



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: May 16, 2018

Ms. Loriann Putzier,
Chief Operating Officer
Tithonus Tyrone LP
C/o Intergracare 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' licensing inspections on April 24, 2018 and April 25, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: COLONIAL COURTYARD AT TYRONE		License Number: 32949
Address: 5546 EAST PLEASANT VALLEY BLVD, TYRONE, PA 16686		County: Blair
Administrator: Miranda Couflet		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 Labor and Industry	I-2 11/01/2010 Borough of Tyrone	I-1 11/14/2014 Borough of Tyrone
Staffing Hours		
Resident Support: 0	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Interim - Provisional	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Provisional		
On-Site Inspections Dates and Department Representatives On-Site		
04/24/2018: Heemer, Laura; Showers, Michael		
04/25/2018: Heemer, Laura; Showers, Michael		
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: 32 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: 7 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 31 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 17 Have a Physical Disability: 1	

Violation Report: 32949 - 04/24/2018 - Heemer, Laura
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

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 4/8/2018 the home did not administer the prescribed Senexon-S 8.6mg-50mg tab to Resident 1. The home did not report this medication error to the Department until 4/28/2018.

On 4/9/2018 and 4/10/2018 the home did not administer the prescribed Esomeprazole MAG DR 40 MG Cap to Resident 2. The home did not report these medication errors to the Department until 4/28/2018

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.

Please see attached
 Pages 2A and 2B

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Miranda Cuelter RN ED*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Miranda Cuelter, RN ED* Date *5/8/18*

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

The above plan of correction is approved as of *5/16/18*
 (Date)

Plan of correction implementation status as of *5/16/18*
 (Date)

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

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

PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone

License Number: 329491

Date of Visit: 4/24/18 & 4/25/18

Date of Submission: 5/8/18

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 4/8/18 the home did not administer the prescribed Senexon-S 8.6mg-50mg tab to Resident 1. The home did not report this medication error to the Department until 4/28/18. On 4/9/18 and 4/10/18 the home did not administer the prescribed Esomeprazole MAG DR 40 MG Cap to Resident 2. The home did not report these medication errors to the department until 4/28/18.

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:

DHS reports were submitted 4/28/18.

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

The Community will report all Reportable Incidents to the DHS Regional Office for the Community within 24 hours of occurrence or discovery. Reportable Incidents will be completed to provide an account of what happened, and Follow Up Action Taken and include any contacts made. Follow Up Action Taken on Reportable Incidents, except for anticipated CTB, will include Resident will be reassessed and the Resident's Support Plan will be updated to reflect any change in Resident needs related to the incident.

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

a. Changing practice?

DRCS will review all incident reports daily and review with ED/IDT team at daily stand up to ensure that all reporting is performed in a timely manner and according to Department standards (within 24 hours and immediately upon discovery of suspected abuse).

b. Teaching or Training?

- Staff will be In-Serviced on Reportable Incidents and DHS requirements for timely reporting. DRCS will also review current/ongoing practice of review in incident reports daily to determine if reporting is necessary.
- Every Incident/Accident will be noted on the Daily Communication Log. A Follow-Up Note will be entered in resident's medical record.

Authorized Signature: M. Mearde Cullh

Date: 5/8/18

PLAN OF CORRECTION

- Physician/POA will be notified of any incident and any follow up action that may be taken.
- c. On-going Monitoring?
DRCS will monitor Incident Reports daily and ensure that all Reportable Incidents are transmitted to DHS within 24 hours of occurrence.
- 7. Designated position responsible and specify target date for correction.
DRCS immediately and ongoing.

Authorized Signature Muanda Cuthbert ED

Date: 5/8/18

Violation Report: 32949 - 04/24/2018 - Heemer, Laura
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

On 4/24/18, Staff Person A was observed smoking a cigarette directly outside the door of the first floor side exit, several yards away from the designated smoking area.

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.

