



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: 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 January 10, 2020 and January 13, 2020, 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".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

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

License Number: 44733

Administrator

Name: Miranda Coulter Phone: 8147652246 Email: mcoulter@integracare.com

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

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

Type: Partial	BHA Docket #:	Notice: Unannounced
Reason: Complaint,		

Inspection Dates and Department Representative

01/10/2020 - On-Site: Debora McConnell

01/13/2020 - On-Site: Debora McConnell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74	Residents Served: 67
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Special Care Unit

In Home: Yes	Area: Memory Care	Capacity: 17	Residents Served: 17
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Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 67
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 1
Have Mobility Need: 32	Have Physical Disability: 1

23a ADL assistance

Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated 10/16/19, for resident #1, indicate the resident requires 2-person assistance with ambulating and "extensive supervision" due to multiple falls. However, documentation indicates the resident fell approximately 6 times during the period of 11/13/19-1/10/20. Also, multiple staff interviews indicate the resident is not assisted by two staff persons for ambulation.

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 2A OF 4

Legal Entity Representative

Miranda Carter, RN, PCAA, ALA, EAO
Signature: *Miranda Carter* Printed Name and Title: *Miranda Carter, RN, PCAA, ALA, EAO* Date: *3/18/20*
Executive Operations Office

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

The above plan of correction is approved as of 3/30/20 Plan of correction implementation status as of 3/30/20
(Date) (Date)
The above plan of correction was approved by _____
(Initials) Implemented Not Implemented

PLAN OF CORRECTION TEMPLATE

Community Name: Colonial Courtyard at Clearfield

License Number:447330

Date of Visit: 1/10 & 1/13/2020

Date of Submission: 3/18/20

1. Violation Review:

2800.23a A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

2. Violation Interpretative Statement:

The assessment and support plan dated 10/16/19, for resident #1, indicate the resident requires 2 person assistance with ambulating and "extensive supervision" due to multiple falls. However, documentation indicates the resident fell approximately 6 times during the period of 11/13/19-1/10/20. Also, multiple staff interviews indicate the resident is not assisted by two staff persons for ambulation.

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

Ensures that residents' needs are met once those needs have been assessed and a plan to meet the needs has been developed.

4. Description of the Repair of the Immediate Problem:

Education of staff regarding need for 2 people to be present with resident when ambulating.

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

Staff not reviewing the ASP and care sheet.

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

a. Changing practice?

All ASPs will be audited to ensure proper documentation of needs.

ASPs will reflect strategies for addressing needs when staff must try multiple interventions.

b. Teaching or Training?

Staff will be re-educated as to importance of reviewing the ASP and care sheets to ensure that they are complying with resident needs. We will also use the ASP during daily shift report to provide education and intervention strategies in real-time to our team. We will work to ensure that each ASP is individualized to each resident.


c. On-going Monitoring?

RWD will continue to update ASPs quarterly and as needed.

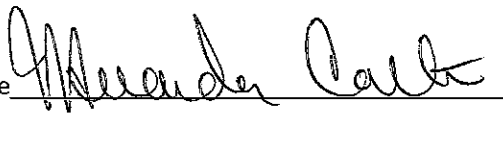
7. Designated position responsible and specify target date for correction.

RWD/EOO

Target Date: 3/31/20

 3/30/20

Authorized Signature

 EOO
PLHA RLA

Date:

3/18/20

225b Assessment content

Requirements

2800.

225.b. The assessment must, at a minimum include the following:

1. The resident's need for assistance with ADLs and IADLs.
2. The mobility needs of the resident.
3. The ability of the resident to self-administer medication.
4. The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs.
5. The resident's need for supplemental health care services.
6. The resident's need for special diet or meal requirements.

Description of Violation

Resident # 1's assessment dated 10/16/19, does not include the assessment of multiple care needs, including dental, dietary, hearing and medical diagnoses. These areas are blank. The assessment also indicates the resident has minimal aggression, however, multiple staff interviews indicate the resident is physically aggressive toward staff and other residents.

