

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

June 18, 2025

[REDACTED]
TITHONUS CLEARFIELD LP

[REDACTED]
C/O INTEGRACARE CORP
[REDACTED]

RE: COLONIAL COURTYARD AT
CLEARFIELD
1300 LEONARD STREET
CLEARFIELD, PA, 16830
LICENSE/COC#: 44733

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2025, 04/30/2025 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:** 03/28/2026
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:** 79 **Waking Staff:** 59

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 04/30/2025

Inspection Dates and Department Representative

04/29/2025 - On-Site [REDACTED]
04/30/2025 - 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:** 21

Hospice
Current Residents: 7

Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 54
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 25 **Have Physical Disability:** 0

Inspections / Reviews

04/29/2025 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/20/2025

Inspections / Reviews *(continued)*

05/22/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/04/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 06/06/2025

06/18/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 06/04/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], the residence became aware that there was an accusation of staff member abuse perpetrated against resident [REDACTED]. However, this allegation of abuse was not reported to the local Area Agency on Aging until [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/22/2025)

Short Term Actions

1. Immediate Reporting Procedure

1.1 Action Plan: Ensure all suspected abuse cases are reported immediately.

1.2 Steps:

Allegation of abuse for this resident was reported.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Completed on 4/22/25

2. Staff Training on Abuse Reporting

2.1 Action Plan: Educate staff on the correct procedure for abuse reporting.

2.2 Steps:

Organize a mandatory training session for team members on the Older Adult Protective Services Act and relevant reporting protocols.

Ensure team members understand the legal requirement for immediate abuse reporting and the consequences of non-compliance.

New team members will receive training on abuse reporting as part of general orientation.

Refresher courses will be held quarterly or sooner if needed regarding abuse recognition and reporting procedures.

Documentation of training will be maintained.

2.3 Responsible Party: Resident Wellness Director

2.4 Time line: Training occurred on 5/1/25

15a Resident abuse report (continued)

Long Term Actions

1. Ongoing Monitoring

1.1 Action Plan: Maintain high standards of awareness and education regarding abuse reporting.

1.2 Steps:

Monthly review of incidents to ensure that any allegations of abuse are reported immediately.

1.3 Responsible Party: Resident Wellness Director/Designee

1.4 Time line: To be implemented by 5/31/25

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented [redacted] - 06/18/2025)

15b Resident abuse-superv plan

2. Requirements

2800.

15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] the residence became aware that there was an accusation of staff member A abusing/neglecting resident [redacted]. However, staff member A continued to provide services to residents on multiple dates to include [redacted], through [redacted], during the 10:45 p.m., to 7:00 a.m., shift without a plan of supervision approved by the department.

Plan of Correction

Accept [redacted] - 05/22/2025)

Short Term Actions

1. Suspend Involved Staff Member

1.1 Action Plan: To ensure resident safety and compliance with regulations by removing the staff member from the work environment immediately after the allegation is known.

1.2 Steps:

Immediate suspension of staff member A from duty pending investigation upon report on 4/22/25.

1.3 Responsible Party: Executive Operations Officer

1.4 Timeline: Completed on 4/22/25

2. Staff Training on Abuse Reporting

15b Resident abuse superv plan (continued)

2.1 Action Plan: Educate staff on the correct procedure for abuse reporting.

2.2 Steps:

Organize a mandatory training session for team members on the Older Adult Protective Services Act and relevant reporting protocols, including need for immediate suspension if the allegation of abuse involved a team member. .

Ensure team members understand the legal requirement for immediate abuse reporting and the consequences of non compliance.

New team members will receive training on abuse reporting as part of general orientation.

Refresher courses will be held quarterly or sooner if needed regarding abuse recognition and reporting procedures.

Documentation of training will be maintained.

2.3 Responsible Party: Resident Wellness Director

2.4 Timeline: Training occurred on 5/1/25

Long Term Actions

1. Continuous Training and Awareness

2.1 Action Plan: To maintain a high level of awareness and readiness in dealing with potential abuse allegations in future.

