

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

September 22, 2023

[REDACTED], COO
TITHONUS CLEARFIELD LP
[REDACTED]
[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 07/13/2023, 07/18/2023 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:** 05/12/2015 **Issued By:** Lawrence TWP

Type: I-2 **Date:** 05/12/2015 **Issued By:** Lawrence TWP

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 95 **Waking Staff:** 71

Inspection Information

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

Reason: Complaint, Incident **Exit Conference Date:** 07/18/2023

Inspection Dates and Department Representative

07/13/2023 - On-Site: [REDACTED]

07/18/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74 **Residents Served:** 63

Special Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 22 **Residents Served:** 22

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 63

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

Have Mobility Need: 32 **Have Physical Disability:** 2

Inspections / Reviews

07/13/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/17/2023

Inspections / Reviews (*continued*)

08/16/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/18/2023

08/25/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/22/2023

09/22/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], at approximately [REDACTED] resident #1 was observed by staff in the dining room pushing resident #2 by the shoulders, causing resident #2 to stumble backward. The residents have had multiple physical altercations between the two since 5/10/23. The home did not report this incident to the Department.

Plan of Correction

Accept [REDACTED] - 08/25/2023)

Education was provided to RWD and Wellness associates 7/11/23 on Reportable Incidents and reporting them within allotted time frame. EOO /or designee will audit all reportable incidents as they occur to ensure they are submitted to BHLS within allotted time. EOO will document all reportable incidents on an audit form.

Update 8/25/23: *Initial correction was to immediately send in the state reportable via email as well as physically gave [REDACTED] a copy of the incident. This occurred on [REDACTED] and was completed by RWD and EOO.

*EOO provided education to RWD and wellness associates.

*EOO and RWD will pull the incident reports from electronic charting system on a daily basis beginning on 7/13/23 for 4 weeks. If all protocols are met at that time and EOO has signed off that the education was successful, reports will then be pulled weekly by RWD and EOO. This will ensure that all incidents that require being reported to the state are done so. All reports will be printed, initialed, and kept in a designated binder beginning on 7/13/23.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented [REDACTED] - 09/22/2023)

42b Abuse/Neglect

2. Requirements

2800.

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

Residents #1 and #2 reside in the [REDACTED]. Residents #1 and #2 have had multiple physical altercations with each other. The home has not implemented adequate safety precautions to prevent the following incidents:

* On [REDACTED], at approximately [REDACTED], staff observed resident #2 kicking resident #1 on the shin while resident #1 was sitting in the dining room. No injury was reported. Both residents were separated and placed on 15-minute checks for a 48-hour period.

* On [REDACTED], at approximately [REDACTED] staff observed resident #1 push resident #2 backwards causing resident #1 to trip and fall over his/her walker and hit his/her head while in the dining room. Resident #2 complained of head pain and was transported to the local hospital. Resident #2 returned without injury. Both residents were placed on 15-minute checks, PCP was notified, and medication changes were made for resident #1.

* On [REDACTED], at approximately [REDACTED], staff observed resident #1 push resident #2 with both hands on the shoulders while in the dining room. No injury was reported. Both residents were separated and placed on 15-minute checks for

42b Abuse/Neglect (continued)

24 hours then 2-hour checks through [REDACTED]. Crisis intervention was contacted, and meeting was held with resident #1's family with discussion on psychiatric service appointment being made by family.

* On [REDACTED] 3, at approximately [REDACTED], resident #2 ran down the hallway to staff standing in the dining area, visibly upset, wide eyed and shaking, stating "that girl, that girl, afraid", and indicating with his/her hands a pushing motion on the chest and rubbing arms. Staff lead resident #2 down the hallway to determine what resident was being accused. Resident #1's door was open, and staff entered and asked resident #1 if resident #2 was in his/her bedroom. Resident #1 said yes, and he/she pushed resident #2 out of his/her bedroom after resident #2 pushed him/her. Resident #1 then entered into the hallway screaming she was defending himself/herself. No injury was reported for resident #1 and red marks on the arms or resident #2 was reported. Both residents were placed on 15-minute checks for 24 hours, 30-minute checks for 7 days, and hourly checks for 7 days if no further behaviors. Resident #1 has an appointment for a psychiatric assessment on [REDACTED]. Resident #2's bedroom has been moved closer to the common area for easier observation.

