



Sent via e-mail: [mcoulter@integracare.com](mailto:mcoulter@integracare.com)

Mailing Date: April 15, 2020

Ms. Loriann Putzier  
President & COO  
Tithonus Clearfield LP  
**C/O Integracare Corporation**  
6600 Brooktree Court, Ste. 1000  
Wexford, Pennsylvania 15090

RE: Colonial Courtyard at Clearfield  
1300 Leonard Street  
Clearfield, Pennsylvania 16830  
Certificate #: 447330

Dear Ms. Putzier:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 3, 2019 and December 4, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is written in a cursive style.

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

RECEIVED

FEB 29 2020

Violation Report

WEST REGION FIELD OFFICE  
Human Services Licensing

License Number: 44733

Facility Information

Name: COLONIAL COURTYARD AT CLEARFIELD  
Address: 1300 LEONARD STREET,, CLEARFIELD, PA 16830  
County: CLEARFIELD Region: WESTERN

Administrator

Name: Tressia Day Phone: 8147652246 Email: LPUTZIER@INTEGRACARE.COM

Legal Entity

Name: TITHONUS CLEARFIELD LP  
Address: 6600 BROOKTREE COURT,SUITE 1000, WEXFORD, PA, 15090

Certificate(s) of Occupancy

Type: I-1 Date: 12/28/2015 Issued By: Lawrence Twp  
Type: I-2 Date: 12/28/2015 Issued By: Lawrence Twp

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 99 Waking Staff: 74

Inspection

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

Inspection Dates and Department Representative

12/03/2019 - On-Site: Courtney Barry, Vicki Siegert  
12/04/2019 - On-Site: Courtney Barry, Vicki Siegert

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74 Residents Served: 64

Special Care Unit

In Home: Yes Area: Life Stories Capacity: 17 Residents Served: 15

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64  
Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 35 Have Physical Disability: 7

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17 Record confidentiality

Requirements

WEST REGION FIELD OFFICE  
Human Services Licensing

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 12/4/2019, at approximately 10:30 a.m., the emergency preparedness plan was unlocked, unattended, and accessible in the hallway near the fire panel room. The plan contained confidential information for multiple residents, including the following:

- Immobile list: resident name, mobility status, and room numbers including resident #1, resident #2, resident #3
- Residents with oxygen: residents #1, #2, and #4
- Fall Risk-Yellow String on pendant: residents #1, #2, and #3
- Self-medicating residents: residents #5, and #6
- Hoyers: resident #2, resident #4
- Laundry List-Incontinent Laundry AL: residents #2, #7, and #8

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*

SEE PAGES 2A AND 2B OF 16

Legal Entity Representative

*Miranda Coulter*  
Signature

Miranda Coulter LPN Executive Operations Office  
Printed Name and Title  
Date 2/28/20

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

The above plan of correction is approved as of 03/04/20  
(Date)

Plan of correction implementation status as of 3/26/20  
(Date)

- Implemented
- Not Implemented

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

## PLAN OF CORRECTION TEMPLATE

RECEIVED

FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

Community Name: Colonial Courtyard at Clearfield

License Number:

Date of Visit: 12/3/19 &amp; 12/4/19

Date of Submission: 2/24/20

## 1. Violation Review:

2800.17 Confidentiality of Records-Resident records shall be confidential and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

## 2. Violation Interpretative Statement:

On 12/4/19, at approximately 10:30am, the emergency preparedness plan was unlocked, unattended, and accessible in the hallway near the fire panel room. The plan contained confidential information for multiple residents, including the following:

- Immobile list: resident name, mobility status, and room numbers including resident #1, resident #2, resident #3
- Residents with oxygen: residents #1, #2, and #4
- Fall Risk-Yellow String on pendant: residents #1, #2, and #3
- Self-medicating residents: residents #5 and #6
- Hoyers: resident #2, resident #4
- Laundry List-Incontinent laundry AL; residents #2, #7, and #8

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


Protects resident privacy and ensures that residences comply with other applicable laws.

## 4. Description of the Repair of the Immediate Problem:

Residents' information was immediately removed from the emergency preparedness plan in this location. The plan in this location now only contains the unit number.

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

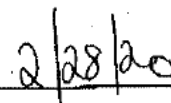
The team was focused on ensuring that this information was available and that there was a complete plan in place in case of emergency. The team inadvertently missed the fact that this was violating the confidentiality regulation.

 3/4/20

Authorized Signature



Date:



ADM040

## PLAN OF CORRECTION TEMPLATE

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

a. Changing practice?

We will continue to only use unit numbers when updating this information in the future.

b. Teaching or Training?

The Safety and Maintenance Engineer was educated as to this regulation and verbalized as well as demonstrated understanding of this regulation and purpose by immediately changing our practice regarding this item.

c. On-going Monitoring?

Executive Operations Officer will conduct a quarterly audit on the emergency preparedness plan in this location to ensure compliance. The Executive Operations Officer will initial all 6 of these areas in the plan.

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

Safety and Maintenance Engineer/EOO

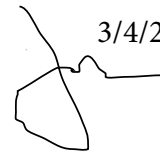
Corrected 12/5/19

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FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

3/4/20



Authorized Signature

Muhammad Carl J. EOO

Date:

2/28/20

56a Admin 36 hrs/week

FEB 29 2020

Requirements

WEST REGION FIELD OFFICE  
Human Services Licensing

2800.

