

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

May 2, 2023

[REDACTED]  
TITHONUS BEDFORD LP  
[REDACTED]  
[REDACTED]

RE: COLONIAL COURTYARD AT  
BEDFORD  
220 DONAHUE MANOR ROAD  
BEDFORD, PA, 15222  
LICENSE/COC#: 32948

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2023 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 BEDFORD      License #: 32948      License Expiration: 06/05/2023

Address: 220 DONAHUE MANOR ROAD, BEDFORD, PA 15522

County: BEDFORD      Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: TITHONUS BEDFORD LP

Address: [REDACTED]

Phone: [REDACTED]      Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C 2 LP      Date: 04/12/2000      Issued By: D L&I

**Staffing Hours**

Resident Support Staff: 0      Total Daily Staff: 75      Waking Staff: 56

**Inspection Information**

Type: Partial      Notice: Unannounced      BHA Docket #:

Reason: Incident      Exit Conference Date: 04/05/2023

**Inspection Dates and Department Representative**

04/05/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 83      Residents Served: 59

**Secured Dementia Care Unit**

In Home: Yes      Area: MC      Capacity: 16      Residents Served: 11

**Hospice**

Current Residents: 7

**Number of Residents Who:**

Receive Supplemental Security Income: 0      Are 60 Years of Age or Older: 59

Diagnosed with Mental Illness: 0      Diagnosed with Intellectual Disability: 0

Have Mobility Need: 16      Have Physical Disability: 0

**Inspections / Reviews**

**04/05/2023 - Partial**

Lead Inspector: [REDACTED]      Follow-Up Type: POC Submission      Follow-Up Date: 04/21/2023

**04/21/2023 - POC Submission**

Submitted By: [REDACTED]      Date Submitted: 05/02/2023

Reviewer: [REDACTED]      Follow-Up Type: POC Submission      Follow-Up Date: 04/28/2023

Inspections / Reviews *(continued)*

04/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/05/2023

05/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 [redacted]/23 at approximately [redacted] pm, 3 of the home's direct care staff persons overheard Staff Person A being verbally abusive and demeaning toward Resident #1. Resident #1 was observed to be crying after this confrontation with Staff Person A. The staff person remained on shift for approximately one more hour until the end of the shift.

Plan of Correction

Accept [redacted] - 04/20/2023)

- 1. Violation Review :2600 42 b. -Abuse -A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
- 2. Violation Interpretative Statement: On [redacted]/23 at approximately [redacted] pm, 3 of the home's direct care staff persons overheard Staff Person A being verbally abusive and demeaning toward Resident #1. Resident #1 was observed to be crying after this confrontation with Staff Person A. The staff person remained on shift for approximately one more hour until the end of the shift.
- 3. Review to the benefit of the Regulation, per RCG. : Protects residents from abuse and neglect.
- 4. Description of the Repair of the Immediate Problem: The staff member remained on shift for approximately one more hour until the end of shift and wasn't immediately removed from area or care.
- 5. Determine/ document the Root Cause of the violation: Lack of process and training to ensure compliance with 2600.42.b
- 6. Detail Action Steps/ System Developed to prevent future occurrence:  
To establish the extent of compliance, a training of Resident Right and Reporting Abuse was conducted and mandatory for all staff on April 17,2023, at 6am and 2pm. Staff training topic on resident rights and abuse discussing steps on reporting abuse and handling the situation steps appropriately in the 24 hour period after the suspected abuse. Training for abuse will be made on a yearly and new hire bases. Annual training will be held moving forward on a yearly bases. Each team member was instructed on the steps of reporting abuse and handling the chain of command on this topic. Staff were also made aware that immediate removal and statement of team member most happen as soon as the allegation occurs. Audit to make sure all team members were present and topic was reviewed was made by RWD and EOO. This training will be a Quarterly Meeting conducted in January moving forward. Record of this meeting will be documented and kept on file.
- 7. Designated position responsible and specify target date for correction: The Executive Operations Officer with the back up of the Resident Wellness Director will conduct a Annual training of Resident right and abuse on January of each year, Next annual training will be conducted in January 31, 2024. A sign in sheet will be completed and monitored by the Executive Operations Officer and kept on file. The Executive Operations Officer will monitor this for progress and adherence to the plan, immediately and on-going.

