

Department of Human Services  
Bureau of Human Service Licensing

May 5, 2022

[REDACTED]  
TITHONUS TYRONE LP  
[REDACTED]  
[REDACTED]

RE: COLONIAL COURTYARD AT TYRONE  
5546 EAST PLEASANT VALLEY BLVD  
TYRONE, PA, 16686  
LICENSE/COC#: 32949

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: COLONIAL COURTYARD AT TYRONE License #: 32949 License Expiration: 08/15/2022  
Address: 5546 EAST PLEASANT VALLEY BLVD, TYRONE, PA 16686  
County: BLAIR Region: CENTRAL

**Administrator**

Name: [REDACTED] Phone: 8146865970 Email: [REDACTED]

**Legal Entity**

Name: TITHONUS TYRONE LP  
Address: 6600 BROOKTREE COURT, STE 1000, C/O INTEGRACARE CORPORATION, WEXFORD, PA, 15090  
Phone: 8146865970 Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Incident Exit Conference Date: 02/03/2022

**Inspection Dates and Department Representative**

01/26/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 70 Residents Served: 43

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: 4

**Number of Residents Who:**

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 43  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 13 Have Physical Disability: 0

**Inspections / Reviews**

**01/26/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/10/2022

**03/30/2022 - POC Submission**

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/30/2022*

05/05/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

*On 11/28/21 and 12/4/21, allegations of suspected abuse involving Resident #1 occurred. The home did not report these incidents to the department.*

Plan of Correction

**Accept**

*Discussion took place between EOO and RWD as to what constitutes a state reportable incident and proper response.*

*-Changing practice? RWD will review caregiver notes/incident reports daily to ensure appropriate reporting is occurring.*

*-Teaching or Training? Staff will be educated during the wellness department meeting on 3/16/22 regarding what constitutes a reportable incident and the importance of reporting incidents to their supervisors, ie chain of command, so that interventions can be implemented and reports can be filed in a timely manner.*

*-On-going Monitoring? EOO and RWD will review all incidents and reportables weekly. RWD will review caregiver notes and incident reports daily.*

**Completion Date:** 03/30/2022

Document Submission

**Implemented**

*During the department meeting on 3/16/22, RWD and EOO reviewed the OAPSA presentation and 6 ring documentation binder, both attached.*

*We shared our current plan of correction and reviewed the list of reportable incidents and who in our chain of command these should be reported to.*

*Our RWD reviews caregiver notes and incident reports daily at the beginning of her day and shares these with the EOO during our daily stand up meeting, as well as a thorough review during EOO and RWD's weekly wellness meeting.*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

*On 12/19/21, Resident #1 pushed Resident #2 to the floor, got on top of Resident #2, forcing their hands down the front of Resident #2's pants. Resident #2 stated their head struck the floor when pushed down. Staff pulled Resident #1 off of the other resident as Resident #1 continued to be aggressive.*

## 42b - Abuse (continued)

**Plan of Correction****Directed**

EOO reported the incident to the Tyrone Police Department. Notified AAA and Crisis and sought out a 302 to a geriatric unit and was denied by the delegates due to dementia diagnosis. We implemented 15-minute checks.

-Teaching or Training? Staff will be re-educated on abuse at our next all staff meeting on 3/29/22. Staff will also be re-educated about different kinds of dementia, redirection, and interventions, and how to identify behaviors, at this meeting. Staff will also be re-educated on the importance of reporting changes in conditions of residents to supervisors so that we can take a proactive approach in interventions at this meeting. New team members will continue to be educated on these topics during GO.

-On-going Monitoring? EOO/RWD will meet weekly to discuss behaviors/issues/concerns/interventions to proactively ensure that resident needs are being met in safe ways with appropriate interventions in place.

(Directed)

In addition to in-house training on 3/29/22, the Administrator shall contact AAA to schedule training in resident rights, abuse and reporting requirements for all staff, to be conducted by 4/30/22. Documentation of the training will be kept. GE, 3/30/22

**Completion Date:** 03/30/2022

**Document Submission****Implemented**

During our all staff meeting on 3/29/22, our Life Stages Director, reviewed the attached power point presentation regarding different types of dementia, redirection and interventions, and how to identify behaviors.

As part of this meeting, we also reviewed the importance of reporting changes in conditions of residents to direct supervisors so that we can be proactive and not reactive.

Also, EOO and RWD began meeting on a weekly basis to discuss incidents that have occurred and behaviors/issues/concerns and possible interventions to be proactive.

Lastly, the Administrator contacted Blair Senior Services, our local AAA to schedule an in person training on resident rights, abuse, and reporting requirements. This will take place on Wednesday, May 25th at 2 pm for all staff at Colonial Courtyard in Tyrone.

## 234d - Support Plan Revision

**1. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

**Description of Violation**

The Resident Assessment and Support Plans (RASPs) for Resident #1 were completed on [REDACTED]. Resident #1 was agitated and physically aggressive to both staff and other residents with incidents of aggression including the following: pushing, hitting, kicking, fondling, exposing self to others, kissing, getting in bed with another resident and was also found on top of a resident with their hands in the other resident's pants. These behaviors and incidents occurred on 11/21/21, 11/26/21, 11/28/21, 11/29/21, 12/1/21, 12/2/21, 12/4/21, 12/7/21, 12/9/21,

**234d - Support Plan Revision (continued)**

12/16/21 and 12/19/21. Each of the RASPs indicates Agitation as "minimal," Aggression as "no problem" and Irritability as "minimal." The RASPs do not address these behaviors, nor were any revisions to the RASPs completed to address these behavioral needs.

**Plan of Correction****Accept**

The RASP was immediately changed to reflect changes in aggression, irritability, and agitation.

-Changing practice? RWD and EOO will meet weekly to review any incidents and update RASP's accordingly and timely.

-Teaching or Training? RWD educated on timely updates to RASP's. Staff will be re-educated on reporting concerns/changes regarding resident condition to RWD during the wellness department meeting on 3/16/22 .

-On-going Monitoring? EOO will audit RASP's on a quarterly basis with the RWD. EOO will review incident reports on a weekly basis with RWD.

**Completion Date:** 03/30/2022

**Document Submission****Implemented**

RWD and EOO began to meet on a weekly basis to review all incidents and assessments/RASP's timelines. Please see attached documentation of these meetings, the updated RASP for Clarence Barber that was updated, and our auditing tool.