56.a. Except for temporary absences under subsection (b), the administrator shall be present in the residence an average of 36 hours or more per week, in each calendar month. At least 30 hours per week must be during normal business hours.

Description of Violation

Staff person A, the Administrator, is not present in the residence an average of 36 hours weekly in each calendar month.

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 16

Legal Entity Representative

*Miranda Culler*  
Signature

Miranda Culler LPW Executive Operations Office  
Printed Name and Title  
Date 2/28/20

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

The above plan of correction is approved as of 3/4/20  
(Date)

Plan of correction implementation status as of 3/26/20  
(Date)

The above plan of correction was approved by  
(Initials)

Implemented  
 Not Implemented

## PLAN OF CORRECTION TEMPLATE

RECEIVED

FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

Community Name: Colonial Courtyard at Clearfield

License Number: 447330

Date of Visit: 12/3/19 &amp; 12/4/19

Date of Submission: 2/24/20

## 1. Violation Review:

2800.56a Except for temporary absences under subsection (b), the administrator shall be present in the residence an average of 36 hours or more per week, in each calendar month. At least 30 hours per week must be during normal business hours.

## 2. Violation Interpretative Statement:

Staff person A, the Administrator, is not present in the residence an average of 36 hours weekly in each calendar month.

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

Allows the administrator sufficient time to complete required duties, maintain regulatory compliance, and ensure the residents of the residence receive the services as specified in the resident's assessment and support plan.

## 4. Description of the Repair of the Immediate Problem:

The interim EOO and incoming EOO worked out an immediate schedule to share the hours in the community to ensure that this regulation was met. In the absence of the interim EOO, the COO and incoming EOO worked out a schedule to ensure that this regulation was fulfilled.

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

The interim EOO was sharing her time between 3 communities during this time.

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

## a. Changing practice?

The EOO will work regular full-time hours, mostly in the community. The EOO will coordinate coverage with the regional director of operations or the COO for any absences.

## b. Teaching or Training?

Immediate regulation review by EOO.

## c. On-going Monitoring?

EOO will ensure that an average 36 hours is achieved, 30 of them being during normal business hours. EOO will document any days out of the building in her calendar for documentation purposes.

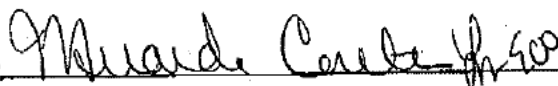
## 7. Designated position responsible and specify target date for correction.

EOO

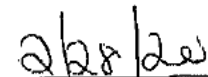
Immediate 12/5/19

A RECORD OF ADMINISTRATOR HOURS WORKED WILL BE KEPT IN THE HOME AND WILL BE AVAILABLE FOR REVIEW AT THE REQUEST OF THE DEPARTMENT. - JRW 3/4/20

Authorized Signature



Date:



FEB 29 2020

60e Dietician

Requirements

2800.

60.e. The residence shall have a dietician on staff or under contract to provide for any special dietary needs of a resident as indicated in his support plan.

WEST REGION FIELD OFFICE  
Human Services Licensing

Description of Violation

The residence does not have a current dietitian on staff, nor under contract. The home currently has multiple residents with special dietary needs.

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*

SEE PAGE 4A OF 16

Legal Entity Representative

*Miranda Carter*  
Signature

Miranda Carter LRS Executive Operations Off  
Printed Name and Title  
Date  
*2/28/20*

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The above plan of correction is approved as of *3/4/20*  
(Date)

Plan of correction implementation status as of *3/26/20*  
(Date)

Implemented  
 Not Implemented

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

## PLAN OF CORRECTION TEMPLATE

RECEIVED

FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

Community Name: Colonial Courtyard at Clearfield

License Number: 447330

Date of Visit: 12/3/19 &amp; 12/4/19

Date of Submission: 2/24/19

## 1. Violation Review:

2800.60e The residence shall have a dietitian on staff or under contract to provide for any special dietary needs of a resident as indicated in his support plan.

## 2. Violation Interpretative Statement:

The residence does not have a current dietitian on staff, nor under contract. The home currently has multiple residents with special dietary needs.

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

Ensures that a person qualified to meet residents' needs or seek help in an emergency is present in the residence. Ensures that sufficient staff hours are provided to meet residents' basic assisted living needs. Ensures that medical and dietary professionals are available to meet residents needs.

## 4. Description of the Repair of the Immediate Problem:

Immediate search and networking to locate a dietitian. We have located a dietitian and are working to secure a contract.

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

Due to EOO turnover this regulation was inadvertently missed.

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

## a. Changing practice?

A dietitian will be contracted.

## b. Teaching or Training?

Staff will be educated as to dietitian function once secured.

## c. On-going Monitoring?

Annual contract renewal for dietitian.

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

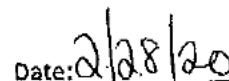
EOO/Regional Director of Dining Experience.

Target Date: 3/31/20

Authorized Signature: \_\_\_\_\_



Date: \_\_\_\_\_



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FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

101i Access

Requirements

2800.

101.i. A resident shall have access to his living unit at all times.

Description of Violation

The bedroom doors of residents in the special care unit are kept locked and residents are unable to access their rooms freely.

