

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

June 26, 2023

[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 05/16/2023 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 TYRONE **License #:** 32949 **License Expiration:** 08/15/2023

Address: 5546 EAST PLEASANT VALLEY BLVD, TYRONE, PA 16686

County: BLAIR **Region:** CENTRAL

Administrator

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

Legal Entity

Name: TITHONUS TYRONE LP

Address: [REDACTED]

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

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 03/02/1999 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 63 **Waking Staff:** 47

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Interim **Exit Conference Date:** 05/16/2023

Inspection Dates and Department Representative

05/16/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 **Residents Served:** 44

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 11 **Residents Served:** 10

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 44

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

Have Mobility Need: 19 **Have Physical Disability:** 0

Inspections / Reviews

05/16/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/01/2023

06/12/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/23/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/19/2023

Inspections / Reviews *(continued)*

06/20/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/23/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/26/2023

06/26/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/23/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1's Documentation of Medical Evaluation (DME) from [REDACTED]/2023 does not have Section 9 (health status and cognitive functioning) or Section 10 (mobility needs) completed.

Plan of Correction

Accept [REDACTED] - 06/20/2023)

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

Updated DME obtained for resident.

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

Unfortunate accidental oversight by former RWD that these sections were incomplete.

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

a. *Changing practice*

EOO will review DMEs of new move ins within 24 hours of admission to ensure accuracy/completion.

b. *Teaching or Training*

MA/LPN team members will be educated regarding DME's. New RWD will be trained on regulatory paperwork upon hire.

c. *On-going Monitoring*

EOO/designee will perform audits of all DMEs to assess for completion by 6/30/2023. All existing resident DMEs will be audited quarterly thereafter. Resident 1's DME was updated, with permission of CRNP, as of 5/17/2023 to reflect correct information and missing documentation.

Colonial Courtyard at Tyrone plans to introduce a change in practice/policy of how DME's are reviewed and added into the Resident Charts/Systems. Following all new Resident Move in's starting May 17, 2023 EOO and/ RWD (in the absence of a RWD, Corporate Compliance Nurse) will ensure accuracy of DME's by reviewing each document (DME) for any discrepancies and/or missing information. A form will be implemented by May 17, 2023. This form will include all New Admission Residents with their Name and DOA, and the date in which the initial DME was completed. Within 24 hours of the date of receiving the initial DME or annual DME, the EOO and/ RWD (in the absence of a RWD, Corporate Compliance Nurse) will review each new DME for accurate and complete information. Once DME has been reviewed and found to be completed accurately, Person who conducted DME audit will sign and date the form indicating that the DME has been completed per 2600 regulation.

141a 1-10 Medical Evaluation Information (continued)

f during the 24-hour audit of the newly received DME (initial or annual) it is found there is missing information, this designated person from the list above will document on the form that the DME is NOT complete and will immediately send the DME back to the physician and/or immediately contact the physician to obtain accurate information to complete the DME so that it is in compliance. Once the DME is successfully completed, the reviewer will once again document on the audit form their title and date that the discrepancies were fixed. See attachment #3

Furthermore, MA/LPN team members were reeducated regarding DME's and Regulation 141a1-10. This training was completed May 25, 2023 and all MA/LPN staff were present & signed off for this training. Training for the LPN/MA team was completed by EOO. Once a new RWD is hired, there will be a specific training on Regulation 141 by the Administrator and documentation of this training will be kept in the RWD's employee file.

All Current Resident DME's will also be audited for completeness by 06/30/2023 by the EOO and/or Corporate Compliance Nurse (in the absence of a new RWD). All Resident DME's will also be audited on a Quarterly basis by the EOO and/or Corporate Compliance Nurse. New RWD will be starting orientation on June 26, 2023 and will receive proper training. Documentation of this initial audit and Quarterly audit will also be kept and follow the same guidelines of documentation as the New Resident DME form to insure accountability and effectiveness of internal audits.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [REDACTED] - 06/26/2023)

184a - Resident's Meds Labeled**2. Requirements**

2600.

