

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

March 25, 2025

[REDACTED]
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 01/09/2025 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: 03/28/2025
 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: 12/28/2016 Issued By: Lawrence Township
 Type: I-2 Date: 12/15/2015 Issued By: Lawrence Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 75 Waking Staff: 56

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 01/09/2025

Inspection Dates and Department Representative

01/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 74 Residents Served: 54
 Special Care Unit
 In Home: Yes Area: Life Stories Capacity: 22 Residents Served: 17
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54
 Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 21 Have Physical Disability: 1

Inspections / Reviews

01/09/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/08/2025

02/24/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/26/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/27/2025

Inspections / Reviews *(continued)*

03/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/26/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65i Training topics

1. Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.

Description of Violation

Direct care staff person A did not receive training in medication self-administration during the training year 1/1/24 to 12/31/24.

Plan of Correction

Accept (█) - 02/24/2025)

Short Term Actions

1. Conduct Immediate Medication Self-Administration Training

1.1 Goals: *Ensure Direct Care Staff Person A receives the required training to comply with regulation 2800.65.i.*

1.2 Steps:

- *Staff person A was removed from the schedule until training was completed. Staff person A was required to attend our full General Orientation to meet the training requirements and become current.*
- *Document the completion of the training in Direct Care Staff Person A's personnel file.*
- *Review the training documentation to confirm compliance with 2800.65.i.*

1.3 Responsible Party: *Administrative Services Director*

1.4 Time line: *Completed on 1/15/2025*

2. Verify Training Compliance for All Staff

2.1 Goals: *Ensure all direct care staff have received necessary training in medication self-administration.*

2.2 Steps:

- *Collect training records for all direct care staff for the year 1/1/24 to 12/31/24.*
- *Review each staff member's records to ensure completion of medication self-administration training.*
- *Staff members that were not in compliance were required to attend the general orientation and were removed from the schedule until completed.*
- *Document completion of any necessary trainings in staff personnel files.*

2.3 Responsible Party: *Administrative Services Director*

2.4 Time line: *Completed on 1/15/2025*

Long Term Actions

1. Integrate Training into Annual Schedule

1.1 Goals: *Ensure sustained compliance with annual training requirements for all direct care staff.*

1.2 Steps:

- *Develop and implement a comprehensive annual training schedule for direct care staff.*
- *Include medication self-administration as a recurring mandatory session in the training calendar.*
- *Notify staff when training is available beginning of each training year.*
- *Monitor adherence to the training schedule throughout the year.*
- *Encourage compliance or improvements as necessary.*

1.3 Responsible Party: *Executive Operations Officer/Administrative Services Director*

1.4 Time line: *Implemented 1/22/2025*

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█) - 03/25/2025)

65i Training topics (*continued*)

81b Resident equip – good repair

2. Requirements

2800.

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

Resident #1's bed cane was not secured to the bed, allowing the bed cane to move/tip side to side approximately 10 inches causing a potential fall risk.

Plan of Correction

Accept (█) - 02/24/2025)

*Short Term Actions**1. Secure Bed Cane*

1.1 Goals: Eliminate immediate fall risk from unsecured bed cane.

1.2 Steps:

- *Bed cane was discontinued on date of survey per physician order.*

1.3 Responsible Party: Safety Maintenance Engineer

1.4 Time line: Discontinued 1/9/2025

2. Staff Training and Awareness

2.1 Goals: Ensure staff awareness and compliance regarding the importance of securing assistive devices.

2.2 Steps:

- *Conduct a training session on the proper securing and maintenance of assistive devices.*
- *Develop training materials that highlight the risks associated with unsecured devices.*
- *Require all wellness staff to attend the training.*
- *Documentation of training will be maintained.*

2.3 Responsible Party: Resident Wellness Director

2.4 Time line: Training held on 2/4/2025

*Long Term Actions**1. Routine Equipment Inspections*

1.1 Goals: Maintain ongoing safety and compliance for assistive devices.

1.2 Steps:

- *Implement a monthly audit of enablers to ensure compliance with safety requirements. (no enablers/bed canes in community currently)*
- *Record and address any maintenance issues immediately.*
- *Review inspection outcomes during monthly safety meetings.*

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Implementation will begin on 2/7/2025

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█) - 03/25/2025)

105g Dryer lint removal

3. Requirements

2800.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was an approximate 1/8-inch accumulation of lint in the lint trap of the first commercial dryer in the main laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept ([redacted] - 02/24/2025)

Short Term Actions

1. Immediate Lint Removal

1.1 Goals: Eliminate current lint accumulation to reduce fire hazard immediately.

1.2 Steps:

- All dryers in the main laundry room were inspected for lint and any lint found was immediately removed from the lint trap.