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*

SEE PAGE 5A OF 16

Legal Entity Representative


*Miranda Carter for EOC*  
Signature

Miranda Carter EOLAS Executive Operations Office  
Printed Name and Title  
Date 2/28/20

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The above plan of correction is approved as of 3/2/20  
(Date)

Plan of correction implementation status as of 3/26/20  
(Date)

The above plan of correction was approved by   
(Initials)

- Implemented
- Not Implemented

# RECEIVED PLAN OF CORRECTION TEMPLATE

FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

Community Name: Colonial Courtyard at Clearfield

License Number: 447330

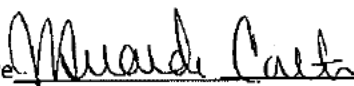
Date of Visit: 12/3/19 &amp; 12/4/19

Date of Submission: 2/24/20

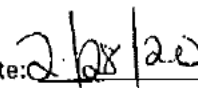
1. Violation Review:  
2800.101i A resident shall have access to his room at all times.
2. Violation Interpretative Statement:  
The bedroom doors of residents in the special care unit are kept locked and residents are unable to access their rooms freely.
3. Review the benefit of the Regulation, per RCG:  
This requirement preserves residents' privacy, dignity, and independence.
4. Description of the Repair of the Immediate Problem:  
Residents' doors were immediately unlocked.
5. Determine / document the Root Cause of the Violation:  
Staff looked at this from the standpoint that they were securing each residents' belongings and missed the point of view that the resident would not be able to freely access their room.
6. Detail Action Steps / System Developed to prevent future occurrence:
  - a. Changing practice?  
All rooms remain unlocked when resident not present to promote free will access.
  - b. Teaching or Training?  
Staff has been educated to leave all rooms unlocked when unoccupied by residents. All staff will be reminded at the March all staff meeting.
  - c. On-going Monitoring?  
Audits will be performed to ensure adherence to this regulation.
7. Designated position responsible and specify target date for correction.  
Lifestages Director/EEO  
Immediate remedy. Staff has been notified but formal education via all staff meeting will occur by 3/31/20.

STAFF WILL PROVIDE ADEQUATE SUPERVISION TO ENSURE RESIDENTS DO NOT GO INTO THE ROOMS OF OTHER RESIDENTS. - JRW 3/4/20

Authorized Signature



Date:




ADM040

FEB 29 2020

102n Bathroom – emerg. notif.

Requirements

WEST REGION FIELD OFFICE  
Human Services Licensing

2800.

102.n. Each bathroom must be equipped with an emergency notification system to notify staff in the event of an emergency.

Description of Violation

The bathroom on the 2nd floor does not have an emergency notification 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.)

*See attached*

SEE PAGE 6A OF 16

Legal Entity Representative

*Miranda Carter*  
Signature

Miranda Carter LMS Executive Operator  
Printed Name and Title Date 2/28/20

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

The above plan of correction is approved as of

3/4/20  
(Date)

Plan of correction implementation status as of

3/26/20  
(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

## PLAN OF CORRECTION TEMPLATE

RECEIVED

FEB 29 2020

Community Name: Colonial Courtyard at Clearfield

License Number: 447330

WEST REGION FIELD OFFICE  
Human Services Licensing

Date of Visit: 12/3/19 & 12/4/19

Date of Submission: 2/24/20

**1. Violation Review:**

2800.102n Each bathroom must be equipped with an emergency notification system to notify staff in the event of an emergency.

**2. Violation Interpretative Statement:**

The bathroom on the 2<sup>nd</sup> floor does not have an emergency notification system.

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

Having a restroom that is equipped with an emergency notification system helps residents to notify staff in the event of an emergency; the emergency notification system can help residents obtain assistance quickly.

**4. Description of the Repair of the Immediate Problem:**

An emergency pull cord box was immediately installed on the wall in the upstairs staff bathroom.

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

The staff bathroom on the second floor was not viewed as a resident area as the residents do not access the 2<sup>nd</sup> floor. Due to the fact that we have an accessible elevator, we understand the concern and agree that it is best to always err on the side of resident safety.

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

a. Changing practice?

Call box placed in upstairs staff bathroom. 2<sup>nd</sup> floor will be viewed as accessible to residents, moving forward.

b. Teaching or Training?

Staff will be educated regarding this regulation during the March all staff meeting.


c. On-going Monitoring?

Call box added to the call bell system so that it will be included into regular inspections of our system.

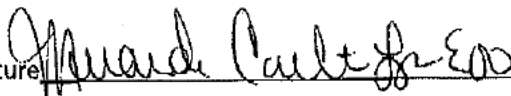
**7. Designated position responsible and specify target date for correction.**

Safety and Maintenance Engineer

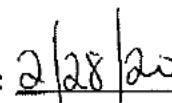
Immediate 12/4/19

 3/4/20

Authorized Signature



Date:

 2/28/20

121a Unobstructed egress

WEST REGION FIELD OFFICE  
Human Services Licensing

Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On 12/3/2019, at approximately 10:10 a.m., the emergency exit door in the rear of the residence, near the stairwell to the employee break room, required excessive force to open the door.

On 12/3/2019, at approximately 10:20 a.m., the smaller of the double emergency exit doors in the rear of the residence, near the commercial laundry room, was secured with a manual slide locking system which prevented egress to the outside. Additionally, there were collapsed cardboard boxes on a hand truck, approximately 35 inches wide, blocking the emergency egress.

On 12/3/2019, a yellow plastic chain was hanging across the bottom of both sets of stairs and were connected with carabiner clips. The chain impedes emergency egress from the 2nd floor.