Please see attached
 Page 3A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Miranda Carter ED

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

Miranda Carter ED

Date

5/8/18

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5/16/18
 (Date)

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5/16/18
 (Date)

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- Not Implemented

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BAS
 (Initials)

PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone

License Number: 29491

Date of Visit: 4/24/18 & 4/25/18

Date of Submission: 5/8/18

1. Violation Review:
2600.144 (c)(1)- Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.
2. Violation Interpretative Statement:
On 4/24/18, Staff person A was observed smoking a cigarette directly outside the door of the first floor side exit, several yards away from the designated smoking area.
3. Review the benefit of the Regulation, per RCG:
Greatly reduces the risk of fire associated with unsafe smoking, and ensures that both residents and staff know what must be done in the event of a fire.
4. Description of the Repair of the Immediate Problem:
Immediate education and counseling of the Hospice agency staff member involved. DRCS/ED to In-Service all staff on community smoking policy.
5. Determine / document the Root Cause of the Violation:
DRCS/ED In-Service all contracted/ancillary services staff to community smoking policy.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice?
Inservice and review community smoking policy with all contracted/ancillary staff that provides care to residents in the community. Encourage contracted staff to cease smoking during visits to community.
 - b. Teaching or Training?
Smoking Policy to be reviewed at all scheduled departmental meetings.
 - c. On-going Monitoring?
ED/ES will conduct weekly random audits of the smoking area to monitor compliance and safety.
7. Designated position responsible and specify target date for correction.
ED and all department managers, immediately and ongoing.

Authorized Signature Muanda Coulter EO

Date: 5/8/18

Violation Report: 32949 - 04/24/2018 - Heemer, Laura

PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 4/25/2018 the following expired medications were found in the home:

Acetaminophen 325 mg tablets prescribed for Resident 3, which expired on 12/31/2017.

Lopermide 2 mg tablets prescribed for Resident 4, which expired on 2/28/2018.

Acetaminophen 325 mg tablets prescribed for Resident 5, which expired on 2/28/2018.

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.

Please see attached
Pages 4A and 4B

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Miranda Coulter ED

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

Miranda Coulter, LPN ED

Date 5/8/18

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

The above plan of correction is approved as of 5/16/18
(Date)

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

Plan of correction implementation status as of 5/16/18
(Date)

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

PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone

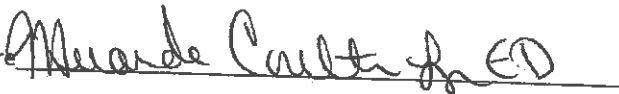
License Number: 329491

Date of Visit: 4/24/18 & 4/25/18

Date of Submission: 5/8/18

1. Violation Review:
2600.183(d)-Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.
2. Violation Interpretative Statement:
On 4/25/18 the following expired medications were found in the home: Acetaminophen 325mg tablets prescribed for Resident 3, which expired on 12/31/17; Lopermide 2mg tablets prescribed for Resident 4, which expired on 2/28/18; Acetaminophen 325 mg tablets prescribed for Resident 5, which expired on 2/28/18
3. Review the benefit of the Regulation, per RCG:
Ensures the home does not keep medications that are for residents no longer living in the home or that have been discontinued.
4. Description of the Repair of the Immediate Problem:
At the end of each month, the eMAR, complete with documentation of medications administered, refusals, PRN effectiveness shall be printed and filed in the Resident's Medical Record.
5. Determine / document the Root Cause of the Violation:
DRCS is responsible to ensure proper use of and training on QMAR. Report Function of PRN's not used and Medication Due to Expire, Discontinued Medications reports will be monitored monthly by DRCS to ensure all medications that have been discontinued/expired will be removed from medication cart to avoid any possible medication error. DRCS will educate staff members to utilize as a reference the Care Suite/QMAR User Reference Guide, that is available at all times in the Wellness Center.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice?
Johnson's Pharmacy will perform quarterly audits. The first audit is scheduled for May 29, 2018.
 - b. Teaching or Training?
Staff will be In-Serviced at the Resident Care dept meeting 5/9/18 and 5/10/18 regarding checking expiration dates, cart audits, and the medication re-ordering process.
 - c. On-going Monitoring?
DRCS will monitor the following via QMar reports and audit process. All reports will be signed and dated and filed in a central location in the Wellness Center
 - Medication cart audits for PRN medications – weekly
 - Medication cart audits for discontinued medications – weekly
 - Medication cart audits for medications due to expire –monthly

Authorized Signature

 ED

Date:

5/8/18

PLAN OF CORRECTION

7. Designated position responsible and specify target date for correction.
DRCS will initiate immediately and the process will be ongoing.