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 3A OF 4

Legal Entity Representative

Miranda Culler
Signature

Miranda Culler LPN PCA ALA SOD
Executive Operations Officer
3/18/20
Date

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

The above plan of correction is approved as of 3/30/20
(Date)

Plan of correction implementation status as of 3/30/20
(Date)

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

- Implemented
- Not Implemented

Community Name: Colonial Courtyard at Clearfield

License Number:447330

Date of Visit: 1/10 & 1/13/2020

Date of Submission: 3/18/20

1. Violation Review:

2800.225.b The assessment must, at a minimum include the following:

1. The resident's need for assistance with ADLs and IADLs.
2. The mobility needs of the resident.
3. The ability of the resident to self-administer medication.
4. The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs.
5. The resident's need for supplemental health care services.
6. The resident's need for special diet or meal requirements.

2. Violation Interpretative Statement:

Resident #1's assessment dated 10/16/19, does not include the assessment of multiple care needs, including dental, dietary, hearing, and medical diagnoses. These areas are blank. The assessment also indicates the resident has minimal aggression, however, multiple staff interviews indicate the resident is physically aggressive toward staff and other residents.

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:

ASP was immediately updated to include the areas that were inadvertently omitted.

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

RWD did not have full understanding of the importance of ensuring that all areas are addressed on the ASP.

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

- a. Changing practice?
All ASPs will be audited to ensure proper documentation of needs and for completion.
- b. Teaching or Training?
Team members will be educated to review the ASP and to bring to our attention any areas they note to be missing.
- c. On-going Monitoring?
RWD will continue to update ASPs quarterly and as needed. EOO will perform random quarterly ASPs to ensure accuracy and completion.

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

RWD/EOO

Target Date: 3/31/20

Authorized Signature Melinda Cook R. KAALAEOP Date: 3/18/20

3/30/20

234b Support plan - elements

Requirements

2800.

234.b.1. The support plan and if applicable, the rehabilitation plan, must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #1 receives hospice services. The resident's support plan, does not address how the home will meet this need. Multiple areas of care needs, including eating, drinking, toileting, bowel management, bathing and personal hygiene do not included a plan, frequency and provider of these care services. These areas are blank.

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 4

Legal Entity Representative

Miranda Carter R-PCAALA 500
Signature

Miranda Carter LPO PCAALA 500 3/18/20
Printed Name and Title Date

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The above plan of correction is approved as of 3/30/20
(Date)

Plan of correction implementation status as of 3/30/20
(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by
(Initials)

PLAN OF CORRECTION TEMPLATE

Community Name: Colonial Courtyard at Clearfield

License Number:447330

Date of Visit: 1/10 & 1/13/2020

Date of Submission: 3/18/20

1. Violation Review:

2800.234.b1 The support plan and if applicable, the rehabilitation plan, must identify the resident's physical, medical, social, cognitive, and safety needs.

2. Violation Interpretative Statement:

Resident #1 receives hospice services. The resident's support plan does not address how the home will meet this need. Multiple areas of care needs, including eating, drinking, toileting, bowel management, bathing, and personal hygiene do not include a plan, frequency, and provider of these care services. These areas are blank.

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

4. Description of the Repair of the Immediate Problem:

ASP was immediately updated to include the areas that were blank/missing.

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

RWD did not have full understanding of the importance of ensuring that all areas are addressed on the ASP, and our process did not require regular review of her work

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

a. Changing practice?

All ASPs will be audited to ensure proper documentation of needs and for completion.

b. Teaching or Training?

Team members will be educated to review the ASP to learn resident needs and to bring to our attention any areas they note to be missing or have questions/concerns about.


c. On-going Monitoring?

RWD will continue to update ASPs quarterly and as needed. EOO will perform random quarterly ASPs audits to ensure accuracy and completion.

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

RWD/EOO

Target Date: 4/1/20

 3/30/20

Authorized Signature 

Date: 3/18/20