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*

SEE PAGES 7A AND 7B OF 16

Legal Entity Representative

*Miranda Cault*  
Signature

*Miranda Cault* LMS Executive Operations Officer  
Printed Name and Title  
Date 2/28/20

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

The above plan of correction is approved as of 3/4/20  
(Date)

Plan of correction implementation status as of 3/26/20  
(Date)

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

- Implemented
- Not Implemented

## PLAN OF CORRECTION TEMPLATE

RECEIVED

FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

Community Name: Colonial Courtyard at Clearfield

License Number: 447330

Date of Visit: 12/3/19 &amp; 12/4/19

Date of Submission: 2/24/20

## 1. Violation Review:

2800.121a Stairways, hallways, doorways, passageways, and egress routes from living units and from the building must be unlocked and unobstructed.

## 2. Violation Interpretative Statement:

On 12/3/19, at approximately 10:10am, the emergency exit door in the rear of the residence, near the stairwell to the employee break room, requires excessive force to open the door.

On 12/3/2019, at approximately 10:20am, the smaller of the double emergency exit doors in the rear of the residence, near the commercial laundry room, was secured with a manual slide locking system which prevented egress to the outside. Additionally there were collapsed cardboard boxes on a hand truck, approximately 35 inches wide, blocking the emergency egress.

On 12/3/19, a yellow plastic chain was hanging across the bottom of both sets of stairs and were connected with carabiner clips. The chain impedes emergency egress from the 2<sup>nd</sup> floor.

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

It is important to keep exits unblocked so people can escape in an emergency situation. If an egress-route door is locked with a key or other manual device, which has been removed, misplaced, or lost, people will be unable to escape in the event of a fire or other emergency.

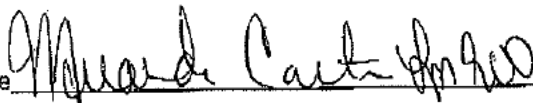
## 4. Description of the Repair of the Immediate Problem:

- The door was checked on 12/4/19 and opened freely. The door was inspected several other random times and no issues were found. We will continue to monitor this door to ensure proper function and will put in a call for service should issues arise.
- Weekly rounds initiated on all doors to ensure that they freely open. Rounds will continue for 3 months to provide regular monitoring of this situation.
- The manual slide lock has been removed.
- The boxes were discarded at the recycling dumpster immediately.
- The yellow chain has been removed.

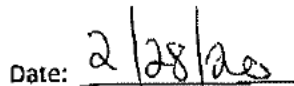
## 5. Determine / document the Root Cause of the Violation:

- We have not had further issues with the door and believe the "sticking" to be related to outdoor temps.
- The lock was in place to keep that door from rapidly opening when the other door is opened. It was not considered that both doors had to be freely opening. Staff did not stop to think about the fact that the hand truck was blocking the exit.
- The chain was intended to deter residents from trying to ascend the stairs from the first floor, but the team did not consider that in case of emergency if a resident had accessed the elevator and then tried to descend the stairs, they may not know how to undo the chain.

Authorized Signature



Date:


  
3/4/20

ADM049

## PLAN OF CORRECTION TEMPLATE

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

a. Changing practice?

Regular inspection of all exits to ensure that the egress is not blocked, the doors open freely, and to assess procedures we have in place to ensure that we are providing a safe environment for our residents.

b. Teaching or Training?

Staff will be educated at the March All Staff meeting regarding safe egresses as well as immediate notification to the SME should a door be not functioning properly.

c. On-going Monitoring?

SME will perform safety checks regularly to ensure safe, properly functioning egresses.

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

Safety and Maintenance Engineer/EOO

All were immediately remedied. Staff has been educated via all staff meeting 2/18/20.

RECEIVED

FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

3/4/20

Authorized Signature

*Melinda Carl EOO*

Date

*2/28/20*

RECEIVED

COLONIAL COURTYARD AT CLEARFIELD

FEB 29 2020

4473.3

130h Fire alarm- mobility

WEST REGION FIELD OFFICE  
Human Services Licensing

Requirements

2800.

130.h. In residence housing five or more residents with mobility needs, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service approved by the local fire department, if this service is available in the community.

Description of Violation

On 12/3/2019, at approximately 10:00 a.m., the fire panel in the equipment closet was sounding, and read "01 Trouble 12:43 Dialer Delivery." The unit had green power and a yellow trouble light on.

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*

SEE PAGE 8A OF 16

Legal Entity Representative

*Marcus Carter*  
Signature

*Miranda Coulter* LPS Executive Operations SF  
Printed Name and Title Date: 2/28/20

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

The above plan of correction is approved as of 3/4/20  
(Date)

Plan of correction implementation status as of 3/26/20  
(Date)

Implemented  
 Not Implemented

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

12/03/2019

## PLAN OF CORRECTION TEMPLATE

RECEIVED

FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

Community Name: Colonial Courtyard at Clearfield

License Number: 447330

Date of Visit: 12/3/19 &amp; 12/4/19

Date of Submission: 2/24/20

## 1. Violation Review:

2800.130h In residence housing five or more residents with mobility needs, the fire alarm system shall be directly connected to the local fire department or 24 hours monitoring service approved by the local fire department, if this service is available in the community.

## 2. Violation Interpretative Statement:

On 12/3/19, at approximately 10:00am, the fire panel in the equipment closet was sounding, and read "01 Trouble 12:43 Dialer Delivery" The unit had green power and a yellow trouble light on.

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

A malfunctioning smoke detector will not protect residents from injury or death in the event of a fire. In some cases, a malfunctioning alarm system is also a violation of local building codes.

