

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

December 17, 2024

[REDACTED]
TITHONUS TYRONE LP

[REDACTED]
C/O INTEGRACARE CORPORATION
[REDACTED]

RE: COLONIAL COURTYARD AT TYRONE
5546 EAST PLEASANT VALLEY BLVD
TYRONE, PA, 16686
LICENSE/COC#: 32949

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/14/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COLONIAL COURTYARD AT TYRONE **License #:** 32949 **License Expiration:** 08/15/2025
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:** DEPARTMENT OF LABOR & INDUSTRY

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 50 **Waking Staff:** 38

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/14/2024

Inspection Dates and Department Representative

11/14/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 **Residents Served:** 37

Secured Dementia Care Unit

In Home: Yes **Area:** MEMORY CARE **Capacity:** 11 **Residents Served:** 11

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 37
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 13 **Have Physical Disability:** 0

Inspections / Reviews

11/14/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/29/2024

12/04/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/10/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 12/14/2024

Inspections / Reviews *(continued)*

12/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2024

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 contract, dated [REDACTED], for resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 12/04/2024)

Short Term Actions

1. Immediate Contract Rectification

1.1 Goals: Ensure that resident [REDACTED] contract is signed as mandated by the regulations.

1.2 Steps:

- Contacted resident [REDACTED] to arrange a meeting for signing the contract.
- Ensured resident [REDACTED] understood the contract terms before signing.
- Facilitated the signing of the contract by the resident.
- Confirmed completeness of the contract by having the administrator cosign it.

1.3 Responsible Party: Facility Administrator

1.4 Time line: [REDACTED]

2. Staff Training Session

2.1 Goals: Educate staff on the importance of contract signing compliance.

2.2 Steps:

- Conduct a training session for all staff responsible for contract handling.
- Review the requirements of 2600.25.b with staff.
- Provide examples of compliant contracts for staff to reference.
- Discuss potential penalties for non-compliance with signing regulations.

2.3 Responsible Party: Facility Administrator

2.4 Time line: [REDACTED]

3. Improve Documentation and Communication

3.1 Goals: Enhance documentation and communication processes for contract handling.

3.2 Steps:

- Inform residents and their designated persons about contract signing processes during initial meetings.
- Ensure proper documentation of all communication related to contract signing.
- Implement a reminder system for pending contract signatures.

3.3 Responsible Party: Facility Administrator

3.4 Time line: [REDACTED]

Long Term Actions

1. Quality Assurance Monitoring

1.1 Goals: Establish a continuous monitoring system for contract compliance.

1.2 Steps:

- Develop a monitoring system to regularly check compliance with contract signatures.
- Conduct periodic audits of contracts to ensure all signatures are obtained.

1.3 Responsible Party: Facility Administrator or designee

1.4 Time line: [REDACTED]

Licensee's Proposed Overall Completion Date: 11/27/2024

25b Contract Signatures (continued)

Implemented (█ - 12/17/2024)

41e Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident’s designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident’s record.

Description of Violation

Resident █ record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept (█ - 12/04/2024)

Short Term Actions

1. Verify and Obtain Missing Signature

1.1 Goals: Ensure Resident █ acknowledges receipt of resident rights and complaint procedures by obtaining the necessary signature.

1.2 Steps:

- Review Resident █’s record to confirm the absence of the signed acknowledgement.
- Contact Resident █ to explain the requirement and obtain the necessary signature.
- Document the communication and receipt of signature for Resident █ record.

1.3 Responsible Party: Facility Administrator

1.4 Time line: █

2. Staff Training on Documentation Procedures

2.1 Goals: Educate staff on the importance and process of obtaining signed acknowledgments for resident records.

2.2 Steps:

- Organize a training session focused on proper documentation of resident rights acknowledgment.
- Distribute materials and guidelines about the importance of obtaining and documenting resident signatures.
- Conduct a Q&A session to address staff questions and concerns.

2.3 Responsible Party: Training Supervisor

2.4 Time line: █

3. Audit Resident Records

3.1 Goals: Identify and rectify any similar documentation issues across all resident records.

3.2 Steps:

- Perform an audit of all current resident records to identify missing signatures on acknowledgment statements.
- Compile a list of records missing documentation and prioritize obtaining signatures.
- Document actions taken to mitigate and rectify identified issues across records.