Licensee's Proposed Overall Completion Date: 04/19/2023

Implemented [redacted] - 05/02/2023)

51 - Criminal Background Check

## 2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

### Description of Violation

Staff Person A, hired on [REDACTED]/2022, did not live in Pennsylvania for two consecutive years prior to being employed by the home. A Pennsylvania State Police Criminal Background Check was not completed, nor was a federal criminal history report obtained from the Federal Bureau of Investigation.

Staff Person B has been employed by the home since [REDACTED]/2022, however a Pennsylvania State Police Criminal Background Check has not been completed.

Staff Person C has been employed by the home since [REDACTED]/2022, however a Pennsylvania State Police Criminal Background Check has not been completed.

Staff Person D, hired on [REDACTED]/2023, did not live in Pennsylvania for two consecutive years prior to being employed by the home. A federal criminal history report was not obtained from the Federal Bureau of Investigation prior to employment.

### Plan of Correction

Accept [REDACTED] - 04/21/2023)

1. Violation review: 2600. 51 Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

2. Violation Interpretative Statement:

Staff Person A, hired on [REDACTED]/2022, did not live in Pennsylvania for two consecutive years prior to being employed by the home. A Pennsylvania State Police Criminal Background Check was not completed, nor was a federal criminal history report obtained from the Federal Bureau of Investigation.

Staff Person B has been employed by the home since [REDACTED] 2022, however a Pennsylvania State Police Criminal Background Check has not been completed.

Staff Person C has been employed by the home since [REDACTED]/2022, however a Pennsylvania State Police Criminal Background Check has not been completed.

Staff Person D, hired on [REDACTED] 2023, did not live in Pennsylvania for two consecutive years prior to being employed by the home. A federal criminal history report was not obtained from the Federal Bureau of Investigation prior to employment.

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

Ensures that employees with prohibitive offenses do not work in personal care homes.

4. Description of the Repair of the Immediate Problem:

Background checks were completed on the Staff A,B,C and D on 4-12-23. FBI background check has been started on Staff D as of 4-11-23.

Staff member A was termed on [REDACTED]/23 so the FBI background check could not have been completed. Note was made in [REDACTED] that review of DHS and cited of these item on 4/5/23

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

Lack of Process to ensure compliance with 2600. 51.

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

An immediate audit as of 4-12-23 of the team members files in the home were checked by the Administrative

**51 - Criminal Background Check (continued)**

*Services Director and the Executive Operations Officer.*

*Correction of Staff A,B,C,and D background checks were completed and filed on 4-12-23. FBI background check for Staff member D is in the process starting 4-11-23 to be completed. Staff member A FBI background was not obtained and could not be completed for [REDACTED] was termed on [REDACTED] 23. All files were audited for certificates of completion to this date of 4-12-23.*

*As of 4-12-23 and Moving forward all background checks will be completed and check off on new hire checklist put in place by Administrative Services Director before hiring new team member. As of 4-12-23 and moving forward FBI will be obtained for any team member not living in PA for the last 2 years. New hire checklist containing background check and other hiring criteria has been put in place as of 4-12-23, Training for the Administrative Services Director was also completed on this day 4-12-23 to ensure moving forward Background check are complete.*

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

*As of 4-12-23 and moving forward the Administrative Services Director is responsible to ensure this audit system and process stays in place by ensuring all background and FBI checks are complete before hiring of new team members.*

*As of 4-12-23 and moving forward the Executive Operation Officer will monitor this checklist monthly on the 1st of the month for progress and adherence to the plan, immediately and on-going.*

**Licensee's Proposed Overall Completion Date: 04/21/2023**

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

**65a - FS Orientation 1st Day****3. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

*Staff Person A, whose first day of work was [REDACTED] 22, Staff Person B, whose first day of work was [REDACTED] 22, Staff Person C, whose first day of work was [REDACTED] 22, and Staff Person D, whose first day of work was [REDACTED] /23, did not receive orientation on any of the following topics:*

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.

**65a - FS Orientation 1st Day (continued)**

6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Plan of Correction**

Accept [REDACTED] - 04/21/2023)

1. Violation Review: 2600. 65. a- FS Orientation 1st Day- Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

## 2. Violation Interpretative Statement:

Staff Person A, whose first day of work was [REDACTED]/22, Staff Person B, whose first day of work was [REDACTED] 22, Staff Person C, whose first day of work was [REDACTED]/22, and Staff Person D, whose first day of work was [REDACTED] 23, did not receive orientation on any of the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

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

Ensures that all staff persons are immediately trained to respond to an emergency situation.