## 4. Description of the Repair of the Immediate Problem:

The fire panel vendor was immediately contacted. He verified that there was not a connection issue with the alarm company. He also came out on premises the following day to ensure that the panel was working properly. The panel was reset and has not demonstrated issues since.

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

Per vendor this was likely caused by phone line interruption.

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

## a. Changing practice?

Any time the fire panel displays the "trouble" message, the fire watch procedure will be initiated.

## b. Teaching or Training?

Fire watch procedure will be reviewed with all staff during the March all staff meeting.

## c. On-going Monitoring?

Daily audits will be performed for 3 months to establish that there aren't further issues with the system and/or equipment. Fire panel will be checked during these audits to ensure that they do not display the "trouble" message.

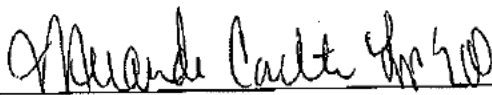
## 7. Designated position responsible and specify target date for correction.

Safety and Maintenance Engineer

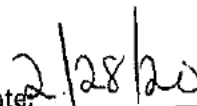
Immediately resolved. Fire watch training by 3/31/20. Daily audits will occur through 5/1/20.

3/4/20

Authorized Signature



Date:



ADM040

RECEIVED

FEB 29 2020

44733

COLONIAL COURTYARD AT CLEARFIELD

WEST REGION FIELD OFFICE  
Human Services Licensing

132d Evacuation

Requirements

2800.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Description of Violation

On 3/2/2018, a fire safety expert determined in writing the home's maximum safe evacuation time is 13 minutes. The residence exceeded this time during the fire drill on 3/13/2019, with an evacuation time of 19 minutes, 38 seconds.

On 3/26/2019, a fire safety expert determined in writing the home's maximum safe evacuation time is 15 minutes. The residence exceeded this time during the fire drill on 6/6/2019, with an evacuation time of 21 minutes, 22 seconds.

Repeat violation: 3/19/2019 et al

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*

SEE PAGES 9A AND 9B OF 16

Legal Entity Representative

*Miranda Carter*  
Signature

Miranda Carter LMS Executive Operations Off  
Printed Name and Title Date 2/28

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(Date)

Plan of correction implementation status as of 3/26/20  
(Date)

The above plan of correction was approved by  
(Initials)

Implemented  
 Not Implemented

12/03/2019

# RECEIVED PLAN OF CORRECTION TEMPLATE

FEB 29 2020

Community Name: Colonial Courtyard at Clearfield

WEST REGION FIELD OFFICE  
Human Services Licensing

License Number: 447330

Date of Visit: 12/3/19 &amp; 12/4/19

Date of Submission: 2/24/19

**1. Violation Review:**

2800.132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

**2. Violation Interpretative Statement:**

On 3/2/18, a fire safety expert determined in writing the home's maximum safe evacuation time is 13 minutes. The residence exceeded this time during the fire drill on 3/13/19, with an evacuation time of 19 minutes, 38 seconds.

On 3/26/19, a fire safety expert determined in writing the home's maximum safe evacuation time is 15 minutes. The residence exceeded this time during the fire drill on 6/6/19, with an evacuation time of 21 minutes, 22 seconds.

Repeat violation: 3/19/19 et al

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


Unannounced drills ensure that staff and residents will be prepared to evacuate without hesitation in the event of a real fire. Evacuation within the maximum evacuation time prevents fire-related death and injury. It is critical to practice response and evacuation while residents are asleep, since an individual's response time and actions when waking from sleep are reduced, and because most fire deaths occur during sleeping hours. Varying the location of the fire and the exit routes used ensures that staff and residents are prepared to respond to different fire scenarios, and that staff on all shifts are properly trained in evacuation procedures. Designated meeting places and communication systems ensure that residents are accounted for during actual fires to ensure total evacuation and prevent death or injury from wandering. Elevators may be inoperative during fires, causing people to become trapped in the building.

**4. Description of the Repair of the Immediate Problem:**

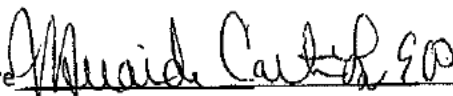
We are providing ongoing training and practice for fire evacuation to ensure that our team and residents work efficiently during emergency evacuation to ensure positive outcomes.

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

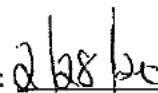
Higher acuity than staffing pattern regarding emergency evacuation on night shift.  
Staff not having a strategy planned for order of resident evacuation and/or routine.

 3/4/20

Authorized Signature



Date:



ADM040

# PLAN OF CORRECTION TEMPLATE

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

a. Changing practice?

We are currently actively recruiting to staff according to a new pattern that affords up to 2 additional night shift team members for full census.

Immobile residents will be housed in apartments with close proximity when possible.

Staff are working together to plan the best strategy for evacuation. Practice will occur to test the best possible strategies and determine what corrections can occur to ensure safe and timely evacuation.

b. Teaching or Training?

Staff was notified of our new staffing pattern. Staff will be educated of fire evacuation plan and will use their experiences and practice to revise the plan to increase efficiency and success. Staff will participate in training sessions to ensure their understanding.

c. On-going Monitoring?

EOO/SME will coordinate with team members to assess evacuation times during practice and will assist to make changes/revisions as appropriate. Fire Drills will occur monthly as scheduled.

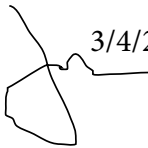
7. Designated position responsible and specify target date for correction.

