



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

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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
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)
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 August 15, 2018 until August 15, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **329490**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
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.



AUG 15 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 #: 329490

Dear Ms. Putzier:

As a result of the Department of Human Services' licensing inspection on June 26 and 27, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential.

Ms. Loriann Putzier

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". The signature is fluid and cursive, with a large loop at the end.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 32949 - 06/26/2018 - Gillespie, Denise
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 6/24/18, there were 39 residents present in the home. From 3:00 pm to 4:13 pm and from 9:00 pm to 11:00 pm, there were no staff persons present in the home who was certified in first aid, obstructed airway techniques and CPR.

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, See Page 2A of 7

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) <i>Miranda Coulter, LSW ED</i>	Date <i>7/13/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/18
 (Date)

Plan of correction implementation status as of 8/2/18
 (Date)

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

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

PLAN OF CORRECTION

Community Name: Colonial Courtyard at Tyrone

License Number: 329491

Date of Visit: June 26-27, 2018

Date of Submission:

1. **Violation Review: 2600.63(a)** – At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.
2. **Violation Interpretative Statement:** On 6/24/18, there were 39 residents present in the home. From 3:00pm to 4:13pm and from 9:00pm to 11:00pm, there were no staff persons present in the home who was certified in first aid, obstructed airway techniques and CPR.
3. **Benefit of the Regulation, per RCG:** Ensures that staff are appropriately trained to respond to an emergency, and that there are sufficient numbers of qualified staff to respond to simultaneous emergency situations (for example, if one resident is choking while another resident experiences cardiac arrest).
4. **Description of the repair of the immediate problem:** Effective immediately, the Staff Schedule will be amended to clearly reflect all certified staff persons on duty, for each shift, who are properly trained and current in their first aid, obstructed airway techniques and CPR certification.
5. **Prevention of future occurrences:** All staff members, in all departments, will be tracked by a tickler system to monitor their certification expiration date. First aid, obstructed airway techniques and CPR class held on 7/5/18, and one scheduled for 7/17/18. A monitoring system has been implemented to ensure that all scheduled shifts are in compliance with the regulation and allow for proper and immediate response to possible emergency situations.
This staff training will be addressed at the home's periodic quality management reviews. - GE
6. **Position Responsible:** The Director of Resident Care and/or Designee will ensure compliance with the regulation while creating the staff schedule, as well as any/all modifications to the schedule. The Director of Resident Care Operations & Staff Development will schedule, coordinate and conduct all first aid, obstructed airway techniques and CPR classes. The Business Office Assistant will maintain and update the tickler tracking system.
7. **Date for correction to be completed:** (Immediate) 6/27/18

Authorized Signature

Muanda Coulter ED

Date:

7/13/18

Plan of Correction Template

ADM040

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Violation Report: 32949 - 06/26/2018 - Gillespie, Denise
PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The lamp located in resident bedroom #107 was inoperable. The lamp was located on a table in the opposite corner of the room so that the light source could not be turned on/off from bedside.

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 of 7

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, RN ED

Date

7/13/18

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

The above plan of correction is approved as of 8/2/18
(Date)

Plan of correction implementation status as of 8/2/18
(Date)

The above plan of correction was approved by GCE
(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: June 26-27, 2018

Date of Submission:

1. **Violation Review:** 2600.101(j)(7) – Each resident shall have the following in the bedroom: an operable lamp or other source of lighting that can be turned on at bedside.
2. **Violation Interpretative Statement:** The lamp located in resident room #107 was inoperable. The lamp was located on a table in the opposite corner of the room so that the light source could not be turned on/off from bedside.
3. **Benefit of the Regulation, per RCG:** Provides residents with sufficient light to move safely around their room in the dark, reducing the risk of falls and injury.
4. **Description of the repair of the immediate problem:** Light source was immediately replaced, and lamp was immediately relocated to bedside.
5. **Prevention of future occurrences:** Education will be provided to all direct care and housekeeping staff to ensure awareness of the regulation and overall safety for all residents. A documented conversation will take place with resident #107's family to ensure awareness of the regulation and overall safety for the resident. In place immediately, a weekly schedule has been implemented to cover room audits in each hallway of the Senior Living area (example – week #1: audit of all rooms in hallway #1; week #2: audit of all rooms in hallway #2; week #3: audit of all rooms in hallway #3; cycle repeats) for 9 weeks (a record will be kept). All rooms within the secured dementia care unit will be audited weekly for compliance. After 9 weeks, the checks will be monthly (a record will be kept).
6. **Position Responsible:** The Maintenance Supervisor will conduct the weekly audits as a part of the routine maintenance/safety walk-throughs. Following the 9 week period, a weekly audit will be conducted (records will be kept).
7. **Date for correction to be completed:** (Immediate) 6/27/18

