Department of Human Services
Bureau of Human Service Licensing

January 19, 2021

MEGAN CAMPBELL , CHIEF OPERATIONS OFFICER
TITHONUS CLEARFIELD LP
6600 BROOKTREE COURT,SUITE 1000
WEXFORD, PA 15090

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

Dear Ms. Campbell ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2020, 09/14/2020, 09/15/2020, 09/16/2020, 09/17/2020, 09/21/2020, 09/28/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jody Garvey

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *COLONIAL COURTYARD AT CLEARFIELD* **License #**: *44733* **License Expiration Date**: *03/28/2021*
Address: *1300 LEONARD STREET, CLEARFIELD, PA 16830*
County: *CLEARFIELD* **Region**: *WESTERN*

Administrator

Name: *Miranda Coulter* **Phone**: *8147652246* **Email**: *mcoulter@integracare.com*

Legal Entity

Name: *TITHONUS CLEARFIELD LP*
Address: *6600 BROOKTREE COURT,SUITE 1000, WEXFORD, PA, 15090*
Phone: *8147652246* **Email**: *LPUTZIER@INTEGRACARE.COM*

Certificate(s) of Occupancy

Type: *I-1* **Date**: *12/28/2015* **Issued By**: *Lawrence Township*
Type: *I-2* **Date**: *12/28/2015* **Issued By**: *Lawrence Township*

Staffing Hours

Resident Support Staff: *92* **Total Daily Staff**: *192* **Waking Staff**: *144*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Complaint* **Exit Conference Date**: *09/28/2020*

Inspection Dates and Department Representative

09/11/2020 - On-Site: Thomas Smith

09/14/2020 - Off-Site: Thomas Smith

09/15/2020 - Off-Site: Thomas Smith

09/16/2020 - Off-Site: Thomas Smith

09/17/2020 - Off-Site: Thomas Smith

09/21/2020 - Off-Site: Thomas Smith

09/28/2020 - Off-Site: Thomas Smith

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* **Residents Served**: *70*

Special Care Unit

In Home: *Yes* **Area**: *22* **Capacity**: *21* **Residents Served**: *21*

Hospice

Current Residents: *0*

Resident Demographic Data as of Inspection Dates *(continued)*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *70*
Diagnosed with Mental Illness: *1*
Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *30*
Have Physical Disability: *1*

Inspections / Reviews

09/11/2020 - Partial

Lead Inspector: *Thomas Smith* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/18/2020*

10/19/2020 - POC Submission

Lead Reviewer: *Jody Garvey* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/23/2020*

10/27/2020 - POC Submission

Lead Reviewer: *Jody Garvey* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/28/2020*

1/15/2021 - Document Submission

Lead Reviewer: *Jody Garvey* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *01/18/2021*

1/19/2021 - Document Submission

Lead Reviewer: *Jody Garvey* **Follow-Up Type**: *Not Required*

42b Abuse/Neglect

1. 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

Resident #1's medical evaluation, dated 5/20/20, indicated that the resident had a left heel ulcer that should be elevated off of the bed and checked daily, any problems should be reported to the resident's physician. The resident was prescribed Hysept 0.25% solution-apply soak to left heel 2 times a day for 30 minutes and Zinc Oxide-apply to left heel after Hysept soak 2 times per day. Resident #1's August 2020 Medication Administration Record (MAR) indicated that the resident refused treatment for the left heel ulcer 17 times in August 2020. Multiple staff interviews also indicated that the resident frequently refused to let the staff look at the wound. On 8/27/20, treatment for the wound was discontinued by the resident's physician after being notified in writing by the residence that the left heel wound was looking a lot better and was not open.

Multiple staff members indicated that they noticed an odor coming from the wound on resident #1's heel on numerous dates to include 9/2/20 and 9/3/20. On 9/3/20, at approximately 5:00 a.m., staff person A and staff person B looked at the wound and found that there were multiple maggots moving around in the wound. The staff members contacted the resident's [redacted] and notified [redacted] that the resident would need to be sent to the Emergency Room (ER). Multiple staff members indicated staff person C, the residence's administrator, told staff not to send the resident to the ER because it will be reported to the state. Staff person C requested a follow up with a wound center instead. After being unable to obtain an immediate wound care appointment, the resident was transported to the hospital ER and arrived at [redacted], the wound was diagnosed as "unspecified" and described as going down to the bone. On [redacted] the resident was diagnosed with a stage three non-healing pressure ulcer to [redacted] left heel with associated Osteomyelitis.