1.3 Responsible Party: Safety and Maintenance Engineer

1.4 Time line: Completed on 1/9/2025

2. Staff Training Session

2.1 Goals: Educate staff on proper lint removal procedures for dryers.

2.2 Steps:

- A training session covering safety protocols and proper lint removal procedures will be held for all staff.
- Documentation of the training will be maintained.
- New team members will be trained during orientation.

2.3 Responsible Party: Safety and Maintenance Engineer

2.4 Time line: Training held on 1/27/2025

Long Term Actions

1. Regular Inspection Schedule

1.1 Goals: Establish a routine audit schedule for dryer lint.

- Safety and Maintenance Engineer will be responsible for conducting monthly lint audits.
- Lint logs will be audited to ensure staff are initialing when emptying the lint traps.
- Documentation of audits and lint logs will be maintained.

1.3 Responsible Party: Safety and Maintenance Engineer

1.4 Time line: Implemented 1/31/2025

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([redacted] - 03/25/2025)

132d Evacuation

4. Requirements

2800.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Description of Violation

The residence has a safe evacuation time of 15 minutes, 0 seconds established by a fire safety expert on 6/27/23. However, on 4/25/24, at 4:25 AM., the residents evacuated in 15 minutes and .0024 seconds and timing of the drill was stopped.

Repeat violation: 1/25/24

Plan of Correction

Accept ([redacted] - 02/24/2025)

Short Term Actions

2. Staff Training

2.1 Goals: Prepare staff for faster and more efficient evacuation processes.

2.2 Steps:

- Conduct a mandatory training session focusing on evacuation protocols and speed improvements.*
- Address individual staff responsibilities and areas of improvement.*
- New team members will be trained during general orientation.*

2.3 Responsible Party: Safety and Maintenance Engineer

2.4 Time line: Training held on 1/27/2025

Long Term Actions

2. Ongoing Assessment of Resident Population to Ensure efficiency

2.1 Goals: Cohort those of similar mobility (for evacuation needs) in close proximity for staff efficiency and safety of the residents in case of need for emergency evacuation.

2.2 Steps:

- Review most recent fire drill and any updates on resident population acuity and emergency evacuation mobility needs during monthly Safety and Quality meeting to ensure residents are in appropriate service areas.*
- Regular implementation of solutions from feedback and findings from meeting for safety of residents and efficiency of staff.*

2.3 Responsible Party: Safety and Maintenance Engineer

2.4 Time line: Implemented on 2/5/2025

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([redacted] - 03/25/2025)

132h Designated meeting place

5. Requirements

2800.

132h Designated meeting place (continued)

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 6/25/24, at 4:25 AM, 58 residents were present in the home; however, only 56 residents evacuated.

Plan of Correction

Accept ([redacted] - 02/24/2025)

Short Term Actions

1. Resident Check and Confirm

1.1 Goals: Ensure all residents evacuate during drills.

1.2 Steps:

- Establish current in-house census prior to pull of fire drill.
- Charge MA or LPN will verify headcount during drill to ensure all residents are accounted for and evacuated.
- Conduct a post-drill stand down with staff to ensure all residents reached the designated fire safe area.

1.3 Responsible Party: Safety and Maintenance Engineer

1.4 Time line: Implemented on 1/27/2025

2. Staff Training

2.1 Goals: Prepare staff for faster and more efficient evacuation processes.

2.2 Steps:

- Conduct a mandatory training session focusing on evacuation protocols and speed improvements.
- Address individual staff responsibilities and areas of improvement.
- Educate team that the drill will run until all residents evacuate and the timer will not be stopped until all residents are cleared.
- Simulate immediate evacuation scenarios with enhanced team coordination.
- New team members will be trained during general orientation.