Plan of Correction

Accept ([REDACTED] - 08/25/2023)

Facility had checks in place. Family meetings were held. PCPs were involved with care plan. Increased activities for both residents. Animated animal for resident provided by family as it is a calming source. Residents room was moved further away from other resident and closer to central location. BHLS had seen both residents prior to incident and they were both content and happy. Within 2 minutes residents were up then wondering which led to situation. Behavioral Health Services are in place for both residents. Q. 2hour checks remain in effect until there is 60 days of no incidents. Residents' medications for behaviors have both been modified by Behavioral Health with continued visits. Medication changes in place. Support plans updated in accordance too aggressive behaviors / altercations since 7/13/23 and specific redirections for each resident. Education was provided to staff 8/18/23 in regards of Preventing Aggressive behaviors with Dementia residents and How to handle aggressive residents with Dementia. Staff will continue to watch for any signs of aggressive actions being noticed and notify MA/RWD or designee immediately. RWD / designee will physically monitor each resident for any increased anxiety / agitation symptoms twice weekly for the next 4 weeks. Then once weekly for 4 weeks. If no further behaviors exist, physical monitoring by RWD/ or designee will continue as normal. All physical monitoring by RWD/ Designee will be documented on audit form. There have not been any behaviors for 30 consecutive days.

Update: EOO provided education to staff on 8/18/23.

05/10/23- RWD initiated 15-minute checks per protocol, increased activities, support plan updates, notified all parties, staff education.

5/26/23- RWD initiated checks per protocol, increased activities, support plan updates, notified all parties, staff education. medication changes initiated.

6/28/23-RWD initiated checks per protocol, increased activities, support plan updates, notified all parties, staff education. Family meetings organized. Crisis intervention. They decided there was no behavior health need. Family made behavioral health appt for resident #1.

6/28/23-RWD initiated checks per protocol, increased activities, support plan updates, notified all parties, staff education. Family meetings organized. Crisis intervention. Animated animal was purchased by family for resident #2.

7/13/23- RWD and EOO initiated 15-minute checks per protocol, increased activities, support plan updates, notified all parties, staff education. Resident #2 room change closer to main social area and further away from resident #1.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented ([REDACTED] - 09/22/2023)

225a1 Assessment – annually

3. Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department’s assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident # 1’s most recent assessment, dated [REDACTED], indicates the resident has minimal problem with aggression. However, resident #1 has had four physical altercations with resident #2, where resident #1 was the aggressor in at least two of the four altercations.

Resident #2’s most recent assessment, dated [REDACTED] indicates the resident has minimal problem with orientation of time, place or person and judgement. However, resident #2 wanders into other residents' bedrooms causing resident altercations.

Resident #3’s most recent assessment, dated [REDACTED] indicates the resident can safely ambulate independently with or without assistive device with assist of one. However, resident #2 has had multiple falls when transferring independently.

Plan of Correction

Accept [REDACTED] - 08/25/2023)

EOO / designee effective 7/18/23 will complete an overview on all annual assessments ensuring all information is accurate and appropriate for each individual resident. This will occur on an as needed basis as assessments are needing completed. EOO/ designee will document audits on the designated audit form. EOO/ designee will ensure all assessments are completed on a timely basis when they become due, utilizing the ADME Tracker File.

Update: Beginning 7/18/23 - RWD will provide EOO with all completed annual support plans on an every month basis by the 28th of each month.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented [REDACTED] - 09/22/2023)

234b Support plan - elements

4. 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, dated [REDACTED], for resident #1 does not address how the home will meet the resident's need for supervision due to aggressive behaviors.

Plan of Correction

Accept [REDACTED] - 08/25/2023)

EOO / designee effective 7/18/23 will complete an overview on all annual support plans; ensuring all information is accurate and appropriate for each individual resident. This will occur on an as needed basis; as annual support plans are needing completed. EOO/ designee will document audits on the designated audit form. EOO/ designee will ensure all support plans are completed on a timely basis when they become due, utilizing the ADME Tracker File.

Update: 7/18/23- RWD will provide EOO with all completed annual support plans on every month basis by the

234b Support plan - elements (continued)

28th of each month.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented [REDACTED] - 09/22/2023)