42b Abuse/Neglect *(continued)*

Plan of Correction **Accept**

Community Name: Colonial Courtyard at Clearfield
License Number:447330
Date of Visit:9/11/20
Date of Submission: 10/18/20; revised 10/23/20

1. Violation Review: 2800.42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2. Violation Interpretative Statement:
Resident #1's medical evaluation, dated 5/20/20, indicated that the resident had a left heel ulcer that should be elevated off of the bed and checked daily, any problems should be reported to the resident's physician. The resident was prescribed Hysept 0.25% solution-apply soak to left heel 2 times a day for 30 minutes and Zinc Oxide-apply to left heel after Hysept soak 2 times per day. Resident #1's August 2020 Medication Administration Record (MAR) indicated that the resident refused treatment for the left heel ulcer 17 times in August 2020. Multiple staff interviews also indicated that the resident frequently refused to let the staff look at the wound. On 8/27/20, treatment for the wound was discontinued by the resident's physician after being notified in writing by the residence that the left heel wound was looking a lot better and was not open.

Multiple staff members indicated that they noticed an odor coming from the wound on resident #1's heel on numerous dates to include 9/2/20 and 9/3/20. On 9/3/20, at approximately 5:00 a.m., staff person A and staff person B looked at the wound and found that there were multiple maggots moving around in the wound. The staff members contacted the resident's [redacted] and notified [redacted] that the resident would need to be sent to the Emergency Room (ER). Multiple staff members indicated staff person C, the residence's administrator, told staff not to send the resident to the ER because it will be reported to the state. Staff person C requested a follow up with a wound center instead. After being unable to obtain an immediate wound care appointment, the resident was transported to the hospital ER and arrived at [redacted] the wound was diagnosed as "unspecified" and described as going down to the bone. On [redacted], the resident was diagnosed with a stage three non-healing pressure ulcer to [redacted] left heel with associated osteomyelitis.

3. Review the benefit of the Regulation, per RCG: Protects residents from abuse and neglect.

4. Description of the Repair of the Immediate Problem: Resident transported to ER at request of wound clinic due to not being able to give same day appointment on same day as change in left heel was identified. Administrator self-reported this event on the same day that it occurred to DHS. Re-training of MA/LPN team members on timely and accurate documentation/refusal policy, refusal documentation which includes communicating and elevating concerns to administrator, and refusal education of resident. Procedures regarding and assessment of wounds and high-risk areas was held 10/21/20. Education and communication with aforementioned staff and resident/family will be ongoing and documentation of such will be maintained.

5. Determine / document the Root Cause of the Violation: Root cause analysis revealed breakdown in communication and elevation of concerns to administrator did not occur timely. We also identified a need for wound care/prevention and infection control training as well as abuse/neglect training.

6. Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice? EOO or designee will review resident or staff concerns/situations to rule out resident abuse and neglect.

b. Teaching or Training? Retrain staff on what constitutes abuse and neglect and the interpretation as outlined in RCG. Abuse and Neglect training is done annually and with all new hires. Infection Control Training will be conducted for all staff at our all October all staff to be held on 10/29/20. Wound prevention training will be held at our resident wellness department meeting on 10/29/20. Re-training of MA/LPN team members on timely and accurate documentation/refusal policy, refusal documentation which includes communicating and elevating concerns to administrator, and refusal education of resident. Procedures regarding and assessment of wounds and high-risk areas was held 10/21/20. Education and communication with aforementioned staff and resident/family will be ongoing and documentation of such will be maintained.

c. On-going Monitoring? Communication log will be checked daily on weekdays by Administrator. Refusal tracker will be monitored daily on weekdays and documentation will be maintained.

