



October 29, 2019

Ms. Loriann Putzier  
President & COO  
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 annual inspection on June 19 and 20, 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, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: COLONIAL COURTYARD AT BEDFORD

License Number: 329480

Address: 220 DONAHUE MANOR ROAD, BEDFORD, PA 15522

County: BEDFORD

Region: CENTRAL

### Administrator

Name: Tressia Day

Phone: 8146240100

Email: tday@INTEGRACARE.COM

### Legal Entity

Name: TITHONUS BEDFORD LP

Address: 6600 BROOKTREE COURT STE 1000, WEXFORD, PA, 15090

### Certificate(s) of Occupancy

Type: C-2 LP

Date: 04/12/2000

Issued By: Labor and Industry

### Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 104

Waking Staff: 78

### Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

### Inspection Dates and Department Representative

06/19/2019 - On-Site: Hope O'Pake, Doug Hoover

06/20/2019 - On-Site: Hope O'Pake, Doug Hoover

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 83

Residents Served: 70

#### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: 11

#### Number of Residents Who:

Receive Supplemental Security Income: 4

Are 60 Years of Age or Older: 69

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 34

Have Physical Disability: 11

Rec'd  
8/9/19  
GE

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 6/13/2019 and 6/14/2019, the census was 65 & 66 which required 2 staff trained in CPR/first aid. From 10:00 pm to 6:00 am, there was one staff person trained in CPR/first aid.

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

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Legal Entity Representative

*Tressia Day*  
Signature

Tressia Day, Executive Operations Officer  
Printed Name and Title  
8-9-19  
Date

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

The above plan of correction is approved as of 9/23/19  
(Date)

Plan of correction implementation status as of 9/23/19  
(Date)

Fully Implemented

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

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

# PLAN OF CORRECTION

Community Name: Colonial Courtyard Bedford

License Number: 329480

Date of Visit: June 19-20, 2019

Date of Submission: August 9, 2019

1. Violation Review:

On 6/13/19 and 6/14/19, the census was 65 & 66 which required 2 staff trained in CPR/first aid. From 10:00 pm to 6:00 am, there was one staff person trained in CPR/first aid.

2. Violation Interpretative Statement:

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.

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 situation (for example, if one resident is choking while another resident experiences cardiac arrest).

4. Description of the Repair of the Immediate Problem:

Resident care staff were trained in First Aid/CPR on 6/25/19. The Tickler system was updated by ED for First Aid and CPR training status on 6/25/19 and a binder was created verify dates of certification to have on hand quickly for DHS and to review for scheduling compliance.

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

2 people, qualified in CPR/First Aid, on staff per regulation 2600.63 (a) were not scheduled due to failing to monitor scheduling with compliance and poor monitoring of training needs of the staff.

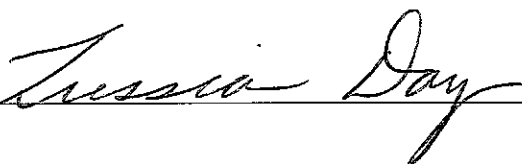
6. Detail Action Steps / System Developed to prevent future occurrence:

The Director of Resident Care\Executive Director will continue to be responsible for keeping tickler system for all team members CPR and First Aid Status in binder created on 6/25/19. The ED will monitor the tickler system monthly to assure all direct care staff members are compliant per regulation monthly. The DRCS/ED will monitor the schedule weekly and make a quarterly plan for CPR training additional adding to Outlook Calendar. Staff training needs will be included in the home's periodic quality management reviews. - GE, 9/23/19

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

DRCS/ED-tickler system update and monitoring 6/25/19 and on-going.

Authorized Signature



Date:

8-9-19

65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include documentation of 2018 annual fire safety training for Staff Member A.

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

Page 3A of 5

Legal Entity Representative

*Tressia Day*  
Signature

Tressia Day, Executive Operations Officer  
Printed Name and Title Date 8-9-19

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The above plan of correction is approved as of 9/23/19 (Date) Plan of correction implementation status as of 9/23/19 (Date)

The above plan of correction was approved by GE (Initials)  Fully Implemented  Partially Implemented - Adequate Progress  Partially Implemented - Inadequate Progress  Not Implemented

# PLAN OF CORRECTION

Community Name: Colonial Courtyard Bedford

License Number: 329480

Date of Visit: June 19-20, 2019

Date of Submission: August 9, 2019

1. Violation Review:

The home's record of direct care staff training does not include documentation of 2018 annual fire safety training for Staff Member A.

2. Violation Interpretative Statement:

65.I. A record of training including the staff person trained, date, sources, content, length of each course and copies of any certificates received, shall be kept.

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

Allows the administrator to track each staff person's training progress throughout the year and provides evidence of successful training completion.

4. Description of the Repair of the Immediate Problem:

Staff member and Trainer verified that staff person attended training but failed to sign in.

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

Staff member attended training and failed to sign in on the sign in sheet when entering training session.

