

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

May 4, 2023

[REDACTED]
TITHONUS CLEARFIELD LP
[REDACTED]

RE: COLONIAL COURTYARD AT
CLEARFIELD
1300 LEONARD STREET
CLEARFIELD, PA, 16830
LICENSE/COC#: 44733

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/18/2023, 01/19/2023, 01/20/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COLONIAL COURTYARD AT CLEARFIELD **License #:** 44733 **License Expiration:** 03/28/2023
Address: 1300 LEONARD STREET, CLEARFIELD, PA 16830
County: CLEARFIELD **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: TITHONUS CLEARFIELD LP
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I 1 **Date:** 12/28/2015 **Issued By:** Lawrence TWP
Type: I 2 **Date:** 12/15/2015 **Issued By:** Lawrence TWP

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 81 **Working Staff:** 61

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 01/20/2023

Inspection Dates and Department Representative

01/18/2023 On Site [REDACTED]
01/19/2023 On Site [REDACTED]
01/20/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 74 **Residents Served:** 58

Special Care Unit
In Home: Yes **Area:** Life Steps **Capacity:** 22 **Residents Served:** 19

Hospice
Current Residents: 1

Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 58
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 23 **Have Physical Disability:** 2

Inspections / Reviews

01/18/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/11/2023

Inspections / Reviews *(continued)*

02/24/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/17/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/01/2023

04/10/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/17/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/17/2023

05/04/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 04/17/2023
Reviewer: [REDACTED] Follow-Up Type: Not Required

18 Other laws, regs, ordins.

1. Requirements

2800.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 1/18/23, the Influenza Awareness poster was not posted in the residence's special care unit.

Plan of Correction

Accept (████) 02/24/2023)

A locked shatter resistant acrylic bulletin board was purchased and the influenza awareness poster will be located within that bulletin board.

This board is easily accessible to all residents and visitors in the memory care unit. The board will be monitored weekly by the life stories director to ensure accuracy. This board was hung on 2/9/23 by the SME in the memory care unit.

See attached photos of board and audit form.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented (████) - 05/02/2023)

41c Rights poster

2. Requirements

2800.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the residence.

Description of Violation

On 1/18/23, the Department's poster of the resident's rights was not posted in the residence's special care unit.

Plan of Correction

Accept (████) - 02/24/2023)

A locked shatter resistant acrylic bulletin board was purchased and the resident rights poster will be located within that bulletin board.

This board is easily accessible to all residents and visitors in the memory care unit. The board will be monitored weekly by the life stories director to ensure accuracy. This board was hung on 2/9/23 by the SME in the memory care unit.

See attached photos of board and audit form.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented (████) 05/02/2023)

60a Staffing/support plan needs

3. Requirements

2800.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements.

60a Staffing/support plan needs (continued)

Description of Violation

The home's staffing schedule indicates that occasionally only 3 staff persons work on the 11:15pm.-6:45am. shift. On 1/8/23, 3 staff persons worked on the 3:00 am.-6:45 am. shift. In the event of an emergency evacuation, the home's night staffing is inadequate to meet the supervision needs of the residents. The home served 53 residents and had identified 19 residents cognitively immobile in the special care unit and 4 residents physically immobile in assisted living, including resident #1 and #2 requiring 2-person assistance in transferring for safety. The home's fire drill log indicates the home utilizes 4 or more fire safe areas during a fire drill.

Plan of Correction

Accept [redacted] - 04/10/2023)

Resident wellness director will ensure that there are 4 or more staff members working on the 11pm-7am shift to ensure staffing is adequate for an evacuation situation. We are actively recruiting staff for our 11p-7am shift, but in the interim we are filling the occasional shortage with management and staff who are looking for overtime.

Update 2/28/23: Staffing schedule has been attached for the week of 2/27/23-3/3/23. The RWD is responsible for monitoring the schedule on a daily basis, and if there are any shortages, the RWD is responsible for finding coverage or filling that shift whole.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [redacted] - 05/02/2023)

100a Exterior – free of hazards

4. Requirements

2800.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

Outside of Hallway C there is an embankment with a slope ranging from approximately 2' to 4' along the length of the side of the home, at the bottom of which is a trench of standing water. There is direct access to this area causing a potential fall issue.

Plan of Correction

Accept [redacted] - 04/10/2023)

Outside of hallway C, vinyl fencing measuring 3ft high and approximately 40 ft long was installed on 2/9/23 to act as a barrier between the sidewalk and the trench.

See attached photos of fencing.

Update 2/28/23: The manager on duty (every Saturday and Sunday) will preform an audit of the fencing. Audit form s attached. The EOO is responsible for ensuring the audits are completed on a weekly basis.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [redacted] - 05/02/2023)

101j7 Lighting/operable lamp

5. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 1/18/23, resident #3, in bedroom [REDACTED] did not have access to a source of light that could be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 02/24/2023)

The inoperable lamp that was in room [REDACTED] was immediately replaced on 1/18/23 with a lamp at the bedside which was functioning to turn off and on. Staff will monitor lamp daily to ensure it is in working order.

For future admissions, wellness staff will ensure all light sources are of working order in the room prior to resident moving in.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] 05/02/2023)

132d Evacuation**6. 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

The residence has a maximum safe evacuation time of 15 minutes specified in writing within the past year by a fire safety expert. The residence exceeded this time during the fire drill on 5/31/22, at 4:25am, which took 15 minutes 47 seconds.

Plan of Correction

Accept [REDACTED] - 04/10/2023)

A root cause analysis was completed post drill and it was determined that one resident was hesitant when staff approached during drill. Once resident was agreeable to leave the apartment during the drill, the resident ambulated very slowly and needed assistance from staff member. Resident was reeducated as to the importance of leaving the apartment during the fire drill.