7. Designated position responsible and specify target date for correction. MA/LPN/RWD/EOO 10/29/20

Completion Date: *10/29/2020*

42b Abuse/Neglect *(continued)*

Document Submission	Implemented
Re-training of MA/LPN team members on timely and accurate documentation/refusal policy, refusal documentation which includes communicating and elevating concerns to administrator, and refusal education of resident and Procedures regarding and assessment of wounds and high-risk areas occurred 10/21. wound care and infection control and abuse/neglect training. 10/29	

142b Secure care-choice of phys

1. Requirements

2800.

142.b. The residence shall assist the resident to secure medical care and supplemental health care services.

3. The residence shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident #1's medical evaluation, dated 5/20/20, indicated that the resident had a left heel ulcer that should be elevated off of the bed and checked daily, any problems should be reported to the resident's physician. The resident was prescribed Hysept 0.25% solution-apply soak to left heel 2 times a day for 30 minutes and Zinc Oxide-apply to left heel after Hysept soak 2 times per day. Resident #1's August 2020 MAR indicated that the resident refused treatment for the left heel ulcer 17 times in August 2020. Multiple staff interviews also indicated that the resident frequently refused to let the staff look at the wound. On 8/27/20, treatment for the wound was discontinued by the resident's physician after being notified in writing by the residence that the left heel wound was looking a lot better and was not open.

Multiple staff members indicated that they noticed an odor coming from the wound on resident #1's heel on numerous dates to include 9/2/20 and 9/3/20. On 9/3/20, at approximately 5:00 a.m., staff person A and staff person B looked at the wound and found that there were multiple maggots moving around in the wound. The staff members contacted the resident's [redacted] and notified [redacted] that the resident would need to be sent to the ER. Multiple staff members indicated staff person C, the residence's administrator, told staff not to send the resident to the ER because it will be reported to the state. Staff person C requested a follow up with a wound center instead. After being unable to obtain an immediate wound care appointment, the resident was transported to the hospital ER and arrived at [redacted], the wound was diagnosed as "unspecified" and described as going down to the bone. On [redacted], the resident was diagnosed with a stage three non-healing pressure ulcer to [redacted] left heel with associated Osteomyelitis.

142b Secure care-choice of phys *(continued)*

Plan of Correction **Accept**

Community Name: Colonial Courtyard at Clearfield
License Number: 447330
Date of Visit: 9/11/20
Date of Submission: 10/18/20; revised 10/23/20

1. Violation Review: 2800.142 (b) The residence shall assist the resident to secure medical care and supplemental health care services. The residence shall document the resident's need for the medical care including updating resident's assessment and supporting plan.

2. Violation Interpretative Statement:
Resident #1's medical evaluation, dated 5/20/20, indicated that the resident had a left heel ulcer that should be elevated off of the bed and checked daily, any problems should be reported to the resident's physician. The resident was prescribed Hysept 0.25% solution-apply soak to left heel 2 times a day for 30 minutes and Zinc Oxide-apply to left heel after Hysept soak 2 times per day. Resident #1's August 2020 MAR indicated that the resident refused treatment for the left heel ulcer 17 times in August 2020. Multiple staff interviews also indicated that the resident frequently refused to let the staff look at the wound. On 8/27/20, treatment for the wound was discontinued by the resident's physician after being notified in writing by the residence that the left heel wound was looking a lot better and was not open.

Multiple staff members indicated that they noticed an odor coming from the wound on resident #1's heel on numerous dates to include 9/2/20 and 9/3/20. On 9/3/20, at approximately 5:00 a.m., staff person A and staff person B looked at the wound and found that there were multiple maggots moving around in the wound. The staff members contacted the resident's [redacted] and notified [redacted] that the resident would need to be sent to the ER. Multiple staff members indicated staff person C, the residence's administrator, told staff not to send the resident to the ER because it will be reported to the state. Staff person C requested a follow up with a wound center instead. After being unable to obtain an immediate wound care appointment, the resident was transported to the hospital ER and arrived at [redacted], the wound was diagnosed as "unspecified" and described as going down to the bone. On [redacted], the resident was diagnosed with a stage three non-healing pressure ulcer to [redacted] left heel with associated Osteomyelitis.

3. Review the benefit of the Regulation, per RCG: Allows residences to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

4. Determine / document the Root Cause of the Violation: Root cause analysis revealed a gap in process in reflecting changes in medical care including resident's assessment to the support plan (including ASP and ADME).