Authorized Signature _____

Melanie C. Smith ED

Date: _____

7/13/18

Plan of Correction Template

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Violation Report: 32949 - 08/26/2018 - Gillespie, Denise
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 6/26/18, there was an accumulation of lint in the lint trap of the dryer in the laundry room located outside of the secured dementia care unit.

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 of 7

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

7/13/18

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

The above plan of correction is approved as of 8/2/18
 (Date)

Plan of correction implementation status as of 8/2/18
 (Date)

The above plan of correction was approved by GCE
 (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: June 26-27, 2018

Date of Submission:

1. **Violation Review:** 2600.105(g)(1) – To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.
2. **Violation Interpretative Statement:** On 6/26/18, there was an accumulation of lint in the lint trap of the dryer in the laundry room located outside of the secured dementia care unit.
3. **Benefit of the Regulation, per RCG:** Greatly reduces the chance of fire in the home.
4. **Description of the repair of the immediate problem:** Immediately, the lint trap of the dryer in the laundry room located outside of the secured dementia care unit was thoroughly cleaned in order to comply with the regulation, as well as the established community lint trap cleaning schedule.
5. **Prevention of future occurrences:** The Maintenance Supervisor and the Executive Director will re-educate the staff on the importance of the regulation and the need for overall safety, as well as conduct daily audits to ensure compliance. Furthermore, the community will continue to clean the complete lint removal system (from the dryer to the exterior of the building) on a regular basis to ensure the safest possible conditions in reducing a fire hazard.
6. **Position Responsible:** The community staff members will conduct the daily checks of the lint trap (records will be kept). The Maintenance Supervisor and the Executive Director will serve as the secondary auditors due to the importance of the regulation and overall safety of the residents.
7. **Date for correction to be completed:** (Immediate) 6/26/18

Authorized Signature

Michael Coulter ED

Date:

7/13/18

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ADM040

Violation Report: 32949 - 06/26/2018 - Gillespie, Denise
PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 6/27/18, one small white circular pill and one small white oval pill were found loose in the second drawer of medication cart #2.

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 5A of 7

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 LPN ED

Date *7/13/18*

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

The above plan of correction is approved as of 8/2/18
(Date)

Plan of correction implementation status as of 8/2/18
(Date)

The above plan of correction was approved by GCE
(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: June 26-27, 2018

Date of Submission:

1. **Violation Review:** 2600.183(e) – Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacture’s instructions.
2. **Violation Interpretative Statement:** On 6/27/18, one small white circular pill and one small white oval pill were found loose in the second drawer of medication cart #2.
3. **Benefit of the Regulation, per RCG:** Ensures that medications shall be stored in a manner that prevents damage or loss.
4. **Description of the repair of the immediate problem:** The Director of Resident Care Services immediately conducted an audit of cart #2. Any/all concerns were corrected at that time. The direct care staff (Medication Assistants) will be re-educated by the Director of Resident Care Services on 7/18/18 regarding compliance to this regulation. Education will be ongoing.
5. **Prevention of future occurrences:** In addition to ongoing staff education, the Director of Resident Care Services will continue to audit all medication carts weekly, with the Executive Director as a secondary auditor to ensure compliance with the regulation and the safety of the residents (records will be kept).
6. **Position Responsible:** The Director of Resident Care Services and the Executive Director will work together on continuous audits, as well as ongoing education and empowerment of the Medication Assistants to be more responsible and accountable for medication cart maintenance and cleanliness.
7. **Date for correction to be completed:** (Immediate) 6/27/18

Authorized Signature

Michael Caulty EO

Date:

7/13/18

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Violation Report: 32949 - 06/26/2018 - Gillespie, Denise
PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident # 1's support plan, dated 12/17/17, does not indicate the resident's ability to participate in its development and/or sign.

