

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

September 25, 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 07/11/2025, 07/21/2025, 08/05/2025 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:** 87 **Waking Staff:** 65

Inspection Information

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

Reason: Complaint, Incident **Exit Conference Date:** 08/05/2025

Inspection Dates and Department Representative

07/11/2025 - On-Site: [REDACTED]

07/21/2025 - Off-Site: [REDACTED]

08/05/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 74	Residents Served: 58		
Special Care Unit			
In Home: Yes	Area: Life Stories	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: 58		
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 29	Have Physical Disability: 1		

Inspections / Reviews

07/11/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/05/2025

Inspections / Reviews *(continued)*

09/12/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/22/2025

09/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c Dignity/Respect

1. Requirements

2800.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] at approximately 4:30 p.m., resident [REDACTED] got up from the table in the dining room and walked over behind resident [REDACTED] who was sitting at a nearby table. Resident [REDACTED] then began shaking resident [REDACTED]'s chair back and forth, smacked resident [REDACTED] in the head and grabbed resident [REDACTED] by the wrists. This incident was witnessed by staff persons A & B who were in the dining room at the time. Staff persons A & B were able to separate the residents; however, resident [REDACTED] was hysterical, screaming, crying and agitated the rest of the night and scared after the incident.

Plan of Correction

Accept [REDACTED] - 09/12/2025)

Short Term Actions

1. Assess and Address Resident [REDACTED]'s Emotional and Physical Well-being

1.1 Action Plan: To ensure Resident [REDACTED]'s emotional and physical well-being is attended to promptly after the incident.

1.2 Steps:

- Resident 2 was immediately assessed by staff for any serious injury. No injury was noted, and staff monitored resident 2 to provide counseling techniques to ensure emotional and psychological wellbeing. Resident did not have any further complaints of the incident following that day.

- Family, PCP, and local agency on aging were all notified of the incident that day.

- 1.3 Time line: Completed on 4/26/25

2. Immediate Staff Training on Conflict Resolution and Resident Interaction

2.1 Action Plan: To equip staff with the skills necessary to manage resident conflicts and interactions effectively and respectfully.

2.2 Steps:

- A training session was completed on 4/28/25 during our all staff meeting that addressed safely redirecting residents with agitation, and how to safely achieve conflict resolution. Record of the meeting was maintained, as well as attendance from all staff members.

2.3 Responsible Party: Resident Wellness Director/

2.4 Time line: 4/28/25

Long Term Action 1. Ongoing Training and Development Programs

1.1 Action Plan: To maintain and improve staff competencies in managing resident behavior and fostering a respectful living environment.

1.2 Steps:

- Implement quarterly training programs focusing on treat residents with dignity and respect and conflict management.

- Schedule regular reviews to reflect on case studies and learn from past incidents.

1.3 Responsible Party: Life Stories Director/Resident Wellness Director

1.4 Time line: Quarterly beginning on 9/29/25.

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented [REDACTED] 09/25/2025)

185a Storage procedures

2. 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

The residence's medication policy indicates that "Controlled Substances to the community for secured storage will be documented by initiating a count-down sheet for each medication received. Additionally, controlled substances will be documented in the resident's medical record to include the date, time medication, dosage, and quantity received. The entry will contain signature, title and date of team member receiving the controlled substances."

However, the residence did not follow the medication policy on the following dates/times:

- *Resident [REDACTED] was prescribed [REDACTED], take one tablet by mouth every 12 hours. The medication was dispensed on [REDACTED] with 30 tablets; however, the controlled substances count sheets, dated [REDACTED], did not indicate the staff person receiving the controlled substance, and did not indicate the administration of the medication.*
- *Resident [REDACTED] was prescribed [REDACTED] take one tablet by mouth every 12 hours. The medication was dispensed on [REDACTED] with 30 of 60 tablets; however, no count sheet was available for these tablets. Therefore, 30 tablets were not accounted for in the residence.*
- *Resident [REDACTED] was prescribed [REDACTED], take one tablet by mouth every 12 hours. The medication was dispensed on [REDACTED] with 30 tablets; however, the controlled substances count sheet was not dated, did not indicate the staff person receiving the controlled substance, and did not indicate the quantity of medication received. The count sheet indicated 12 tablets were administered. Therefore, 18 tablets were not accounted for in the residence.*
- *Resident [REDACTED] was prescribed [REDACTED], take one tablet by mouth every night at bedtime. The medication was dispensed on [REDACTED] with 30 tablets; however, the controlled substances count sheet was not dated, did not indicate the staff person receiving the controlled substance, and did not indicate the quantity of medication received. The count sheet indicated 2 tablets were administered, and 4 tablets were destroyed. Therefore, 24 tablets were not accounted for in the residence.*
- *Resident [REDACTED] was prescribed [REDACTED], take one tablet by mouth as needed for 15-days. The medication was dispensed on [REDACTED] with 15 tablets; however, the controlled substances count sheet was not dated, did not indicate the staff person receiving the controlled substance, did not indicate the quantity of medication received, and did not indicate the administration of the medication. Therefore, 15 tablets were not accounted for in the residence.*

Plan of Correction

Accept ([REDACTED] - 09/12/2025)

Short Term Actions

1. Immediate Documentation & Reconciliation

1.1 Action Plan: Ensure accurate documentation of all controlled substances currently within the facility.

1.2 Steps:

- *Conduct an immediate reconciliation of all controlled substances in the facility.*
- *Verify that count sheets exist for each controlled substance and are filled out accurately.*
- *Document and sign-off all existing medication entries as per regulatory standards.*

185a Storage procedures (continued)

- Report any discrepancies immediately to the management team.