RWD/EOO/SME 3/31/20

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FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

 3/4/20

Authorized Signature



Date:

2/28/20

FEB 29 2020

183d Current medications

Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

WEST REGION FIELD OFFICE  
Human Services Licensing

Description of Violation

On 12/3/2019, there were 16 vials of resident #1's Ipratropium Bromide 0.5mg-albuterol sulfate 3mg in the medication cart which expired October 2019, and the resident was no longer ordered this medication.

Repeat violation: 3/19/2019 et al

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*

SEE PAGE 10A OF 16

Legal Entity Representative

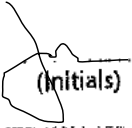
*Miranda Carter*  
Signature

*Miranda Carter, RN Executive Operations Office*  
Printed Name and Title  
Date *2/28/20*

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The above plan of correction is approved as of 3/4/20  
(Date)

Plan of correction implementation status as of 3/26/20  
(Date)

The above plan of correction was approved by   
(Initials)

Implemented  
 Not Implemented

RECEIVED

## PLAN OF CORRECTION TEMPLATE

FEB 29 2020

Community Name: Colonial Courtyard at Clearfield

License Number:447330

WEST REGION FIELD OFFICE  
Human Services Licensing

Date of Visit:12/3/19 &amp; 12/4/19

Date of Submission: 2/24/20

## 1. Violation Review:

2800.183d Only current prescription, OTC, sample, and CAM for individuals living in the home may be kept in the residence.

## 2. Violation Interpretative Statement:

On 12/3/19, there were 16 vials of resident #1's Ipratropium Bromide 0.5mg-albuterol sulfate 3mg in the medication cart which expired October 2019, and the resident was no longer ordered this medication.

Repeat violation:3/19/19 et al

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

Ensures the resident does not keep medications that are for residents no longer living in the residence or that have been discontinued.

## 4. Description of the Repair of the Immediate Problem:

The mentioned medications were returned to pharmacy immediately.

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

Staff not removing medication from the cart upon receipt of the d/c order.

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

## a. Changing practice?

Staff will be educated to make it part of their procedure that upon approving the d/c in the QuickMAR (QM) they ensure that the medication was removed from the drawer when the d/c order was received and faxed to pharmacy. Cart audits will be performed weekly.

RWD/EOO will perform audits of changed orders to ensure follow through.

"Redlining" will be initiated.

## b. Teaching or Training?

Staff will be educated as to the protocol. Staff will also be trained on cart audits. Both will occur during the MA/LPN staff meeting in March, though training on the cart audits will begin immediately to allow for hands on training of this concept. In addition, MA/LPN team members will be taught the triple check verification system during the March resident care meeting.

Staff will also receive training of the follow through process for receiving and handling med orders/med change orders.

## c. On-going Monitoring?

RWD/EOO will perform quarterly random cart audit to ensure accuracy of meds on hand.

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

RWD/EOO

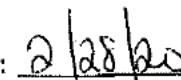
Meds were immediately discarded. Training is immediate and ongoing and will be reviewed in the March resident care meeting.

3/19/20

Authorized Signature



Date:



ADM040

FEB 29 2020

44733

COLONIAL COURTYARD AT CLEARFIELD

WEST REGION FIELD OFFICE  
Human Services Licensing

184a Labeling

Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On 12/3/2019, resident #2 is ordered Alprazolam 0.5mg take 1 tablet by mouth three times a day; however, the label indicated take 1 tablet by mouth three times a day as needed.

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*

SEE PAGE 11A OF 16

Legal Entity Representative

*Miranda Culler*  
Signature

*Miranda Culler* LPA Executive Operations Off  
Printed Name and Title Date *2/28*

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(Date)

Plan of correction implementation status as of 3/26/20  
(Date)

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

Implemented  
 Not Implemented

12/03/2019

## PLAN OF CORRECTION TEMPLATE

RECEIVED

FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing


Community Name: Colonial Courtyard at Clearfield

License Number: 447330

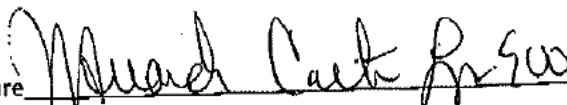
Date of Visit: 12/3/19 &amp; 12/4/19

Date of Submission: 2/24/20

1. Violation Review:  
2800.184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
2. Violation Interpretative Statement:  
On 12/3/19, resident #2 is ordered Alprazolam 0.5mg take 1 tablet by mouth three times a day; however, the label indicated take 1 tablet by mouth three times a day as needed.
3. Review the benefit of the Regulation, per RCG:  
Reduces the possibility that medication will be administered to the wrong resident or improperly administered.
4. Description of the Repair of the Immediate Problem:  
Change of directions sticker placed on medication card to indicate the change.
5. Determine / document the Root Cause of the Violation:  
The medication directions changed and a change of directions sticker was not placed.
6. Detail Action Steps / System Developed to prevent future occurrence:
  - a. Changing practice?  
When orders are received to change directions on a medication, a change of directions sticker will be placed prior to the approval of the medication in the quickmar. Cart audits will be conducted weekly.
  - b. Teaching or Training?  
MA/LPN team members will be shown this during the March MA/LPN meeting.
  - c. On-going Monitoring?  
RWD/EOO will perform random audits of medications to ensure that the label matches the order and if that isn't the case that the order is verified and a change of direction sticker placed.
7. Designated position responsible and specify target date for correction.  
RWD/EOO  
Target Date: 3/15/20

 3/4/20

Authorized Signature



Date:

2/28/20

ADM040

187a Medication record

WEST REGION FIELD OFFICE  
Human Services Licensing

Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2's December 2019 medication administration record (MAR), indicates Iprat-albuterol 0.5-3mg/3ml; however, this medication was discontinued on 9/5/2019.