Resident # 2's support plan, dated 6/2/18, does not indicate the resident's ability to participate in its development and/or sign.

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 6A of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Miranda Carter RN ED

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

Miranda Carter, RN ED

Date *7/13/18*

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

The above plan of correction is approved as of 8/2/18
(Date)

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

Plan of correction implementation status as of 8/2/18
(Date)

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

Community Name: Colonial Courtyard at Tyrone

License Number: 329491

Date of Visit: June 26-27, 2018

Date of Submission:

1. **Violation Review:** 2600.227(g) – Individuals who participate in the development of the support plan shall sign and date the support plan.
2. **Violation Interpretative Statement:**
 - a. Resident #1’s support plan, dated 12/17/17, does not indicate the resident’s ability to participate in its development and/or sign.
 - b. Resident #2’s support plan, dated 6/2/18, does not indicate the resident’s ability to participate in its development and/or sign.
3. **Benefit of the Regulation, per RCG:** Having individuals who participate in the development of the support plan sign and date the support plan provides a record of who participated in the development of the support plan for future reference purposes.
4. **Description of the repair of the immediate problem:** The Director of Resident Care Services immediately corrected this error for resident #1 and resident #2.
5. **Prevention of future occurrences:** The Director of Resident Care Services and/or designee will ensure that all necessary information, to include all signatures/dates, is properly documented. A full audit of all support plans by the Director of Resident Care Services and/or designee will be completed by July 31, 2018, to ensure that all documentation is correct. Moving forward, the Director of Resident Care Services will review all completed support plans with the Executive Director to ensure a complete and accurate record.
6. **Position Responsible:** The Director of Resident Care Services and the Executive Director will work together to ensure compliance and a safe and comprehensive plan for all residents.
7. **Date for correction to be completed:** 7/31/18

Authorized Signature Miranda Cuthbert EO

Date: 7/13/18

Violation Report: 32949 - 06/26/2018 - Gillespie, Denise
 PCH Name: COLONIAL COURTYARD AT TYRONE

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism were not conspicuously posted near the outside courtyard's door to the SDCU.

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 7A of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Miranda Coulter EO

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

Miranda Coulter, EO

Date *7/19/18*

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

The above plan of correction is approved as of 8/2/18
 (Date)

Plan of correction implementation status as of 8/2/18
 (Date)

The above plan of correction was approved by GCE
 (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: June 26-27, 2018

Date of Submission:

1. **Violation Review:** 2600.233(c) – If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.
2. **Violation Interpretative Statement:** The directions for operating the home's locking mechanism were not conspicuously posted near the outside courtyard's door to the SDCU.
3. **Benefit of the Regulation, per RCG:** Posting the directions for the operation of key-locking devices, electronic cards systems or other devices that prevent immediate egress help to ensure that persons in the secured dementia care unit who do not have an identified need to be in a secured unit can exit the secured unit on their own and at will.
4. **Description of the repair of the immediate problem:** The posted directions to the locking mechanism for the SMCU courtyard door were immediately recovered from the floor near the door and reposted using a more secure technique that will keep the instructions in place and conspicuous at all times.
5. **Prevention of future occurrences:** The LifeStories Coordinator will regularly check to make sure that the instructions are secure during a daily walk-throughs of the SDCU. Continuous education/instruction will be provided to all staff working within the SDCU to ensure compliance with the regulation and the safe egress for those do not have an identified need to be in the SDCU.
6. **Position Responsible:** The LifeStories Coordinator will check daily to ensure that the instructions are secure and conspicuous.
7. **Date for correction to be completed:** (Immediate) 6/27/18

Authorized Signature Maureen O'Neil EO

Date: 7/13/18

Plan of Correction Template

ADM040

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