1.3 Responsible Party: Resident Wellness Director/ Executive Operations Officer

1.4 Time line: 4/26/25

Long Term Actions

1. Regular Audits and Quality Assurance

1.1 Action Plan: Establish ongoing compliance and early identification of issues in medication management.

1.2 Steps:

- Establish monthly audits of medication management practices and documentation.
- Develop a checklist to be used during audits to ensure consistency.
- Allocate a team to independently verify documentation during audits.
- Quarterly review of audit outcomes by the management to implement any necessary changes.

1.3 Responsible Party: Resident Wellness Director/Wellness Associates

1.4 Time line: 4/28/25

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented (█ - 09/25/2025)

187d Follow prescriber's orders

3. Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident █ was prescribed █, take one half tablet by mouth once daily. However, resident █ was not administered this medication on █ at 9:00 a.m.

Resident █ was prescribed █, take one tablet by mouth every night at bedtime. However, resident █ was not administered this medication on █ at 10:00 p.m.

Resident █ was prescribed █, take one tablet by mouth three times a day. However, resident █ was not administered this medication on █ at 8:00 p.m., and █ at 6:00 p.m.

Resident █ was prescribed █ take one tablet by mouth every 12 hours. However, resident █ was not administered this medication on █ at 8:00 a.m.

Resident #6 was prescribed █ take one tablet by mouth twice daily. However, resident #6 was not administered this medication on █ at 8:00 p.m.

Plan of Correction

Accept █ - 09/12/2025)

Short Term Actions

1. Medication Administration Audit

1.1 Action Plan: Ensure all prescribed medications are administered as directed.

1.2 Steps:

- Perform an immediate review of medication administration records (MAR) for all affected residents.

187d Follow prescriber's orders (continued)

- Identify any discrepancies and document them.
- Rectify any missed doses immediately upon discovery with prescriber's input.
- Ensure all current medications are administered per prescription directions.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: 4/26/25

2. Staff Training on Medication Administration

2.1 Action Plan: Educate staff on proper medication administration protocols and the importance of following prescriber directions.

2.2 Steps:

- Conduct a training session for all nursing staff regarding medication administration and documentation.
- Emphasize the importance of following prescriber instructions as per 2800.187.d regulation.
- Include a competency assessment to ensure staff understanding.
- Collect feedback to address any staff concerns or misunderstandings.

2.3 Responsible Party: Resident Wellness Director

2.4 Time line: 4/28/25

Long Term Actions

1. Regular Medication Administration Audits

1.1 Action Plan: Sustain adherence to prescriber instructions and regulatory compliance over time.

1.2 Steps:

- Implement a schedule for monthly audits of medication administration records (MAR).
- Address any non-compliance issues immediately upon discovery.
- Utilize audit results to guide continuous improvement in staff training.
- Maintain documentation of audits and any corrective actions initiated.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: 4/28/25

2. Ongoing Staff Training and Competency Checks

2.1 Action Plan: Maintain high standards of medication administration through consistent staff training.

2.2 Steps:

- Develop a quarterly training program on medication administration best practices.
- Incorporate assessments to verify continued staff competence and compliance.
- Adjust training content based on audit findings and staff feedback.
- Document all trainings and results for quality assurance review.

2.3 Responsible Party: Resident Wellness Director

2.4 Time line: Quarterly beginning on 9/29/25

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented ██████████ 09/25/2025)

234b Support plan - elements**4. Requirements**

2800.

234.b. Plan requirements.

1. The support plan and if applicable, the rehabilitation plan, must identify the resident's physical, medical, social, cognitive and safety needs.

234b Support plan - elements (continued)

Description of Violation

The support plan, dated [REDACTED], for resident [REDACTED] stated that the resident had an altercation with another resident and was sent to the hospital for evaluation; however, the support plan does not address how the resident's behavioral needs will be met at the residence.

Plan of Correction

Accept [REDACTED] - 09/12/2025)

*Short Term Actions**1. Update Resident's Support Plan*

1.1 Action Plan: Ensure the Support Plan includes all the required aspects of the resident's needs, including behavioral needs.

1.2 Steps:

- Review resident [REDACTED]'s current support plan with the care team.
 - Document the revised support plan, ensuring all physical, medical, social, cognitive, and safety needs are addressed.
- Additional information was added on how to safely care for the residents needs in the home.*

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: 4/26/25

*Long Term Actions**1. Regular Review of Support Plans*

1.1 Action Plan: Ensure that all resident support plans are regularly reviewed and updated to reflect any changes.

1.2 Steps:

- Set a schedule for quarterly reviews of all resident support plans.
- Use a checklist to ensure all aspects of residents' physical, medical, social, cognitive, and safety needs are addressed.
- Document and address any new behavioral observations immediately.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: Quarterly beginning on 9/29/25

2. Ongoing Behavioral Management Training for Staff

2.1 Action Plan: Maintain high competency levels in behavioral management among the staff continuously.

2.2 Steps:

- Include behavioral management training in the annual staff training curriculum.
- Conduct regular workshops and seminars on the latest strategies in behavioral management.
- Evaluate staff understanding and competency through periodic assessments.

2.3 Responsible Party: Life Stories Director/Resident Wellness Director

2.4 Time line: Quarterly beginning on 9/29/25

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented [REDACTED] - 09/25/2025)