Resident #1 is ordered Baza moisture barrier cream once daily; however, the December 2019 MAR indicates once daily as needed.

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*

SEE PAGES 13A AND 13B

Legal Entity Representative

*Miranda Caulton* 200  
Signature

Miranda Caulton LPN EOC  
Printed Name and Title  
Executive Operations Officer  
2/25/20  
Date


12/03/2019

*[Signature]* 3/4/20

187a Medication record (continued)

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The above plan of correction is approved as of 3/4/20 Plan of correction implementation status as of (Date)

The above plan of correction was approved by  (Initials)  Implemented  Not Implemented

RECEIVED

FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

RECEIVED

## PLAN OF CORRECTION TEMPLATE

FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

Community Name: Colonial Courtyard at Clearfield

License Number: 447330

Date of Visit: 12/3/19 &amp; 12/4/19

Date of Submission: 2/24/20

## 1. Violation Review:

2800.187a A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's Name.
2. Drug Allergies.
3. Name of Medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable
11. Special precautions, if applicable
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration
14. Name and initials of the staff person administering the medication.

## 2. Violation Interpretative Statement:

Resident #2's December 2019 medication administration record (MAR), indicates Iprat-albuterol 0.5-3mg/3ml; however, this medication was discontinued on 9/5/19.

Resident #1 is ordered Baza moisture barrier cream once daily; however, the December 2019 MAR indicates once daily as needed.

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

The residence's staff persons will be able to track all medications a resident received and to ensure all medications are administered as prescribed.

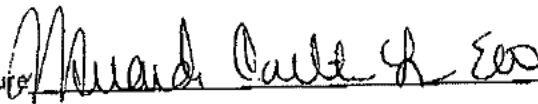
## 4. Description of the Repair of the Immediate Problem:

Pharmacy contacted to correct the order in the MAR.

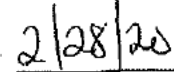
## 5. Determine / document the Root Cause of the Violation:

Order not received by pharmacy for update in the system.

Authorized Signature



Date:



3/4/20

ADM140

## PLAN OF CORRECTION TEMPLATE

RECEIVED

FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

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

## a. Changing practice?

Staff will be educated to make it part of their procedure that upon approving the d/c in the QuickMAR, they ensure that the medication was removed from the drawer when the d/c order was received and faxed to pharmacy. Cart audits will be performed weekly.

RWD/EOO will perform audits of changed orders to ensure follow through.

Triple check verification system will be initiated.

"Redlining" will be initiated.

## b. Teaching or Training?

Staff will be educated as to the protocol. Staff will also be trained on cart audits. Both will occur during the MA/LPN staff meeting in March, though training on the cart audits will begin immediately to allow for hands on training of this concept. In addition, MA/LPN team members will be taught the triple check verification system during the March meeting.

Staff will also receive training of the follow through process for receiving and handling med orders/med change orders.

## c. On-going Monitoring?

RWD/EOO will perform quarterly random cart audit to ensure accuracy of meds on hand.

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

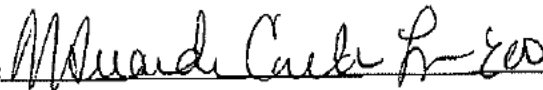
RWD/EOO

Meds were immediately discarded. Training is immediate and ongoing and will be reviewed in the March resident care meeting.

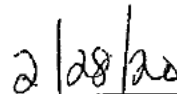
3/15/20

3/4/20

Authorized Signature



Date:



COLONIAL COURTYARD AT CLEARFIELD

FEB 29 2020

227g Support plan - signatures

WEST REGION FIELD OFFICE  
Human Services Licensing

Requirements

2800.

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

Description of Violation

Resident #9's annual support plan, dated 8/20/2019, was not signed by the Assessor.

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*

SEE PAGE 14A OF 16

Legal Entity Representative

*Miranda Caultter*  
Signature

Miranda Caultter LPS Executive Operations  
Printed Name and Title  
Date 2/28

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The above plan of correction is approved as of 3/4/20 Plan of correction implementation status as of \_\_\_\_\_ (Date) (Date)

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

- Implemented
- Not Implemented

**RECEIVED PLAN OF CORRECTION TEMPLATE**

FEB 29 2020

Community Name: Colonial Courtyard at Clearfield

WEST REGION FIELD OFFICE  
Human Services Licensing

License Number: 447330

Date of Visit: 12/3/19 &amp; 12/4/19

Date of Submission: 2/24/20

## 1. Violation Review:

2800.227g Individuals who participate in the development of the support plan shall sign and date the support plan.

## 2. Violation Interpretative Statement:

Resident #9's annual support plan, dated 8/20/19, was not signed by the assessor.

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

Ensures that each resident's needs are met, and that accountability for meeting those needs is firmly established, prior to or shortly after admission to the community.

## 4. Description of the Repair of the Immediate Problem:

RWD signed the support plan.

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

RWD inadvertently missed signing the careplan.

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

## a. Changing practice?

EEO will review support plan upon printing to ensure that it is complete and will be monitored daily for any support plans created/updated the day prior. All support plans will be audited for signature.