2.3 Responsible Party: Safety and Maintenance Engineer

2.4 Time line: Implemented on 1/27/2025

Long Term Actions

2. Ongoing Assessment of Resident Population to Ensure efficiency

2.1 Goals: Cohort those of similar mobility (for evacuation needs) in close proximity for staff efficiency and safety of the residents in case of need for emergency evacuation.

2.2 Steps:

- Review most recent fire drill and any resident population acuity and emergency evacuation mobility needs concerns or updates during monthly Safety and Quality meeting to ensure residents are in appropriate service areas.
- Regular implementation of solutions from feedback and findings from meeting for safety of residents and efficiency of staff.

2.3 Responsible Party: Safety and Maintenance Engineer

2.4 Time line: Implemented on 2/5/2025

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([redacted] - 03/25/2025)

141a Medical evaluation

6. Requirements

2800.

141a Medical evaluation (continued)

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:
6. Immunization history.

Description of Violation

The medical evaluation for resident # 2, dated [REDACTED], did not include immunization history. This area of the form was blank.

Plan of Correction

Accept ([REDACTED] - 02/24/2025)

Short Term Actions

1. Immediate Update of Medical Evaluations

1.1 Goals: Ensure all current resident medical evaluations address immunization history.

1.2 Steps:

- Review all resident medical evaluations to verify that immunization history was addressed.
- Update the medical evaluation forms to include any available immunization history or unknown is selected.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: To be completed by 2/14/25

2. Staff Training on Medical Evaluation Compliance

2.1 Goals: Educate staff on the importance and requirements of completing medical evaluation forms, focusing on immunization history.

2.2 Steps:

- Executive Operations Officer will conduct a training session on proper completion of the Department-specified medical evaluation forms with Resident Wellness Director.
- Emphasize the importance of ensuring that immunization history was addressed in every evaluation.

2.3 Responsible Party: Executive Operations Officer

2.4 Time line: Completed on 2/10/2025

Long Term Actions

1. Regular Audits of Medical Records

1.1 Goals: Conduct periodic checks to ensure ongoing compliance with documentation requirements.

1.2 Steps:

- Schedule quarterly audits of resident medical evaluations to ensure completeness.
- Documentation of audits will be maintained.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Implemented on 2/14/2025

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([REDACTED] - 03/25/2025)

183d Current medications

7. Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 11/25/24, the prescribed medication, Guaifenesin, 600mg, 1 tab twice daily (every 12 hours) for 10 days, for

183d Current medications (continued)

resident #3 was in the residence's medication cart; however, the medication was discontinued on 12/5/24.

The prescribed medication, Cyanocobalamin, INJ, 1000mcg, inject once monthly on the 25th, for resident #4 was in the resident's medication cart; however, the medication was discontinued on 9/26/24.

Plan of Correction

Accept (█) - 02/24/2025

Short Term Actions**1. Remove discontinued medications from medication cart**

1.1 Goals: Ensure that only current medications are kept in the residence.

1.2 Steps:

- Conduct a complete audit of the medication cart and remove any discontinued medications.
- Document the removal and disposition of all discontinued medications.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Completed on 1/29/2025

2. Staff Training on Medication Management

2.1 Goals: Educate staff on proper procedures for managing and removing discontinued medications.

2.2 Steps:

- Schedule and conduct a training session on medication management and disposal procedures.
- Provide staff with updated guidelines and checklists for medication cart audits.
- Documentation of training will be maintained.

2.3 Responsible Party: Resident Wellness Director/Pharmacy nurse liaison

2.4 Time line: Completed on 2/4/2025

Long Term Actions**1. Implement Regular Medication Audits**

1.1 Goals: Regularly verify that only current medications are kept in the residence.

1.2 Steps:

- Cart audits will be completed weekly.
- Assign staff members to conduct audits and report findings.
- Resident wellness director will audit carts monthly.
- Documentation will be maintained.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Implemented on 2/3/2025

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█) - 03/25/2025

184a Resident meds labeled**8. Requirements**

2800.

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

1. The resident's name.

184a Resident meds labeled (continued)

- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

Resident #1's Lantus Solostar, 100 units/ml, inject 53 units every night at bedtime, did not include a pharmacy label.

Resident #1 is prescribed Nystop Powder, 100,000, apply to affected areas as needed for skin condition. The pharmacy label indicated to apply to affected area daily as directed.