3.3 Responsible Party: Facility Administrator or designee

3.4 Time line: █

Long Term Actions

1. Implement Improved Documentation Process

1.1 Goals: Maintain ongoing compliance by improving the documentation process for resident acknowledgments.

1.2 Steps:

- Review and update the current policy on obtaining resident signatures to include checks for compliance.
- Introduce a checklist for resident admissions that includes verification of receipt acknowledgment.

41e - Signed Statement (continued)

- Regularly review and revise the documentation process based on audit findings.
- 1.3 Responsible Party: Facility Administrator or designee
- 1.4 Time line: [REDACTED]
- 2. Scheduled Regular Audits
- 2.1 Goals: Ensure sustained compliance through periodic audits of resident records for signature acknowledgments.
- 2.2 Steps:
 - Establish a timeline for regular quarterly audits of resident records by the Quality Assurance team.
 - Train designated staff to consistently perform audits according to the new schedule.
 - Analyze audit results and provide feedback and corrective action plans as necessary.
- 2.3 Responsible Party: Facility Administrator or designee
- 2.4 Time line: [REDACTED]
- 3. Ongoing Staff Training
- 3.1 Goals: Continuously educate staff on best practices in documentation and compliance requirements.
- 3.2 Steps:
 - Organize annual training sessions covering updates in compliance regulations and documentation best practices.
 - Incorporate feedback from audits and compliance audits into training material.
 - Monitor compliance trends and adjust training frequencies and content as needed.
- 3.3 Responsible Party: Facility Administrator or designee
- 3.4 Time line: [REDACTED]

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented [REDACTED] - 12/17/2024)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar observed in room [REDACTED] attached to the bed had an uncovered opening measuring 7 ½ inches long by 11 ¾ inches wide, creating a potential entrapment hazard to the resident.

Plan of Correction

Accept [REDACTED] - 12/04/2024)

Short Term Actions

1. Enabler Bar Covering

1.1 Goals: To immediately eliminate the entrapment hazard posed by the uncovered opening in the enabler bar.

1.2 Steps:

- Identify the appropriate covering or padding solution for the uncovered opening.
- Install the selected covering or padding securely over the opening.
- Inspect all other rooms for similar hazards and correct as necessary.

1.3 Responsible Party: Facility Administrator

1.4 Time line: [REDACTED]

2. Staff Training on Equipment Safety

2.1 Goals: To ensure staff are aware of and can identify equipment hazards.

2.2 Steps:

81b - Resident Personal Equipment (continued)

- Develop a training module focused on identifying and reporting equipment hazards.
- Conduct training sessions with all staff covering the new module.
- Incorporate equipment safety checks into daily routines.

2.3 Responsible Party: Facility Administrator

Timeline: [REDACTED]

3. Immediate Hazard Communication

3.1 Goals: To communicate the hazard and corrective action taken to all relevant parties, including the home health agency physical therapist who placed the device.

3.2 Steps:

- Document the identified hazard and corrective actions taken in the maintenance log.
- Update the residents' records to include the safety modifications made.
- Inform the family of the resident in room [REDACTED] about the hazard and resolution.

3.3 Responsible Party: Facility Administrator

3.4 Time line: [REDACTED]

Long Term Actions

1. Regular Equipment Safety Audits

1.1 Goals: To ensure ongoing identification and correction of equipment hazards.

1.2 Steps:

- Develop a checklist for regular equipment safety audits.
- Assign staff to conduct monthly audits of resident equipment.
- Review audit findings in quality management meetings and address any issues identified.

1.3 Responsible Party: Quality Assurance Team

1.4 Time line: [REDACTED]

2. Policy Review and Update

2.1 Goals: To enhance facility policies to prevent similar occurrences in the future.

2.2 Steps:

- Review current policies regarding equipment safety and maintenance.
- Update policies to include specific measures related to enabler bars and similar equipment.
- Communicate updated policies to all staff and incorporate into training materials.

2.3 Responsible Party: Policy Review Committee

2.4 Time line: [REDACTED]

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented [REDACTED] - 12/17/2024)