## b. Teaching or Training?

New RWD will be educated as to importance of signing support plans. Staff will be educated on use of careplans and location and policy/procedure.


## c. On-going Monitoring?

EEO/RWD will keep an updated tracking system to ensure that support plans are updated. EEO will perform random support plan audits to ensure completion.

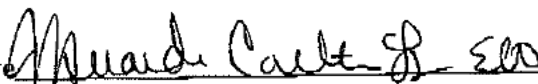
## 7. Designated position responsible and specify target date for correction.

RWD/EEO

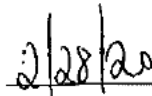
Target Date 3/30/20

 3/4/20

Authorized Signature



Date:



FEB 29 2020

233c Key-locking devices

Requirements

WEST REGION FIELD OFFICE  
Human Services Licensing

2800.

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

On 12/3/2019, the directions for operating the residence's locking mechanism, including how to re-lock the gate after it has been unlocked, are not conspicuously posted near the left gate in the special care unit courtyard. The gate is unlocked by pushing the 30-second delay panic bar, which leads into the courtyard of the unsecured section of the home. Once the electronic lock has been deactivated, it remains unlocked until it is manually reset by entering a code into the keypad.

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*

SEE PAGE 15A OF 16

Legal Entity Representative

*Miranda Carter RN Eco*  
Signature

*Miranda Carter, LPN Executive Operator of*  
Printed Name and Title  
Date *2/28*

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The above plan of correction is approved as of

*3/4/20*  
(Date)

Plan of correction implementation status as of

(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

12/03/2019

# RECEIVED PLAN OF CORRECTION TEMPLATE

FEB 29 2020

Community Name: Colonial Courtyard at Clearfield

WEST REGION FIELD OFFICE  
Human Services Licensing

License Number: 447330

Date of Visit: 12/3/19 & 12/4/19

Date of Submission: 2/24/20

1. Violation Review: 2800.233c 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.
2. Violation Interpretative Statement:  
On 12/3/19, the directions for operating the residence's locking mechanism, including how to re-lock the gate after it has been unlocked, are not conspicuously posted near the left gate in the special care unit courtyard. The gate is unlocked by pushing the 30-second delay panic bar, which leads into the courtyard of the unsecured section of the home. Once the electronic lock has been deactivated, it remains unlocked until it is manually reset by entering a code into the keypad.
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 special care unit who do not have an identified need to be in a special care unit can exit the special care unit on their own and at will.
4. Description of the Repair of the Immediate Problem:  
The instructions for code reset have been posted near the left gate.
5. Determine / document the Root Cause of the Violation:  
Team oversight on only posting the code rather than the specific instructions at the key pad. The reset for the keypad is the re-entry of the code.
6. Detail Action Steps / System Developed to prevent future occurrence:
  - a. Changing practice?  
We will ensure that the instructions for reset remain near the left gate by monitoring to ensure presence on daily rounds.
  - b. Teaching or Training?  
Staff will be educated to check for the instructions' presence on a regular basis as well as the regulation and purpose so that all staff have a heightened awareness regarding the purpose and importance of this regulation.
  - c. On-going Monitoring?  
Lifestages director and EOO will perform random audits of postings near the gates/doors, to ensure that non SDU appropriate individuals may exit in an emergency.
7. Designated position responsible and specify target date for correction.  
Lifestages Director/EOO  
Immediately.

Authorized Signature

*Miranda Carter EOO*

Date:

*2/28/20*

*3/4/20*

COLONIAL COURTYARD AT CLEARFIELD

FEB 29 2020

252 Records - content

WEST REGION FIELD OFFICE  
Human Services Licensing

Requirements

2800.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The most recent photo, for resident #9 is dated 6/10/17.

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*

SEE PAGE 16A OF 16

Legal Entity Representative

*Miranda Carter*  
Signature

Miranda Carter LSA Executive Operations Off  
Printed Name and Title Date 2/28/

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

The above plan of correction is approved as of 3/4/20  
(Date)

Plan of correction implementation status as of (Date)

The above plan of correction was approved by  
(Initials)

- Implemented
- Not Implemented

## PLAN OF CORRECTION TEMPLATE

RECEIVED

FEB 29 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

Community Name: Colonial Courtyard at Clearfield

License Number: 447330

Date of Visit: 12/3/19 and 12/4/19

Date of Submission: 2/24/20

## 1. Violation Review:

2800.252 Content of Resident Records-Each resident's record must include the following information: 3..A photograph of the resident is that no more than 2 years old.

## 2. Violation Interpretative Statement:

The most recent photo for resident #9 is dated 6/10/17

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

Having a complete record for each resident gives the residence the best possible picture of who the resident is, what the resident's history is, and what services or needs the resident may have.

## 4. Description of the Repair of the Immediate Problem:

Resident's picture was immediately updated.

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

It was an oversight that the photos had not been updated.

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

## a. Changing practice?

New photos will be taken of every resident, regardless of move in date, during the same month each year. Lifestyles Coordinator will take pics of residents upon move in and submit to resident wellness director for placement in chart.

## b. Teaching or Training?

Staff will be educated regarding monitoring photos to ensure all are within the 2 year period.


## c. On-going Monitoring?

RWD/EOO will perform random checks of photos to ensure all within the ICC standard time frame of 1 year.

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

Lifestages and Lifestories coordinators/Community Relations Director.

Immediately updated and placed.

 3/4/20

Authorized Signature



Date:

2/28/20