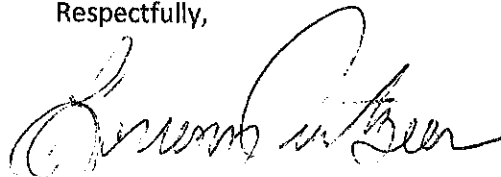
It is also extremely disappointing to get positive feedback on progress from surveyors in the field only to have that overturned when they return to the office. We are trying to understand how that happens and how that serves those trying to do the job every day?

We did have a few toxic employees that contributed to some of these citations and that is our issue to correct. However, if the process of investigation works as it should, one should be able to get to the bottom of situations and allegations with objectivity. In the case of 2600.42 (b), we did not experience the objectivity as the allegation was assumed as true from the onset.

We appreciate the opportunity to communicate our beliefs and supporting documentation with the objective of appealing this Provisional License. We are willing to do whatever is necessary to have our full license restored.

Please advise on the next steps and if there is any further information that is needed at this time. Please contact me at [REDACTED] or [REDACTED]

Respectfully,



Loriann Putzier
President & Chief Operating Officer
IntegraCare Corporation