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

Staff Persons B and D were reorientated on the trainings and signed off on 4-12-23. Staff person C did have training on 10/18/22 and was signed off, form was in other location in the office not in team member file. Staff person A was termed on [REDACTED]/23 so no completion of training could be done. Note was put in [REDACTED] file per DHS requested on 4/5 and found incomplete.

## 5. Determine / Document the root cause of the Violation:

Lack of Process to ensure compliance with 2600.65.a

**65a - FS Orientation 1st Day (continued)**

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

As of 4-12-23 and ongoing the Administrative Services Director will complete First Day orientation checklist with all and including:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

It will be completed by reviewer and team member and signed off by team member and Executive Operations Officer and placed in team member file before starting direct care staff training starting 4-12-23 and ongoing.

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

As on 4-12-23 and ongoing the Administrative Services Director is responsible to ensure that checklist of FS orientation 1st day is complete and process stays in place for all new hires on the first and second day of orientation.

Checklist will be kept in team member file after the completion of signatures.

As of 4-12-23 the Executive Operations Officer will monitor this checklist for progress and adherence to the plan, immediately and on-going once a month on the 1st of the month.

Licensee's Proposed Overall Completion Date: 04/21/2023

Implemented [REDACTED] 05/02/2023)

**65b - Rights/Abuse 40 Hours****4. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

Staff Person A, whose first day of work was [REDACTED] 22, Staff Person B, whose first day of work was [REDACTED] /22, Staff Person C, whose first day of work was [REDACTED] /22, and Staff Person D, whose first day of work was [REDACTED] 23, have completed 40 hours of work, however they did not receive orientation on any of the following topics:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
4. Reporting of reportable incidents and conditions.

## 65b - Rights/Abuse 40 Hours (continued)

**Plan of Correction**

Accept [REDACTED] 04/21/2023)

*1. Violation Review: 2600.65.b :*

*Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:*

- 1. Resident rights.*
- 2. Emergency medical plan.*
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*
- 4. Reporting of reportable incidents and conditions.*

*2. Violation Interpretative Statement: Staff Person A, whose first day of work was [REDACTED]/22, Staff Person B, whose first day of work was [REDACTED] 22, Staff Person C, whose first day of work was [REDACTED]/22, and Staff Person D, whose first day of work was [REDACTED] 23, have completed 40 hours of work, however they did not receive orientation on any of the following topics:*

- 1. Resident rights.*
- 2. Emergency medical plan.*
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act*
- 4. Reporting of reportable incidents and conditions.*

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

*Ensures that all staff persons working in the home are familiar with residents' rights, mandated reporting, and the procedures for responding to a medical emergency.*

*4. Description of the Repair of the Immediate Problem: Staff Persons B and D were reorientated on the trainings and signed off on 4-12-23. Staff person C did have training live on 10/18/22 and was signed off, form was in other location in the office not in team member file. Staff person A was termed on [REDACTED]/23 so no completion of training could be done. Note was put in her file per DHS requested on 4/5 and found incomplete.*

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

*Lack of process to ensure compliance with 2600.65.b*

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

*As of 4-12-23 the Administrative Services Director will complete First Day orientation checklist with all and including:*

- 1. Resident rights.*
- 2. Emergency medical plan.*
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act*
- 4. Reporting of reportable incidents and conditions.*

*It will be completed by reviewer and team member and signed off by team member and Executive Operations Officer and placed in team member file before starting direct care staff training.*

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

*Starting as of 4-12-23 the Administrative Services Director is responsible to ensure that checklist of Rights/Abuse*

**65b - Rights/Abuse 40 Hours (continued)**

40 hours orientation 1 st day is complete and process stays in place for all new hires.  
Checklist will be kept in team member file after the completion of signatures.

As of 4-12-23 immediately and on-going the Executive Operations Officer will monitor this checklist for progress and adherence to the plan. The Executive Operations Officer will monitor this on a monthly basis, the 1st of each month t will be audited for progress.

Licensee's Proposed Overall Completion Date: 04/21/2023

Implemented [REDACTED] - 05/02/2023)