



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 10 2018

Ms. Loriann Putzier  
President & Chief Operating Officer  
Tithonus Bedford LP  
C/O Integracare Corporation  
6600 Brooktree Court, Suite 1000  
Wexford, Pennsylvania 15090

RE: Colonial Courtyard at Bedford  
220 Donahue Manor Road  
Bedford, Pennsylvania 15522  
Certificate #: 329480

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on June 12, 2018 and June 13, 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.

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](https://www.surveymonkey.com/r/BHSL_Inspection).

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

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: COLONIAL COURTYARD AT BEDFORD		License Number: 32948
Address: 220 DONAHUE MANOR ROAD, BEDFORD, PA 15522		County: Bedford
Administrator: Daniela Foor		Region: CENTRAL
Legal Entity Name: TITHONUS BEDFORD LP		
Legal Entity Address: 6600 BROOKTREE COURT STE 1000, WEXFORD, PA 15090		
<b>Certificate(s) of Occupancy</b> C-2 LP 04/12/2000 Labor and Industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 84	Waking Staff: 63
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
08/12/2018: Heemer, Laura; Hoover, Douglas		
08/13/2018: Heemer, Laura; Hoover, Douglas		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Date</b>		
Licensed Capacity: 83 Number of Residents Served: 61 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 10 Number of Hospice Residents in past year: 9	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 64 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 23 Have a Physical Disability: 3	

Violation Report: 32948 - 08/12/2018 - Haemer, Laura  
 PCH Name: COLONIAL COURTYARD AT BEDFORD

**1. REGULATION 55 Pa.Code §2600**

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home's emergency procedures are not posted in a conspicuous and public place in the home.

**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 2A

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) <i>Danielle Ford, Executive Director</i>	Date <i>6/22/18</i>
--	---------------------

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

The above plan of correction is approved as of 6/25/18  
 (Date)

The above plan of correction was approved by [Handwritten Initials]  
 (Initials)

Plan of correction implementation status as of 6/25/18  
 (Date)

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

Page 2A of 4

## PLAN OF CORRECTION TEMPLATE

Community Name: Colonial Courtyard at Bedford

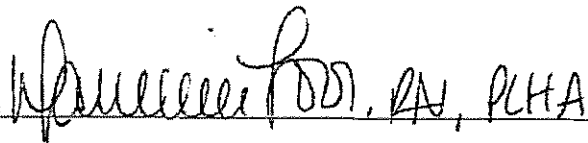
License Number: 329480

Date of Visit: June 12-13, 2018

Date of Submission: June 22, 2018

1. **Violation Review: 2600.123(b)** – Copies of the emergency procedures as specified in 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.
2. **Violation Interpretative Statement:** The home's emergency procedures are not posted in a conspicuous and public place in the home.
3. **Benefit of the Regulation, per RCG:** Posting the required information allows for easy access to critical information by laypersons during an emergency.
4. **Description of the repair of the immediate problem:** The copy of the emergency procedures located in the breakroom was immediately removed and posted by the fire extinguisher in the front reception area.
5. **Prevention of future occurrences:** Placement of the emergency procedures manual will be checked monthly during the Environmental Safety Audits and discussed during monthly SQIRT (Safety) meetings.
6. **Position Responsible:** The Environmental Services Manager will maintain an updated copy of the manual and replace as needed.
7. **Date for correction to be completed:** 6/13/18

Authorized Signature



Date:

6/22/18

Plan of Correction Template

Copyright © 2000-2014 ICC Form

No part of this document may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, microfilming, recording, or otherwise without permission from ICC.

ADM040

Violation Report: 32948 - 06/12/2018 - Heemer, Laura  
 PCH Name: COLONIAL COURTYARD AT BEDFORD

**1. REGULATION 55 Pa. Code §2600**

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

**2a. DESCRIPTION OF VIOLATION**

The 500 hallway does not have a direct visual line to the nearest exit when standing near the center of the hallway. There are no signs marking the line of travel to the exits. On 6/13/2018 the home served 64 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.*

Please see attached. Page 3A

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Nanielle Fox RA, PCHA</i>		
--	------------------------------	--	--

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nanielle Fox Executive Director</i>	<i>6/22/18</i>