Authorized Signature Marion Caulton ED Date: 5/8/18

Violation Report: 32949 - 04/24/2018 - Heemer, Laura
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The home failed to follow the directions of the prescriber on 4/ 8/2018 when the prescribed Senexon-s 8.6-50mg tablet was not administered to Resident 1.
 The home failed to follow the directions of the prescriber when the prescribed Esomeprazole MAG DR 40 mg cap was not administered to Resident 2 on 4/9/2018 and 4/10/2018.

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.

Please see attached.
 Pages 5A and 5B

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Miranda Coulter ED*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Miranda Coulter, CPN ED* Date *5/8/18*

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

The above plan of correction is approved as of 5/16/18
 (Date)

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

Plan of correction implementation status as of 5/16/18
 (Date)

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

PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone

License Number: 329491

Date of Visit: 4/24/18 & 4/25/18

Date of Submission: 5/8/18

1. Violation Review:

2600.187(d)-The home shall follow the directions of the prescriber.

2. Violation Interpretative Statement:

The home failed to follow the directions of the prescriber on 4/8/18 when the prescribed Senexon-s 8.6-50mg tablet was not administered to Resident 1. The home failed to follow the directions of the prescriber when the prescribed Esomeprazole MAG DR 40mg cap was not administered to Resident 2 on 4/9/18 and 4/10/18.

3. Review the benefit of the Regulation, per RCG:

Ensures that residents receive medications and treatments as ordered by a physician.

4. Description of the Repair of the Immediate Problem:

The Monitor for Medication Management audit tool will be utilized by the DRCS/ED on a daily basis to assure that all medication protocols and storage requirements are in place. All audit forms will be maintained in a binder in the Wellness Center.

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

Licensed/MA certified medication administration staff and Charge Personnel will be In-Serviced on appropriate policy and procedure for medication administration, including physicians orders. DRCS will monitor to ensure that appropriate steps are followed. Corrective action will be taken, when applicable.

1. Pharmacy manifests are stored for three months. Staff will receive In-Service/re-educated on reviewing pharmacy manifests to validate delivery of medication.

2. DRCS/Administrator/Manager on Duty will be notified of unavailable medication.

3. Notification to pharmacy of unavailable medication.

4. Physician/POA notified of unavailable medication.

5. Documentation of event in medical record.

Medication errors will be immediately reported to the DRCS and Executive Director for investigation.

Medication Errors also will be reported immediately to the Resident, the Resident's Designated Person, applicable DHS office and the prescriber of the Medication.

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

a. Changing practice?

DRCS/ED will direct team member to thoroughly search carts for medications and reach out to pharmacy for delivery, if necessary.

b. Teaching or Training?

- Staff will be educated at the monthly Resident Care department meetings on 5/9/18 and 5/10/18 regarding the proper use of exceptions categories in QuickMar. Staff will also be re-educated

Authorized Signature

Miranda Corbett ED

Date: 5/8/18

PLAN OF CORRECTION

regarding reportable incidents, particularly regarding medications. Staff will be educated on the process per COSM procedure of ensuring physician's orders are followed and DRCS will monitor corrective actions to ensure that staff follows policy for a medication that is unavailable.

- Review pharmacy manifest to determine timely delivery of medication
- Notification to DRCS/Administrator/Manager on Duty that medication is unavailable
- Notification to pharmacy that medication is unavailable and ensure that medication is delivered in a timely manner.
- Notification to physician/POA that medication is unavailable and procedure to ensure timely delivery of medication
- Documentation in resident medical record of event
- Notification will be provided to DHS

c. On-going Monitoring?