5. Review the benefit of the Regulation, per RCG: As service needs of resident's change, updating the support plan permits person centered care.

6. Description of the Repair of the Immediate Problem: Resident #1 ASP updated on 10/17/20 and ADME updated on 10/16/20 to reflect his current needs as well as potential for resistance to care.

7. Determine / document the Root Cause of the Violation: Root cause analysis revealed a gap in the process for updating resident care needs on the assessment and support plan.

8. Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice? Executive Operations Officer or Designee will conduct audits of all ASPs/ADMEs by 11/23/20 to ensure accuracy. Beginning December 1st,2020, 33% of ASPs/ADMEs will be audited/updated monthly until target of 100% quarterly review is met. Documentation of Audits and findings will be maintained.ASP binder has been created and will contain all current annual ASPs as well as any significant change ASP for all current residents by 10/31/20 and the addendum pages utilized in order to allow staff to update for residents. Staff will flag the addendum pages when making a change and administrator will check binder daily for changes/updates. Administrator will review Daily Communication log for updates/changes needed to ASP.

b. Teaching or Training? Re-training of staff regarding notifying Executive Operations Office/ RWD/Designee of any changes to ensure ASP is updated as needed and remains accurate. Training of MA/LPN team members on use of addendum page as well as expectations. Training of wellness team regarding location and use of the ASP binder and expectation regarding their use. Re-training of MA/LPN team members on timely and accurate documentation/refusal policy, refusal documentation which includes communicating and elevating concerns to administrator, and refusal education of resident. Training was held 10/21/20. Procedures regarding and assessment of wounds and high-risk areas training was held 10/21/20. Education and communication with aforementioned staff and resident/family will be ongoing and documentation of such will be maintained. New MA/LPN/Leadership team members will be trained on these items during dept orientation. Documentation of training will be maintained.

c. On-going Monitoring? Executive Operations Officer or Designee will conduct audits of all ASPs/ADMEs by 11/23/20 to ensure accuracy. Beginning December 1st,2020, 33% of ASPs/ADMEs will be audited/updated monthly until target of 100% quarterly review is met. Documentation of Audits and findings will be maintained.

9. Designated position responsible and specify target date for correction. MA/LPN/RWD/EOO 11/23/20

Completion Date: *11/23/2020*

142b Secure care-choice of phys *(continued)*

Document Submission **Implemented**

ASP/ADME corrected and all audited. ASPs/ADMEs scheduled for audit of at least 33% monthly. ASP binder created and training held. Re-training of MA/LPN team members on timely and accurate documentation/refusal policy, refusal documentation which includes communicating and elevating concerns to administrator, and refusal education of resident. Training was held 10/21/20. Procedures regarding and assessment of wounds and high-risk areas training was held 10/21/20.

142c Refusal-medical treatment

1. Requirements

2800.
142.c. If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for medical care shall be documented in the resident's record.

Description of Violation

Resident #1's medical evaluation, dated 5/20/20, indicated that the resident had a left heel ulcer that should be elevated off of the bed and checked daily, any problems should be reported to the resident's physician. The resident was prescribed Hysept 0.25% solution-apply soak to left heel 2 times a day for 30 minutes and Zinc Oxide-apply to left heel after Hysept soak 2 times per day. Resident #1's August 2020 MAR indicated that the resident refused treatment for the left heel ulcer 17 times in August 2020. Multiple staff interviews also indicated that the resident frequently refused to let the staff look at the wound. However, there was no documentation of residence's continued attempts to educate and inform the resident about the need for medical care in the resident's record.

142c Refusal-medical treatment *(continued)*

Plan of Correction **Accept**

Community Name: Colonial Courtyard at Clearfield
License Number:447330
Date of Visit:9/11/20
Date of Submission: 10/18/20; revised 10/23/20

1. Violation Review: 2800.142c If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for medical care shall be documented in the resident's record.

