



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 12, 2016

Ms. Loriann Putzier, President & COO
Tithonus Clearfield, LP
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: Colonial Courtyard at Clearfield
1300 Leonard Street
Clearfield, Pennsylvania 16830
Certificate #: 447330

Dear Ms. Putzier:

As a result of the Department of Human Services' licensing inspection on July 19 and 20, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Sincerely,

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Pg 1

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

PCH Name: Colonial Courtyard at Clearfield		License Number: 447330	
Address: 1300 Leonard Street Clearfield, Pennsylvania 16830		County: Clearfield	
Administrator: Candy Shomo			
Legal Entity Name: Tithonus Clearfield, LP			
Legal Entity Address: 6600 Brooktree Court., Suite 1000 Wexford, Pennsylvania 15090			
Certificate(s) of Occupancy: I-1, I-2 (Lawrence Twp.) 12/28/15			
Type of Inspection: Partial			
Reason(s) for Inspection(s): Complaint			
On-Site Inspections Dates and Department Representatives On-Site: July 19-20, 2016 Doug Hoover			
Off-Site Inspection Dates and Inspectors, if Applicable: NA			
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 74 Number of Residents Served: 34 Secured Dementia Care Unit in Home: Yes Area: 1 st Floor Secured Unit Capacity, If Applicable: 17 Number of Residents Served in Secured Dementia Care Unit, if applicable: 4 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0	
		<div style="font-size: 24px; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 18px; font-weight: bold; margin: 5px 0;">SEP 14 2016</div> <div style="font-size: 14px; font-weight: bold; margin: 0;">CENTRAL REGION FIELD OFFICE Human Services Licensing</div>	

Pg 2

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation

185a - 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.

Violation

Six glucometers were audited for calibration and blood sugar readings, as compared with entries on the medication administration records (MARs) for Residents' #1, #2, #3, #4, #5 and #6. None of the glucometers were calibrated for date and time. All six glucometers did not sequentially match with the blood sugar readings documented in the MARs from July 1, 2016 to July 19, 2016. The residence did not have procedures for the safe use, access and security of glucometers by trained staff persons.

Plan of Correction

See attached. Page 2A & B of 4-2E

Attached

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

Candy Shome, Executive Director

Candy Shome Date 9-13-16

DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-15-16
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 9-15-16 :
(Date)

- ☐ Fully Implemented
- ☒ Partially Implemented – Adequate Progress
- ☐ Partially Implemented – Inadequate Progress
- ☐ Not Implemented

PLAN OF CORRECTION

Page 2 of 4 Pg 3

Community Name: Colonial Courtyard at Clearfield

License Number: 447330

Date of Visit: July 19th and July 20th

Date of Submission: August 31, 2016

1. Violation Review: Six glucometer were audited for calibration and blood sugar readings, as compared with entries on the medication administration records (MARS) for residents #1, #2, #3, #4, #5, #6. None of the glucometers were calibrated for date and time. All six glucometers did not sequentially match with the blood sugar readings documented in MARS from July 1 to July 19, 2016. The residence did not have procedures for the safe use, access and security of glucometers by trained staff persons.
2. Violation Interpretative Statement: 2800 185a – The residence shall develop and implement procedures for safe storage, access, security, distributions and use of medications and medical equipment by trained staff persons.
3. Review the benefit of the Regulation, per RCG: Reduces the risk that medications and medical equipment will be misplaced, lost or misused
4. Description of the Repair of the Immediate Problem: Glucometers were calibrated immediately on 7-19-16. Memory was checked the following day, they were consistent with no discrepancies
5. Determine / document the Root Cause of the Violation: Glucometers were not calibrated to accurately reflect actual date and time, therefore cross-walk of the results was not obtainable
6. Detail Action Steps / System Developed to prevent future occurrence: Policy was drafted to address the use, access and security of individual Residents glucometers. Staff trained on the policy, specifically to include recalibration steps, standards and documentation requirements to ensure proper use, access and security of individual Resident glucometers; Log created to document the calibration, and the weekly recording of readings to match the entry in the QMAR system for each resident, as appropriate. The monitor of this log will be weekly, and conducted by the ED/DRCS.

Authorized Signature

Candy Shomo

Date: 9-13-16

Plan of Correction Template

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7. Designated position responsible and specify target date for correction: LPN/MA/RN, DRCS, Executive Director. Immediate and on going.

pg 4

Authorized Signature

Candy Shover

Date:

9-13-16

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pg 4

P 15

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation

186b - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Violation

On July 14, 2016 at approximately 6:00 pm, Direct Care Staff Member A administered a *Transderm NTG.*, 0.4 mg. nitroglycerin patch to Resident #8 that was prescribed for Resident #7.