DRCS/ED/MOD will monitor/audit medication administration weekly utilizing QMAR reporting capabilities. Medication delivered from the Pharmacy will have a bar code (to scan) associated with the orders on the QMAR. In all instances where the bar code is available and readable by the scanning device, medications will be scanned to be noted as "given." DRCS is responsible to reinforce this concept as a required protocol for safe and accurate medication administration. DRCS will review/In-Service staff on existing verifiable system by which physician orders are processed to the Pharmacy for fulfillment; medication is received from the Pharmacy and approved for Administration which is checked daily for compliance by the DRCS. At the end of each month, the eMAR, will be printed and filed in the Resident's Medical Record.

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

- DRCS will audit pharmacy manifests weekly, and QMAR monthly for any missed medications.
- DRCS will report any medication in a timely manner according to DHS regulation and compliance.
- DRCS will notify Physician/Resident/POA immediately upon discovery
- DRCS/staff will ensure that pharmacy is notified immediately to provide resolution to medication error and make medication available.

Authorized Signature

Marade Caulton ED

Date:

5/8/18

Violation Report: 32949 - 04/24/2018 - Heemer, Laura
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The most recent support plan developed for Resident 3, completed on 3/14/2018, does not include reflect the resident's care needs regarding the resident's Mood Disorder, denture care, and document the level of specific eating assistance the resident requires.

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.

Please see attached
 Pages 6A and 6B

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Miranda Coulter RN ED*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Miranda Coulter RN ED* Date *5/8/18*

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

The above plan of correction is approved as of *5/6/18*
 (Date)

The above plan of correction was approved by *BBS*
 (Initials)

Plan of correction implementation status as of *5/16/18*
 (Date)

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

PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone
License Number: 329491
Date of Visit: 4/24/18 & 4/25/18
Date of Submission: 5/8/18

1. Violation Review:
2600.227 (c) The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.
2. Violation Interpretative Statement:
The most recent support plan developed for Resident 3, completed on 3/14/18, does not include reflect the resident's care needs regarding the resident's Mood Disorder, denture care, and document the level of specific eating assistance the resident requires.
3. Review the benefit of the Regulation, per RCG:
Ensures that each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.
4. Description of the Repair of the Immediate Problem:
Resident's Support Plan was immediately updated and provided to the surveyor, on site, at time of the survey. Resident's Support Plan was reviewed with Resident/POA.
5. Determine / document the Root Cause of the Violation:
Resident Support Plan will address any resident needs that involve dental care, separate and apart from personal hygiene. DRCS will review all care needs for all residents quarterly and upon significant change to determine resident care needs that include dental care. DRCS/Designee will review resident records at the time of updates to ensure all diagnoses are current at time of assessment.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice?
Dental/oral hygiene needs will be documented under dental needs section of Resident's Support Plan (RASP).
 - b. Teaching or Training?
 - Staff will be reeducated at Resident Care dept meeting on 5/9/18 and 5/10/18 to communicate to DRCS of any changes in resident needs Staff will be directed to document any changes in resident care needs to Communication Log. DRCS will review Communication Log daily and report any resident care needs to InterDisciplinary team at daily Stand up Meeting. Staff will report any Significant Changes to DRCS immediately upon discovery and will document changes in Resident Medical Record.
 - Wellness staff will be educated during the Resident Care dept meeting on 5/9/18 and 5/10/18 on the use of Communication Log to convey resident care needs and changes, when applicable. DRCS/ED will educate staff to notify immediately of any significant change in resident condition

Authorized Signature Miranda Coulter ED Date: 5/8/18

PLAN OF CORRECTION

that may affect resident care needs. DRCS will review Communication Log daily and report to ED/Interdisciplinary Team at Daily Stand Up Meeting.

c. On-going Monitoring?

RASP audit will be performed on at least 3 resident RASPs weekly utilizing the RASP audit form, with corrections made immediately if applicable.

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

DRCS will begin audits immediately and continue ongoing. DRCS will develop and utilize system for auditing (tickler file) RASP quarterly dates and review of appropriate information for care needs.

Authorized Signature

Muanda Couster ED

Date:

5/8/18