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

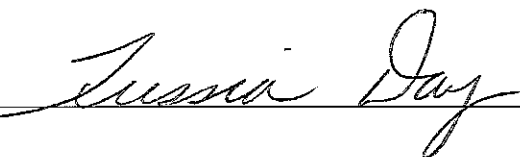
Trainer going forward will not begin class before taking roll call and verifying all staff members have signed in. Documentation on a separate sheet of paper will be completed for any staff person who missed the training for additional training classes so all staff members complete required annual training. An audit will be completed monthly by Business Office/Executive Director for trainings missed a make-up class will be provided within 1 week of initial training date for any staff member how missed. Management team will be informed during stand-up of protocol for all trainings going forward by 9/1/19. An audit will be completed by 8/15/19 to ensure all staff has been trained in fire safety.

Staff training needs will be included in the home's periodic quality management reviews. - GE, 9/23/19

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

Trainer (management team and outside providers)- By 9/1/19 and Ongoing  
BO/ED- monthly auditing ongoing

Authorized Signature



Date:

8-9-19

102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in Room 101.

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*

Page 4A of 5

Legal Entity Representative

*Tressia Day*  
Signature

*Tressia Day, Executive Operations Officer*  
Printed Name and Title  
*8-9-19*  
Date

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(Date)

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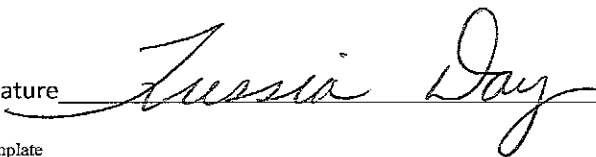
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

# PLAN OF CORRECTION

Community Name: Colonial Courtyard Bedford  
License Number: 329480  
Date of Visit: June 19-20, 2019  
Date of Submission: August 9, 2019

1. Violation Review:  
There was an unlabeled used bar of soap in Room 101.
2. Violation Interpretative Statement:  
102.i.- A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.
3. Review the benefit of the Regulation, per RCG:  
Ensures that personal hygiene is maintained.
4. Description of the Repair of the Immediate Problem:  
Soap was immediately removed from bathroom 6/20/19 and discarded.
5. Determine / document the Root Cause of the Violation:  
DCS failed to remove soap in shared bathroom after a shower was given due to lack of on-going education.
6. Detail Action Steps / System Developed to prevent future occurrence:  
DCS will complete an additional check of each bathroom after every shower is completed daily. DCS will be educated during the next staff meeting by 9/1/19 about checking bathroom for bar soap a review of the infection control policy will also be completed at this time. DCS will circle back and recheck all shared bathrooms every shift a check off will be added to daily assignment sheet by 8/15/19. DRCS will monitor check off sheet and monitor weekly for compliance effective immediately. DRCS will round daily for 30 days to reinforce the standard and establish new habits for compliance.
7. Designated position responsible and specify target date for correction.  
Direct care staff education by 9/1/19  
ED/DRCS weekly check and monitor immediately

Authorized Signature



Date:

8-9-19

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on 6-7-19. However, the resident did not sign the support plan.

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

Page 5A of 5

Legal Entity Representative

*Tressia Day*  
Signature

Tressia Day, Executive Operations  
Printed Name and Title  
8-9-19  
Date

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(Date) (Date)

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# PLAN OF CORRECTION

Community Name: Colonial Courtyard Bedford

License Number: 329480

Date of Visit: June 19-20, 2019

Date of Submission: August 9, 2019

1. Violation Review:

Resident #1 participated in the development of his/her support plan on 6-7-19. However, the resident did not sign the support plan.

2. Violation Interpretative Statement:

227.g.- Individuals who participate in the development of the support plan shall sign and date the support plan.

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

Allows residences to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

4. Description of the Repair of the Immediate Problem:

On, 6/20/19 Executive Director and resident reviewed RASP and resident signed RASP. Please see attached signature sheet for resident 1.

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

Direct care staff filed to have resident sign RASP upon review with resident after RASP was completed.

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

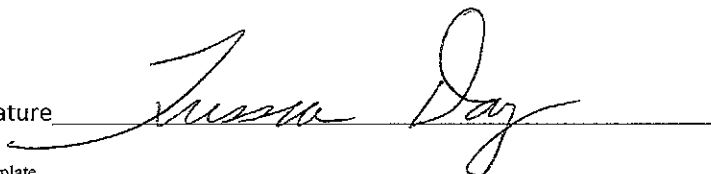
An audit will be completed of all resident RASP to ensure signatures are in place by 9/1/19. Going forward DRCS/ED will review monthly all RASP to ensure signatures are in place. Direct care staff will also check before filing to ensure signatures are on file an in-service will be provided to all MA's and LPN's by 9/1/19. A checklist will be utilized to audit annual RASP in addition to a check list for new admissions.

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

DRCS/ED- 6/20/19 and 9/1/19- ongoing

DCS-ongoing

Authorized Signature



Date:

8-9-19