Repeat violation; 1/25/24

Plan of Correction

Accept ([REDACTED] - 02/24/2025)

Short Term Actions

1. Medication Label Verification

1.1 Goals: Ensure all medications have pharmacy labels with correct information.

1.2 Steps:

- *Conduct an audit of the medication cart including reconciliation of meds vs emar order. Apply change of direction stickers if applicable or reach out to pharmacy with needs for supplies or changes in orders.*
- *Documentation will be maintained.*

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: To be completed by 2/14/25

2. Staff Training on Medication Labeling Requirements

3.1 Goals: Educate staff on the importance of verifying pharmacy labels.

3.2 Steps:

- *Conduct a training session on the necessity of the medication label matching the order in the emar and the steps to correct if they do not match.*
- *Documentation will be maintained.*

3.3 Responsible Party: Resident Wellness Director/Polaris Nurse Liaison

3.4 Time line: Completed on 2/4/2025

Long Term Actions

1. . Implement Regular Medication Audits

1.1 Goals: Regularly verify that only current medications are kept in the residence.

1.2 Steps:

- *Cart audits will be completed weekly.*
- *Assign staff members to conduct audits and report findings.*
- *Resident wellness director will audit carts quarterly..*
- *Documentation will be maintained.*

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Implemented on 2/3/25

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([REDACTED] - 03/25/2025)

185a Storage procedures

9. Requirements

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed Albuterol, inhale 2 puffs every 6 hours as needed for shortness of breath. On 1/9/25, this medication was not available in the residence.

Resident #4 prescribed is prescribed Ondansetron, 25mg, take 1 tablet every 6 hours as needed for nausea. On 1/9/25, this medication was not available in the residence.

Plan of Correction

Accept (█) - 02/24/2025)

Short Term Actions

1. Medication Inventory Audit

1.1 Goals: Ensure immediate availability of all resident medications.

1.2 Steps:

- Conduct an immediate audit of all resident medications to identify any other missing medications.
- Order any missing medications and ensure expedited delivery.
- Verify receipt of all ordered medications and document their availability in the inventory system.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Completed on 1/9/2025

2. Staff Training on Medication Management

2.1 Goals: Enhance staff competency in medication management procedures.

2.2 Steps:

- Conduct a training session for all staff on proper procedures for medication management and storage.
- Emphasize the importance of timely medication ordering and availability.
- Documentation of training will be maintained.

2.3 Responsible Party: Resident Wellness Director

2.4 Time line: Completed on 2/4/2025

Long Term Actions

1. Exception Report Review

1.1 Goals: Ensure awareness of meds not available and reason

1.2 Steps:

- Implement weekly reviews of med pass exception notes to review documentation of any meds not given and the reason to assess for any meds not available.
- Documentation of audit and findings will be maintained.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Implemented on 2/3/25

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█) - 03/25/2025)

227d Support plan – med/dental

10. Requirements

227d Support plan – med/dental (*continued*)

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident #1's support plan, dated [REDACTED], was not updated to address the resident's use of a bed cane and safety needs associated with the use of a bed cane and how this need would be met:

- o The intended use and any risks associated with the use
- o The resident's ability to use the device safely for the purpose it was intended
- o Identification of the specific device to be used and whether a cover is required to meet FDA guidelines

Resident #4's was admitted to hospice on [REDACTED]; however, the resident's support plan, dated [REDACTED] was not updated to address the services hospice provided and how this need would be met.

Repeat violation; 1/25/24

Plan of Correction

Accept ([REDACTED] - 02/24/2025)

*Short Term Actions**1. Immediate Support Plan Updates*

1.1 Goals: Ensure all resident support plans are current and comprehensive.

1.2 Steps:

- Resident #1's bed cane was discontinued the day of the survey, no further correction required for this instance.
- Incorporate hospice services into Resident #4's support plan, detailing the care provided.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Completed on 1/9/25

2. Staff Training on Support Plan Documentation

2.1 Goals: Educate staff on the importance of timely support plan updates.

2.2 Steps:

- Executive Operations officer will conduct a training with the Resident Wellness Director to review the importance of all services and needs being reflected in the resident support plan.
- Documentation of training will be maintained.