2. Violation Interpretative Statement:Resident #1's medical evaluation, dated 5/20/20, indicated that the resident had a left heel ulcer that should be elevated off of the bed and checked daily, any problems should be reported to the resident's physician. The resident was prescribed Hysept 0.25% solution-apply soak to left heel 2 times a day for 30 minutes and Zinc Oxide-apply to left heel after Hysept soak 2 times per day. Resident #1's August 2020 MAR indicated that the resident refused treatment for the left heel ulcer 17 times in August 2020. Multiple staff interviews also indicated that the resident frequently refused to let the staff look at the wound. However, there was no documentation of residence's continued attempts to educate and inform the resident about the need for medical care in the resident's record.

3. Review the benefit of the Regulation, per RCG: Routine medical care can prevent more serious health-related situations at a later date. Additionally, residences that do not encourage residents to seek care may be subject to licensing enforcement action or criminal charges if a resident suffers harm as a result of his/her refusal.

4. Description of the Repair of the Immediate Problem: Re-training of MA/LPN team members on timely and accurate documentation/refusal policy, refusal documentation which includes communicating and elevating concerns to administrator, and refusal education of resident. Procedures regarding and assessment of wounds and high-risk areas was held 10/21/20. Education and communication with aforementioned staff and resident/family will be ongoing and documentation of such will be maintained. Education/discussion held with family [redacted] via phone conversation) and resident (in person) on 10/22/20 regarding refusals and the risks of refusing care especially regarding wound care. Education and communication with aforementioned staff and resident/family will be ongoing and documentation of such will be maintained.

5. Determine / document the Root Cause of the Violation: Root cause analysis revealed that a process breakdown in the documentation of education for resident refusing care.

6. Detail Action Steps / System Developed to prevent future occurrence:
a. Changing Practice? Executive Operations Officer or designee will audit documentation on resident refusals. Refusal report with education documented will be reviewed daily by Executive Operations Officer or designee daily beginning 10/22/20 until 100% compliance is achieved. Documentation of reviews will be maintained. Residents with multiple refusals/non-compliance will be reviewed for discharge from our community.

b. Re-training of staff regarding timely escalation of concerns of resident conditions/compliance and the importance thereof. Re-training of MA/LPN team members on timely and accurate documentation/refusal policy, refusal documentation, refusal education of resident and procedure regarding and assessment of wounds and high risk areas. New MA/LPN/Leadership team members will be trained on these items during dept orientation. Re-

training of staff to encourage and educate residents as to the importance of wearing socks and shoes when going outside and education as to the risks involved if not wearing them as well of documentation of such education. Documentation of the training will be maintained. Training was held 10/21/20.

c. ongoing monitoring?
Communication log will be checked daily on weekdays by Administrator. Refusal tracker will be monitored daily on weekdays and documentation will be maintained.

7. Designated position responsible and specify target date for correction. MA/LPN/RWD/EOO 10/23/20

Completion Date: *10/23/2020*

142c Refusal-medical treatment *(continued)*

Document Submission **Implemented**

Problem: Re-training of MA/LPN team members on timely and accurate documentation/refusal policy, refusal documentation which includes communicating and elevating concerns to administrator, and refusal education of resident. Comm logs reviewed daily by Administrator. Refusal docs audit. Procedures regarding and assessment of wounds and high-risk areas/encouraging the wearing of socks and shoes was held 10/21/20.

225b Assessment content

1. Requirements

2800.

225.b. The assessment must, at a minimum include the following:

4. The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs.

Description of Violation

Resident #1's medical evaluation, dated 5/20/20, indicated that the resident had a left heel ulcer that should be elevated off of the bed and checked daily, any problems should be reported the resident's physician. The resident was prescribed Hysept 0.25% solution-apply soak to left heal 2 times a day for 30 minutes and Zinc Oxide-apply to left heel after Hysept soak 2 times per day. Resident #1's August 2020 MAR indicated that the resident refused treatment for the left heel ulcer 17 times in August 2020. Multiple staff interviews also indicated that the resident frequently refused to let the staff look at the wound. However, resident #1's most recent Assessment and Support Plan (ASP) dated 5/26/20, does not address the resident's left heel ulcer and indicates the resident has no issues with resistance to care.