2.2 Steps:

Audit all reportable incidents involving abuse allegations, monthly, to ensure any allegations involving team members included immediate team member suspension.

Documentation of audits will be maintained.

2.3 Responsible Party: Resident Wellness Director/Designee

2.4 Time line: To be implemented by 5/28/25

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented [REDACTED] - 06/18/2025)

16c Incident reporting

3. 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] the residence became aware that there was an accusation of staff member A abusing/neglecting resident [REDACTED]. However, the department was not notified until [REDACTED].

Plan of Correction

Accept [REDACTED] - 05/22/2025)

Short Term Actions

1. Immediate Incident Reporting

1.1 Action Plan: To ensure that all incidents are reported to the Department within the required 24-hour timeframe.

1.2 Steps:

The incident was reported on 4/22/25.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Completed on 4/22/25

2. Staff Training on Compliance

2.1 Action Plan: To educate staff on timely and accurate incident reporting procedures.

2.2 Steps:

Conduct a training session on the importance of timely incident reporting and related legal obligations including the importance of notifying the Resident Wellness Director immediately as well as the 24 hour reporting requirement.

Documentation of the training will be held.

2.3 Responsible Party: Resident Wellness Director

2.4 Time line: Completed on 5/1/25

Long Term Actions

1. Regular Compliance Audits

1.1 Action Plan: To sustain a culture of compliance and ensure the ongoing adherence to incident reporting procedures.

1.2 Steps:

16c Incident reporting (continued)

Audit all reportable incidents involving abuse allegations, monthly, to ensure any allegations involving team members included immediate team member suspension.

Documentation of audits will be maintained.

1.3 Responsible Party: Resident Wellness Director/Designee

1.4 Time line: To be implemented by 5/31/25

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented [redacted] - 06/18/2025)

42b Abuse/Neglect

4. 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

On [redacted] during morning wake up staff member A was performing a one-person transfer of resident [redacted] from [redacted] bed to [redacted] wheelchair. Staff member A indicated [redacted] would have requested a second staff member to assist [redacted] with resident [redacted] transfer. However, due to staff member A's belief that there was insufficient staff availability to assist with the resident [redacted] transfer staff member A attempted to perform the transfer by [redacted] Staff member A assisted resident [redacted] to a seated position in [redacted] bed by pulling resident [redacted] to an upright position by [redacted] arms. During this movement resident [redacted] who has limited use of [redacted] left arm experienced significant pain (7 out of 10, on a 1 through 10 pain scale) and verbalized [redacted] discomfort by stating ow multiple times. Resident [redacted], in response to [redacted] pain, willfully "slipped off of the edge of the bed, out of staff member A's grasp and onto the bedroom floor to get away" from staff member A. On [redacted] at approximately 8:00 p.m., resident [redacted] reported to the home that [redacted] was experiencing pain in [redacted] left shoulder. On [redacted] an X ray of resident # [redacted] left arm resulted in a diagnosis of an acute impacted fracture at the base of the humerus of the left shoulder with slight inferior subluxation of the shoulder joint.

Plan of Correction

Accept [redacted] - 05/22/2025)

Short Term Actions

1. Seek treatment of injuries

1.1 Action Plan: Ensure proper handling techniques to avoid resident discomfort and injury.

1.2 Steps:

Resident sent to ER for treatment of [redacted] left shoulder.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Completed on 4/30/25

42b Abuse/Neglect (continued)

Long Term Actions

1 Conduct staff training on resident handling

2.1 Action Plan: Establish a routine training program to reinforce proper care techniques.

2.2 Steps:

Conduct an emergency training session for staff on correct resident transfer techniques.

Include specific focus on handling residents with limited mobility or existing injuries.

Reiterate the importance of calling for assistance when needed.

New team members will be trained during general orientation

Documentation will be maintained.

