



July 3, 2019

Ms. Loriann Putzier  
President  
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 #: 329490

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on May 15, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: COLONIAL COURTYARD AT TYRONE  
Address: 5546 EAST PLEASANT VALLEY BLVD, TYRONE, PA 16686  
County: BLAIR Region: CENTRAL

License Number: 329490

## Administrator

Name: Miranda Coulter Phone: 8146865970 Email: na

## Legal Entity

Name: TITHONUS TYRONE LP  
Address: C/O INTEGRACARE CORPORATION 6600 BROOKTREE COURT, STE 1000, PA, 15090

## Certificate(s) of Occupancy

Type: C-2 LP Date: 03/02/1999 Issued By: L&I

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

## Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

## Inspection Dates and Department Representative

05/15/2019 - On-Site: Israel Springs, Jason McCloskey

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 70 Residents Served: 34

### Secured Dementia Care Unit

In Home: Yes Area: Life Stories Capacity: 11 Residents Served: 9

### Hospice

Current Residents: 5

### Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 32  
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 9 Have Physical Disability: 0

63a - First Aid/CPR Training

Regulations

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.

Description of Violation

On 4/29/19, 5/4/19, and 5/5/19, during the hours of 11pm to 7:30am, there were between one and fifty residents present in the home. During these time periods, there were no staff members with current training in First Aid present in the home.

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 Attached

Pages 2A and 2B

Legal Entity Representative

Miranda Coulter, PCHA ED  
Signature

Miranda Coulter, LPN PCHA ED  
Printed Name and Title

6/5/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/12/19  
(Date)

Plan of correction implementation status as of 6/12/19  
(Date)

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

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

Community Name: COLONIAL COURTYARD AT TYRONE

License Number: 329490

Date of Visit: 5/15/19

Date of Submission: 6/5/19

1. Violation Review: 2600.63A- 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. On 4/29/19, 5/4/19, and 5/5/19, during the hours of 11p-7:30a, there were between one and fifty residents present in the home. During these time periods, there were no staff members with current training in First Aid present in the home.
2. Violation Interpretative Statement: Though CPR training was compliant for our team members, the absence of first aid training during certification of the team members creates this deficiency.
3. Review the 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: All team members in our community will repeat the CPR training or be newly certified to include first aid and obstructed airway techniques over the next 6 weeks.

Authorized Signature Micard Carter, PCAED

Date: 6/5/19

## PLAN OF CORRECTION TEMPLATE

---

5. Determine / document the Root Cause of the Violation: It was an oversight on the ED's part to not realize that the CPR cards received did not indicate "First Aid" on them in addition to "CPR". It was my understanding that the class was all inclusive.
6. Detail Action Steps / System Developed to prevent future occurrence:
- a. Changing practice? Our CPR trainer is now conducting all CPR certification trainings within our community and all properties managed by Integracare to be inclusive of First Aid training.
  - b. Teaching or Training? All team members as well as managers responsible for scheduling will be educated as to this regulation.
  - c. On-going Monitoring? Quarterly audits will be performed of CPR/First Aid certification status to ensure compliance.
7. Designated position responsible and specify target date for correction.- Dept managers will be responsible for ongoing scheduling compliance. ED will be performing quarterly audits. All team member certifications will be completed by July 17, 2019.

Authorized Signature Muanda Conley, Jr. ED PCH

Date: 6/5/19

233c - Key-Locking Devices

Regulations

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.

Description of Violation

*The directions for operating the electronic locking mechanism posted at the exit of the secure dementia care unit did not contain the complete code require to operate the system.*

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

Legal Entity Representative

*Miranda Carter, PCHA ED*  
Signature

Miranda Carter, LAJ PCHA ED 6/5/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/12/19  
(Date)

Plan of correction implementation status as of 6/12/19  
(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 TEMPLATE

---

Community Name: Colonial Courtyard at Tyrone

License Number: 329490

Date of Visit: 5/15/19

Date of Submission: 6/5/19

1. Violation Review: 2600.233c 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. The directions for operating the electronic locking mechanism posted at the exit of the secure dementia care unit did not contain the complete code required to operate the system.
2. Violation Interpretative Statement: Our code lacked the asterisk needed to access our SDU utilizing the code.
3. Review the 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: A new code was immediately initiated while our surveyors were on site.

Authorized Signature

Miranda Coulter, PCAN

Date:

6/5/19

5. Determine / document the Root Cause of the Violation: Oversight in not realizing the codes posted lacked the asterisk.

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

- a. Changing practice? New cards are being created utilizing clock faces with arrows indicating direction and ending with the asterisk that is needed no matter the numerical code.
- b. Teaching or Training? Upon completion of the new codes, all team members will be trained on how to read the new cards so that they can assist visitors.
- c. On-going Monitoring? Codes will be changed quarterly and as needed. Codes will be checked weekly to ensure presence and function.

7. Designated position responsible and specify target date for correction. Maintenance supervisor will create and maintain code cards and changes. ED will audit quarterly.

Authorized Signature Michael Cullen PCHA ED

Date: 6/5/19