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

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident 1 has an order for [REDACTED] Tab 40mg. The resident's medication administration record (MAR) states "take one tablet by mouth once daily." However, the pharmacy label on the medication states, "take one 20mg tablet by mouth once daily."

Resident 1 has an order for [REDACTED] tab 50mg, take one tablet by mouth once daily in the morning. However, the pharmacy label states, "take one 25mg tab by mouth daily."

Plan of Correction

Accept [REDACTED] 06/20/2023)

Resident 1's Medication Orders were immediately corrected on May 16, 2023. Change of Direction stickers were placed on medication cards to indicate the change in orders.

184a - Resident's Meds Labeled (continued)

Colonial Courtyard at Tyrone plans to introduce a change in practice/policy of how orders/directions are changed and added into the QuickMAR (QM). When a change in a Resident's medication orders/directions is received, the MA/LPN (staff member who receives this order) will immediately add a "Change of directions" sticker on the medication/pharmacy label and also change the orders within the QuickMAR (QM). The staff member who does this will print out the email or fax of the order and then write their initials and date on the document to show when the medication and QM were updated with the new order. This initialed and dated order will then be placed in the Resident's Record to show that the change was received and appropriately adjusted in the QM and Pharmacy label. MA/LPN staff will all be educated and trained by June 30, 2023 of new practice and expectations. All MA/LPN staff will have to sign in for this education/training. This training will be conducted by the EOO. An immediate audit of all resident medication will occur by June 30, 2023. This audit will be conducted by the EOO, and the Corporate Compliance Nurse (until the RWD can be properly trained.) The form will include all Residents and verify that their medication/pharmacy labels are accurate and match the orders in the QuickMAR (QM). Any discrepancies between medication labels and orders will be immediately fixed. The designated person who solved this issue will document their initials and the date this issue was fixed on the initial audit form. Record of this form will be kept.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [REDACTED] - 06/26/2023)

224a - Preadmission Screen Form**3. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 2's preadmission screening form was completed on [REDACTED]/2023, however the resident's date of birth was not included. The resident's medical, psychological and behavioral diagnoses list were also not documented, filled out or attached to the preadmission screening form.

Plan of Correction

Accept [REDACTED] - 06/20/2023)

1Colonial Courtyard at Tyrone plans to introduce a change in practice/policy of how Preadmission Screening Forms are reviewed and added into the Resident Charts/Systems. Following all new Resident Admissions starting May 17, 2023, EOO will Ensure accuracy of Preadmission Screening Forms by reviewing each document for any discrepancies and/or missing information.

f the EOO is the one completing the Preadmission Screening Form, then the Corporate Compliance Nurse or RWD will review the EOO's completed Preadmission Screening Form.

A form will be implemented by May 17, 2023. This form will include all New Admission Residents with their Name and DOA (date of admission). Within 24 hours of the date of Admission the EOO will Review each new Admission's Preadmission Screening Forms for accurate and complete information. Once Preadmission Screening Form has been reviewed and found to be completed accurately, Person who conducted Preadmission Screening Form audit will sign and date the form indicating that the Preadmission Screening Form has been completed per 2600 regulation.

224a - Preadmission Screen Form (continued)

If during the 24-hour audit of the New Resident's Preadmission Screening Form is found to be missing information, this designated person from the list above will document on the form that the Preadmission Screening Form is NOT complete and will immediately obtain accurate information to complete the Preadmission Screening Form so that it is in compliance. Once the Preadmission Screening Form is successfully completed, the reviewer will once again document on the audit form their title, time and date that the discrepancies were fixed. Furthermore, MA/LPN team members were reeducated regarding Preadmission Screening Forms and Regulation w224a. This training was completed on May 25, 2023 with all MA/LPN staff present and signed into this training.

Training for LPN/MA team will be presented by EOO. Once a New RWD is hired, there will be a specific training on Regulation 224a by the Administrator and documentation of this training will be kept in the RWD's employee file.

24-hour preadmission screening form tool will be reviewed at the quarterly compliance meetings.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [REDACTED] 06/26/2023)