2.3 Responsible Party: Resident Wellness Director

2.4 Time line: Completed on 5/1/25

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented [redacted] - 06/18/2025)

201 Positive interventions

5. Requirements

2800.

201. Safe Management Techniques - The residence shall use positive interventions to modify or eliminate a behavior that endangers the resident [redacted] or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On multiple dates resident [redacted] has initiated physical aggression towards fellow residents residing in the home's Life Stories secured memory unit to include, on [redacted] at approximal 5:34p.m., resident [redacted] struck a [redacted] resident in the face with an open hand, on [redacted], at approximately 1:54 p.m., and on [redacted] at 7:45 p.m., resident [redacted] slapped another [redacted] resident on the leg. However, the residence has not successfully implemented positive interventions that have modified or eliminated resident [redacted]'s physically aggressive resident on resident behaviors.

Plan of Correction

Accept [redacted] - 05/22/2025)

Short Term Actions

2. Immediate Behavior Assessment for Resident [redacted]

201 Positive interventions (continued)

2.1 Action Plan: To identify triggers and suitable positive interventions for resident [REDACTED].

2.2 Steps:

Re assess resident to ensure triggers are documented.

Document all findings and suggested interventions in resident [REDACTED] care plan and implement accordingly.

Reassess resident semi annually, at least, to ensure up to date assessment.

2.3 Responsible Party: Resident Wellness Director

2.4 Time line: Completed on 4/26/25

Long Term Actions

1. Conduct Staff Training on Positive Interventions

1.1 Action Plan: To ensure staff effectively utilize positive interventions to manage resident behavior.

1.2 Steps:

Conduct a staff training session on positive interventions and de escalation techniques.

New team members will be trained during general orientation.

Documentation of training will be maintained.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Completed on 5/1/25

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented [REDACTED] - 06/18/2025)

225a2 Assessment – significant change

6. Requirements

2800.

225.a.2. 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: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] most recent assessment completed on [REDACTED] indicated a transfer bed/chair need of physical lifting on

225a2 Assessment – significant change (continued)

the part of the care team never to exceed 50 pounds plus 1, and a plan to meet this need of resident [REDACTED] now needs assistance of two staff in order to transfer safely. Resident [REDACTED] previous assessment completed on [REDACTED], indicated a transfer bed/chair need of physical lifting on the part of the care team never to exceed 50 pounds, plus 1. and a plan to meet this need of resident [REDACTED] will need and assist of 1 for transfers. However, multiple interviews indicate that during the past several months resident [REDACTED] has needed a two-person assist on multiple occasions to transfer [REDACTED] from [REDACTED] bed to [REDACTED] wheelchair.

Plan of Correction

Accept [REDACTED] - 05/22/2025)

Short Term Actions**1. Reassess Resident [REDACTED]**

1.1 Action Plan: To ensure the current transfer needs of Resident [REDACTED] are accurately documented and supported by appropriate care planning.

1.2 Steps:

Resident will be reassessed to ensure that all needs are captured and up to date.

Updates will be documented on resident assessment.

1.3 Responsible Party: Resident Wellness Director**1.4 Time line: To be completed by 5/22/25****2. Staff Training on Significant Change Reporting**

2.1 Action Plan: To ensure that staff are aware of the importance of reporting significant changes in resident conditions and their responsibility in initiating reassessment procedures.

2.2 Steps:

Conduct a training session on recognizing and reporting significant changes in resident's health or physical condition.

Training for new team members will occur during general orientation.

Documentation of training will be maintained.

2.3 Responsible Party: Resident Wellness Director**2.4 Time line: Completed on 5/1/25**

225a2 Assessment – significant change (continued)

Long Term Actions

1. Annual R

1.1 Action Plan: To regularly update and improve assessment procedures ensuring alignment with state regulations and resident needs.

1.2 Steps:

Review and revise assessments semi annually or with significant change to ensure compliance

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: To be implemented by 5/31/25

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented [REDACTED] - 06/18/2025)