2.3 Responsible Party: Executive Operations Officer/Resident Wellness Director

2.4 Time line: To be completed by 2/10/25

*Long Term Actions**1. Implement Regular Support Plan Audits*

1.1 Goals: Maintain the accuracy and currency of all resident support plans.

1.2 Steps:

- Establish a monthly audit schedule for reviewing resident support plans.

- Make any necessary changes to the support plan.

1.3 Responsible Party: Resident Wellness Director

227d Support plan – med/dental (continued)

1.4 Time line: Implemented on 2/3/25

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█) - 03/25/2025)

227h Support plan – refusal sign

11. Requirements

2800.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #2 did not sign █ support plan, dated █ and resident #3 did not sign █ support plan, dated █. The residence did not make a notation regarding the residents' inability or refusal to sign.

Plan of Correction

Accept (█) - 02/24/2025)

Short Term Actions

1. Verify Missing Signatures

1.1 Goals: Ensure all support plans have appropriate signatures or documentation of refusal/inability.

1.2 Steps:

- Review all current resident support plans for missing signatures.
- Contact residents or designated persons to obtain signatures if possible.
- Document any refusals or inability to sign on the appropriate forms.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: To be completed by 2/14/25

2. Staff Training on Documentation

2.1 Goals: Educate staff on the importance and procedure of documenting signatures or refusals/inabilities to sign.

2.2 Steps:

- Executive Operations officer will conduct a training with the Resident Wellness Director to review the importance of resident, responsible party/family and community representative on support plans.
- Documentation of training will be maintained.

2.3 Responsible Party: Executive Operations Officer/Resident Wellness Director

2.4 Time line: To be completed by 2/10/25

Long Term Actions

2. Scheduled Semi Annual Audits

2.1 Goals: Regularly monitor compliance with signature documentation to prevent future violations.

2.2 Steps:

- Establish an audit schedule to review resident support plans for compliance.
- Documentation of audits will be maintained.

2.3 Responsible Party: Resident Wellness Director

2.4 Time line: Implemented on 2/14/25

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented (█) - 03/25/2025)

236a Staff training

12. Requirements

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who worked in the special care unit, had only 6 hours of training related to dementia care during the 1/1/24 to 12/31/24 training year.

Plan of Correction

Accept ([REDACTED]) - 02/24/2025)

*Short Term Actions**1. Conduct Immediate Staff Training*

1.1 Goals: To ensure all direct care staff in the special care unit meet the requisite 8 hours of dementia care training for the current year.

1.2 Steps:

- *Schedule additional 2-hour dementia care training session for Direct care staff person A.*
- *Ensure training content covers essential dementia care competencies.*
- *Document training completion and update staff training records.*

1.3 Responsible Party: Administrative Services Director

1.4 Time line: Completed on

2. Verify Training Compliance for All Staff

2.1 Goals: Ensure all direct care staff have received necessary dementia training.

2.2 Steps:

- *Collect training records for all direct care staff for the year 1/1/24 to 12/31/24.*
- *Review each staff member's records to ensure completion of dementia training.*
- *Staff members not in compliance will not work in memory care until they have completed the missing training.*
- *Document completion of any necessary trainings in staff personnel files.*

2.3 Responsible Party: Administrative Services Director

2.4 Time line: Completed on 1/15/2025

*Long Term Actions**1. Integrate Training into Annual Schedule*

1.1 Goals: Ensure sustained compliance with annual training requirements for all direct care staff.

1.2 Steps:

- *Develop and implement a comprehensive annual training schedule for direct care staff.*
- *Include dementia training as a recurring mandatory session in the training calendar.*
- *Monitor adherence to the training schedule throughout the year.*

1.3 Responsible Party: Executive Operations Officer/Administrative Services Director

1.4 Time line: Implemented on 1/22/2025

*Long Term Actions**1. Implement Continuous Training Program*

1.1 Goals: To sustainably meet and exceed dementia care training requirements for all personnel.

1.2 Steps:

- *Develop a quarterly dementia care training program that allocates 2 hours every quarter dedicated to dementia care training.*
- *Documentation of training will be maintained.*

236a Staff training (continued)

1.3 Responsible Party: Administrative Services Director

1.4 Time line: Implemented on 1/27/2025

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented ([REDACTED] - 03/25/2025)