A wheelchair is now accessible to this resident in the event of an evacuation if needed.

Additional drill was completed in the same month and was within compliance and time frame for evacuation.

Update 2/28/23:

An immediate assessment was completed following the 5/31/22 drill. SME's immediate corrective action was educating the resident on the importance of evacuation during a fire drill.

SME discussed drill with EOO and RWD on 6/1/22 and it was determined that the resident would benefit from a wheelchair in the event of an evacuation .

6/1/22 corrective action was that a wheelchair was made available by the RWD. On 6/22/22 a root cause analysis meeting was held by the SME. EOO, RWD, and care staff were present. Analysis showed that resident was a firefighter earlier in life and during the fire drill on 5/31/22, was startled. Resident explained [REDACTED] was in a deep sleep and got confused thinking [REDACTED] had to get dressed to fight a fire on that night. Resident explains that [REDACTED] understands [REDACTED] needs to evacuate and will evacuate with no complications in the future. [REDACTED] would like to utilize the wheelchair for future evacuations as [REDACTED] states [REDACTED] is unsteady at times when waking up.

132d Evacuation (continued)

All fire drills for the remainder of the year were within compliance and will continue to be monitored by the SME.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (████) 05/02/2023)

144c2 Smoking area distance

7. Requirements

2800.

144.c. A residence that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The residence's designated smoking area is directly alongside the sidewalk next to the parking lot which is a common walkway.

Plan of Correction

Accepted (████) 04/10/2023)

Smoking area and cigarette disposal container was moved to a new designated area. Disposal is located on a cement ground and is not near a designated walkway.

Staff was notified by memo, and was educated on only smoking in the new designated area.

See attached photos of smoking disposal.

Update 2/2/23:

Manager on duty (Saturday and Sundays) will be responsible for audits. EOO will ensure audits are being completed.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (████) 05/02/2023)

183d Current medications

8. Requirements

2800.

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

Description of Violation

On 1/19/23, (████) 300 units, for resident #3, was in the medication cart; however, the medication was discontinued on 11/3/22.

On 1/19/23, (████), for resident #3, was in the medication cart; however, the medication was discontinued on 10/10/22.

Plan of Correction

Accepted (████) - 04/10/2023)

Staff passing medications were educated on the importance of removing medications from the medication cart immediately after they are discontinued.

Resident wellness director will complete weekly audits on all discontinued medications to ensure the medications are no longer in the carts.

Updated 2/28/23:

183d Current medications (continued)

On 1/19/23 RWD immediately removed the medications from the cart and destroyed the medications per protocol. RWD completed the staff education.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [REDACTED] - 05/02/2023)

184a Resident meds labeled

9. 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 1/19/23, the pharmacy label for resident #5's [REDACTED] [REDACTED] did not include prescribed dosage of inject 15 units, 3 times daily with meals.

On 1/19/23, the pharmacy label for resident #5's [REDACTED], did not include prescribed dosage of inject 24 units daily in the evening.

Resident #6 is prescribed, [REDACTED], 2 puffs every 4 hours as needed. However, on 1/19/23, the pharmacy label indicated 2 puffs every 4 hours.

Plan of Correction

Accept [REDACTED] - 04/10/2023)

Resident wellness director will coordinate with the pharmacy to ensure all medications are labeled with the needed information to safely administer medications to residents. Pharmacy and RWD did a med cart on 1/23/23 on all carts following inspection. Staff who administer medications were reeducated on the importance of accurate labels on medications.

Update 2/28/23: RWD immediately removed medications from the cart and contacted pharmacy on 1/19/23. Pharmacy sent new prescriptions with the correct labels on 1/19/23. RWD ensured they coincided with the prescription orders. RWD conducted staff education.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [REDACTED] - 05/02/2023)

187a Medication record

10. 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.

Description of Violation

Resident #3 is prescribed [REDACTED], 2 tabs every 8 hours as needed. However, on 1/19/22, the resident's January 2023 medication administration record (MAR), indicated 2 tabs every 8 hours.

187a Medication record (continued)

Resident #4 is prescribed [REDACTED] as needed [REDACTED] for 0 BM within 24 hours after administration of Milk of Mag. However, on 1/19/22, the resident's January 2023 MAR, indicated [REDACTED] as needed [REDACTED] for 0 BM within 8 hours of Milk of Mag.

Plan of Correction**Accept ([REDACTED] - 04/10/2023)**

Staff was reeducated on the importance of ensuring all orders for medications coincide between the MAR and the physician order. RWD and staff will complete monthly audits on all medication orders to ensure the MAR is accurate. Update 2/28/23:

RWD immediately contacted pharmacy to correct the cited medication in the MAR.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented ([REDACTED] - 05/02/2023)**221c Post activity calendar****11. Requirements**

2800.

221.c. The week's daily activity calendar shall be posted in advance in a conspicuous and public place in the residence. The residence shall provide verbal cueing and reminders of activities, their start times and locations within the residence.

Description of Violation

On 1/18/23, the residence's special care unit did not have a current weekly activity calendar posted in a public and conspicuous place in the residence. The activity calendar was posted in the locked kitchen, unavailable to view.

Plan of Correction**Accept ([REDACTED] - 02/24/2023)**

A locked shatter resistant acrylic bulletin board was purchased and the weekly activity calendar will be located within that bulletin board.

This board is easily accessible to all residents and visitors in the memory care unit. The board will be monitored weekly by the life stories director to ensure accuracy. This board was hung on 2/9/23 by the SME in the memory care unit.

See attached photos of board and audit form.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented ([REDACTED] - 05/02/2023)