

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

July 7, 2023

[REDACTED], COO  
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 06/07/2023 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      **Licen e #:** 44733      **Licen e 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: 1 1	Date: 12/28/2015	I sued By: Lawrence TWP
Type: 1 2	Date: 12/15/2015	I sued By: Lawrence TWP

**Staffing Hours**

**Resident Support Staff:**      **Total Daily Staff:** 99      **Waking Staff:** 74

**Inspection Information**

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

**Reason:** Complaint, Incident      **Exit Conference Date:** 06/07/2023

**Inspection Dates and Department Representative**

06/07/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 74      **Residents Served:** 66

**Special Care Unit**

**In Home:** Yes      **Area:** Life Stories      **Capacity:** 22      **Residents Served:** 22

**Hospice**

**Current Residents:** 6

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 66
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 0
<b>Have Mobility Need:</b> 33	<b>Have Physical Disability:</b> 0

**Inspections / Reviews**

**06/07/2023 - Partial**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/24/2023

**06/23/2023 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 07/07/2023

**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/27/2023

Inspections / Reviews (*continued*)

## 06/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/25/2023

## 07/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

181c Self-Administer Assessment

2. Requirements

2800.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2800.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #1 is prescribed [REDACTED], take 2 tablets by mouth 1-2 times daily as needed. On [REDACTED]/23, resident #1 had 6 Tums Tablets on the floor under the resident's dresser and recliner chair. Resident #1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer medications.

Plan of Correction

Accept [REDACTED] - 06/23/2023)

Upon these findings, EOO immediately removed the medications from the residents room and placed in the medication cart on 6/7/23. The residents physician determined that the resident is unable to self medicate and that all medications will be kept in the locked medication cart and is to be administered by certified staff. This determination is given to the resident and the residents family by the EOO on 6/8/23. RWD or MA staff on duty will conduct a daily room audit starting on 6/8/23. Findings of these audits will be documented by the RWD or MA daily on the audit form generated. EOO will review this form on a monthly basis.

Licensee's Proposed Overall Completion Date: 06/22/2023

Implemented ([REDACTED] - 07/07/2023)

234b Support plan - elements

3. 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

The support plan [and the rehabilitation plan], dated [REDACTED]/23, for resident #1 does not address the resident's need for assistance with a Foley Catheter and how the home will meet this need.

The support plan [and the rehabilitation plan], dated [REDACTED] 22, for resident #2 does not address how the home will specifically address the resident's aggressive behaviors toward staff and other residents.

Plan of Correction

Directed ([REDACTED] - 06/27/2023)

Support plans were reviewed and updated by the EOO and RWD on 6/8/23.

Resident #1: Foley catheter is in place as of [REDACTED]/22 and is managed by Medi home health. The support plan states these changes in the 'significant changes' section and the 'bladder management' section. Staff can refer to the support plan in regards to foley catheter information.

Resident #2: Support plan is updated with interventions for aggression and agitation from the incident on [REDACTED]/23. These interventions are located under the significant change section and the aggression/agitation sections.

**234b Support plan - elements (continued)**

*Update as of 6/27/23:*

*Resident #1: RWD and Medi Home Health will provide an in person training/education for staff on residents foley catheter. These trainings will begin on 7/3/23 and will continue on a monthly basis for all staff involved in residents care. EOO will monitor these education sign offs on a quarterly basis to ensure compliance.*

*Update as of 6/27/23.*

*Resident #2: RWD and LSD (Life Stories Director), will provide an in service training/education on managing aggressive behaviors. This in service will occur on 7/3/23, and will continue on a monthly basis. This will include all staff members who provide care to this resident. Education forms will be monitored by the EOO on a quarterly basis to ensure compliance.*

*Team meetings will also occur on a monthly basis including the physician, RWD, EOO, LSD, family members, and area agency on aging. During these meetings, the team will discuss managing residents behaviors and condition. These meetings will be signed off via a sign off sheet by all persons involved.*

**DIRECTED STEP:**

*by 7/15/23 and at least monthly thereafter: The administrator or designee shall review resident support plans to ensure they identify the resident's physical, medical, social, cognitive and safety needs.*

**Directed Completion Date: 07/15/2023**

**Implemented ( [REDACTED] 07/07/2023)**