Plan of Correction

See attached Page 3A of 4. - SE

Attached

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

Candy Shonis

Date 9-13-16

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PLAN OF CORRECTION

Page 3 of 4

R/B

Community Name: Colonial Courtyard at Clearfield

License Number: 447330

Date of Visit: July 19th and July 20th 2016

Date of Submission: August 31, 2016

1. Violation Review: On July 14, 2016 at approximately 6:00pm. Direct Care Staff member A administered a Transderm NGT, 0.4mg nitroglycerin patch to a resident #8 that was prescribed for Resident #7
2. Violation Interpretative Statement: 2800 186b – prescription medication shall be used only by the resident for whom the prescriptions was prescribed
3. Review the benefit of the Regulation, per RCG: Ensures residents do not receive medications that were not prescribed for them
4. Description of the Repair of the Immediate Problem: Posted a laminated memo, informing all LPN/MA where to order emergency medications when a medication will not be available for administration.
5. Determine / document the Root Cause of the Violation: Pharmacy called and instructed LPN and MA to borrow a patch from one of the residents, who was also on the same dose. And they would replace it the next day.
6. Detail Action Steps / System Developed to prevent future occurrence: Copied the 186B reg and went over it with the LPN/MA , to give a better understanding as to why this cannot occur. The team voiced their understanding. The carts will be monitored closely to ensure that all medications for each resident are available for administration. This will be conducted by the 11-7 charge nurse weekly, and sign off the audit sheet stating it was completed.
7. Designated position responsible and specify target date for correction: LPN/MA and in the future DRCS, this was immediate and on going

Authorized Signature

Candy Shomo

Date:

9-13-16

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation

187d - The residence shall follow the directions of the prescriber.

Violation

The following 8:00 am medications were not administered, as the residence did not have the medications on hand:

- Resident #2's **Ziprasidone, 20 mg.** on 7/8/16
- Resident #5's **Meloxicam, 15 mg.** on 7/16/16

Resident #3 is prescribed **Lorazepam, 0.5 mg.** to be administered every six hours as needed for anxiety/insomnia. The pro re nata (PRN) medication was administered routinely to the resident every evening from July 1, 2016 to July 19, 2016, with the exception of July 6, 9, 10 and 15, 2016. During an interview on July 20, 2016, Resident #3 stated, "They just give it to me, I don't ask for it."

Plan of Correction

See attached page 4A + 4B of 4 - GE

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Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

Cindy Shome
Cindy Shome

Date 9-13-16

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Community Name: Colonial Courtyard at Clearfield

License Number: 447330

Date of Visit: July 19th and July 20th 2016

Date of Submission: August 31, 2016

1. Violation Review: The following 8:00am medications were not administered, as the residence did not have the medications on hand: Resident #2- Ziprasidone, 20mg on 7/8/16 and Resident #5 Meloxicam, 15mg on 7/16/16. Resident #3 is prescribed Lorazepam 0.5mg to be administered every six hours as needed for anxiety/insomnia. The pro re nata (PRN) medications was administered routinely to the resident every evening from July 1, 2016 to July 19, 2016 with the exception of July 6, 9, 10 and 15 2016. During an interview on July 20th 2016 resident #3 stated, "They just give it to me, I don't ask for it".
2. Violation Interpretative Statement: 2800 187d – the residence shall follow the directions of the prescriber
3. Review the benefit of the Regulation, per RCG: Ensures that residents receive medications and treatments as ordered by a physician
4. Description of the Repair of the Immediate Problem: EMAR was audited and all PRN medications being used routinely were identified and an order was obtained to change those medications to routine by the physician. The two medications in question about not being available was an error on when the LPN cleared the flag. The time the Pharmacy enters the new order and when the medication is received to administer are two different times. The staff needs to push the real time when checking the medications against the EMAR when it is received. This will avoid errors on administration time and when medications are received.
5. Determine / document the Root Cause of the Violation: LPN\MA failed to follow policy for PRN medications. Staff has been educated on the EMAR. A refresher course has been set up for review of all LPN/MA. This is available to them at their convenience by the 23rd of September.
6. Detail Action Steps / System Developed to prevent future occurrence: Cart audits have been implemented, 11-7 LPN is responsible for conducting the audits, an audit log has been created to track the audits. This will be the responsibility of the Executive Director, DRCS to follow up on the audits to ensure they are being completed. Barbara Kephart, charge nurse on 3-11 will audit

Authorized Signature

Candy Shomo

Date:

9-13-16

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the times for clearing medications flags to ensure that the start times, are accurate with the time the medication arrives in the community.

7. Designated position responsible and specify target date for correction: LPN/MA, Executive Director, and in the future DRCS, this was immediate and on going

Authorized Signature

Andy Thomas

Date: 9-13-16

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