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

The above plan of correction is approved as of <u>6/25/18</u> (Date)	Plan of correction implementation status as of <u>6/25/18</u> (Date)
The above plan of correction was approved by <u><i>NF</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

## PLAN OF CORRECTION TEMPLATE

---

Community Name: Colonial Courtyard at Bedford

License Number: 329480

Date of Visit: June 12-13, 2018

Date of Submission: June 22, 2018

1. **Violation Review:** 2600.133(a)(2) – If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicated the direction to travel.
2. **Violation Interpretative Statement:** The 500 hallway does not have a direct line to the nearest exit when standing near the center of the hallway. There are no signs marking the line of travel to the exits. On 6/13/2018 the home serves 64 residents.
3. **Benefit of the Regulation, per RCG:** Large homes (i.e., serving more than eight people) have hallways and rooms that may visually obstruct exit paths. Labeling exit paths helps people escape during a fire or other emergency.
4. **Description of the repair of the immediate problem:** Directional exit signs were ordered 6/19/18.
5. **Prevention of future occurrences:** Directional exit signs will be installed immediately upon receipt in all hallways that do not have a direct line to the nearest exit.
6. **Position Responsible:** The Environmental Services Manager will check exit sign placement during monthly building walk-throughs to ensure all exits, including direction of travel, are marked.
7. **Date for correction to be completed:** 6/28/18

Authorized Signature

W. Hamilton, RA, PCHA

Date:

6/22/18

Plan of Correction Template

Copyright ©2000-2014 ICC Form

No part of this document may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, microfilming, recording, or otherwise without permission from ICC.

ADM040

Violation Report: 32948 - 06/12/2018 - Heamer, Laura  
 PCH Name: COLONIAL COURTYARD AT BEDFORD

**1. REGULATION 55 Pa.Code §2600**  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

**2a. DESCRIPTION OF VIOLATION**

Resident 1's most recent medical evaluation was performed on 1/12/2018. The previous medical evaluation was 10/20/2016.

Resident 2's most recent medical evaluation was performed on 8/29/2017. The previous medical evaluation was 7/11/2016

**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 4A

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]* PCH

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Denielle Poor, Executive Director</i>	Date <i>6/22/18</i>
--	---------------------

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

The above plan of correction is approved as of 6/25/18  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 6/25/18  
 (Date)

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

PLAN OF CORRECTION TEMPLATE

Community Name: Colonial Courtyard at Bedford

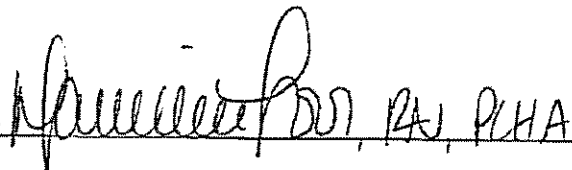
License Number: 329480

Date of Visit: June 12-13, 2018

Date of Submission: June 22, 2018

1. **Violation Review: 2600.141(b)(1)** – A resident shall have a medical evaluation at least annually.
2. **Violation Interpretative Statement:** Resident 1's most recent medical evaluation was performed on 1/12/2018. The previous medical evaluation was 10/20/2016. Resident 2's most recent medical evaluation was performed on 8/29/2017. The previous medical evaluation was 7/11/2016
3. **Benefit of the Regulation, per RCG:** Accurate, updated 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:** A chart audit of all medical evaluations was completed on to ensure assessments were completed in compliance of the regulations. Any outstanding assessments were immediately completed.
5. **Prevention of future occurrences:** All medical evaluations will be completed at least annually. A tracking system has been implemented to ensure all assessments are completed in accordance with the regulation. Assessment due dates will be documented on a written calendar.
6. **Position Responsible:** The Director of Resident Care or Designee will initiate medical assessments on all residents, and ensure completion of the assessment annually. The Executive Director will utilize the tracking calendar to confirm assessments are completed according to the regulation.
7. **Date for correction to be completed:** 6/18/18

Authorized Signature

 PAJ, PHA

Date:

6/22/18

Plan of Correction Template

Copyright ©2000-2014 ICC Form

No part of this document may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, microfilming, recording, or otherwise without permission from ICC.

ADM040