

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

February 21, 2024

[REDACTED], ADMINISTRATOR
[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 01/24/2024 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COLONIAL COURTYARD AT TYRONE **License #:** 32949 **License Expiration:** 08/15/2024

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]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 53 **Waking Staff:** 40

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 01/24/2024

Inspection Dates and Department Representative

01/24/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 **Residents Served:** 41

Secured Dementia Care Unit

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

Hospice

Current Residents: 6

Number of Residents Who:

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

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

Have Mobility Need: 12 **Have Physical Disability:** 0

Inspections / Reviews

01/24/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/09/2024

02/13/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/20/2024

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 02/20/2024

Inspections / Reviews *(continued)*

02/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contracts, dated [redacted] for resident #1 and [redacted] for resident #2 were not signed by the residents.

Plan of Correction

Accept ([redacted] - 02/12/2024)

Omitted signatures obtained on 1/26/2024. All resident business charts have been reviewed by Executive Operations Officer and Community Liaison, completed on 2/5/2024. All new admissions contracts will be reviewed by Executive Operations Officer or designee within 24 hours of admit for all signatures are complete. Quarterly audits of new admissions

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented ([redacted] - 02/20/2024)

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 member B, employed at the home on [redacted] was observed having a previous Pennsylvania State Police (PSP) clearance dated [redacted] and current PSP clearance dated [redacted]. Staff member B lacked a PSP clearance within 1 year prior to hire and within 30 days after hire, as required by the older adult protective services act.

Plan of Correction

Accept ([redacted] - 02/12/2024)

This omission was corrected on 3/9/2023 when it was brought to our attention during our annual survey. Moving forward, all senior leadership new hires will have their background check completed at our community level to be sure of compliance. Executive Operations Officer and Administrative Services Director completed audit of all other employee records have reviewed and no other omissions of a background check were found. Executive Operations Officer or designee to complete audit of all new hire on-boarding paperwork for compliance.

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented ([redacted] - 02/20/2024)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The homes current census reported 41 residents residing within the home. On [redacted], from [redacted] to [redacted], Saturday, [redacted] from [redacted] and [redacted] and Sunday [redacted]

63a First Aid/CPR Training (continued)

[redacted] the home lacked a staff member with current training in first aid/CPR.

Plan of Correction

Accept [redacted] - 02/12/2024)

First Aid, CPR, and obstructed airway training recertification has been scheduled for all medication technicians on February 11, 2024 at 12:00pm. Confirmed this instructor will be providing recertification for First Aid/CPR/Obstructed Airway. Resident care staff that wish to be provided the training will have training scheduled. A new "required training & certification" form has been created and will be maintained by the Resident Wellness Director.

Licensee's Proposed Overall Completion Date: 02/11/2024

Implemented [redacted] - 02/20/2024)

182c - Medication Administration

4. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On [redacted] at [redacted], staff member A was observed placing a cup containing the following medications beside resident #3 and walking away: [redacted]

Plan of Correction

Accept [redacted] - 02/12/2024)

Medication Tech immediately reeducated on absolute importance of following the 7 activities required for each resident with each medication pass. All medication technicians completed an in service on 1/29/2024 to review DHS requirements for every med pass. Resident Wellness Director to complete random medication administration observations on all medication technicians on a quarterly basis.

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented [redacted] - 02/20/2024)

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at approximately 2:00 PM the following medications were observed unlocked, unattended, and accessible: A tube of [redacted] in a bathroom caddy in the bathroom of resident bedroom 109. A tube of Cetaphil barrier cream with a prescription label and a 1.5 ounce tube of [redacted] resident room 223a.

183b - Meds and Syringes Locked (continued)

[REDACTED] in resident bedroom 119.

Plan of Correction

Accept ([REDACTED] - 02/12/2024)

Immediate action - All medicated creams were removed from resident's rooms immediately, when the inspector advised me of their findings. Explained to each resident why they are not permitted to keep these in their rooms, self-administration requires a doctor order and must be kept secured. Letters sent to families explaining this regulation and advising them to speak to the Resident Wellness Director if they have questions on OTC medications and CAM that they wish to bring in for the resident. Resident Wellness Director or designee to complete random audits of rooms to ensure no medications are being stored improperly.

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented ([REDACTED] - 02/20/2024)

224a - Preadmission Screen Form

6. 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, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([REDACTED] - 02/12/2024)

All resident business charts were reviewed by the Executive Operations Officer and Administrative Services Director for any omissions or missing information on the Preadmission Screening. This was completed on 2/2/2024. Executive Operations Officer or designee, will complete Preadmission Screening within 30 prior to move in. Review will be completed by Executive Operations Officer or designee to ensure accuracy and completeness. This will be ongoing for all new admissions.

Licensee's Proposed Overall Completion Date: 05/06/2024

Implemented ([REDACTED] - 02/20/2024)