225b Assessment content *(continued)*

Plan of Correction **Accept**

Community Name: Colonial Courtyard at Clearfield
License Number:447330
Date of Visit:9/11/20
Date of Submission: 10/18/20; revised 10/23/20

1. Violation Review: 2800.225b The assessment must, at a minimum include the following:
1. The resident's need for assistance with ADLs and IADLs.
2. The mobility needs of the resident.
3. The ability of the resident to self administer medication.
4. The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs.
5. The resident's need for supplemental health care services.
6. The resident's need for special diet or meal requirements.
7. The resident's ability to safely operate key-locking devices.

2. Violation Interpretative Statement: Resident #1's medical evaluation, dated 5/20/20, indicated that the resident had a left heel ulcer that should be elevated off of the bed and checked daily, any problems should be reported the resident's physician. The resident was prescribed Hysept 0.25% solution-apply soak to left heal 2 times a day for 30 minutes and Zinc Oxide-apply to left heel after Hysept soak 2 times per day. Resident #1's August 2020 MAR indicated that the resident refused treatment for the left heel ulcer 17 times in August 2020. Multiple staff interviews also indicated that the resident frequently refused to let the staff look at the wound. However, resident #1's most recent Assessment and Support Plan (ASP) dated 5/26/20, does not address the resident's left heel ulcer and indicates the resident has no issues with resistance to care.

3. Review the benefit of the Regulation, per RCG: Allows residences to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

4. Description of the Repair of the Immediate Problem: ASP was updated on 10/17/20 and ADME was updated 10/16/20 to reflect resident's current needs(wound care) as well as resistance to care. Updated ASP reviewed with resident and signed on 10/23/20. ASP emailed to [redacted] 10/23/20 for [redacted] review and signature. Education and communication with resident/family will be ongoing and documentation of such will be maintained.

5. Determine / document the Root Cause of the Violation: Root cause analysis revealed a gap in process to reflect medical history, medical conditions, and current medical history.

6. Detail Action Steps / System Developed to prevent future occurrence:
a. Changing practice? Executive Operations Officer or Designee will conduct audits of all ASPs/ADMEs by 11/23/20 to ensure accuracy. Beginning December 1st, 33% of ASPs/ADMEs will be audited/updated monthly until target of 100% quarterly review is met. Documentation of Audits and findings will be maintained. ASP binder has been created and the addendum pages will be utilized in order to allow staff to update for residents. Staff will flag the addendum pages when making a change and administrator will check binder daily for changes/updates. Administrator will review Daily Communication log for updates/changes needed to ASP.

b. Teaching or Training? Re-training of staff regarding notifying Executive Operations Office/ RWD/Designee of any changes to ensure ASP is updated as needed and remains accurate. Training of MA/LPN team members on use of addendum page as well as expectations. Training of wellness team regarding location and use of the ASP binder and expectation regarding their use. Training was conducted on 10/21/2020. ASP binder has been created and will contain all current annual ASPs as well as any significant change ASP for all current residents by 10/30/20 and the addendum pages utilized in order to allow staff to update for residents. Staff will flag the addendum pages when making a change and administrator will check binder daily for changes/updates. Administrator will review Daily Communication log for updates/changes needed to ASP.
New MA/LPN/Leadership team members will be trained on these items during dept orientation. Documentation of training will be maintained

c. On-going Monitoring? Executive Operations Officer or Designee will conduct audits of all ASPs/ADMEs by 11/23/20 to ensure accuracy. Beginning December 1st, 33% of ASPs/ADMEs will be audited/updated monthly until target of 100% quarterly review is met. Documentation of Audits and findings will be maintained. ASP binder has been created and the addendum pages will be utilized in order to allow staff to update for residents. Staff will flag the addendum pages when making a change and administrator will check binder daily for changes/updates. Administrator will review Daily Communication log for updates/changes needed to ASP.

7. Designated position responsible and specify target date for correction. MA/LPN/RWD/EOO 11/23/20

Completion Date: *11/23/2020*

225b Assessment content *(continued)*

Document Submission	Implemented
ASP/ADME audit, ASP/ADME updates scheduled to accomplish review of at least 33% monthly, comm log reviewed daily, ASP binder training,	

229a Excludable conditions

1. **Requirements**

2800.
229.a. Excludable conditions. Except as provided in subsection (b), a residence may not admit, retain or serve an individual with any of the following conditions or health care needs:

Description of Violation

On [redacted] resident #1 returned to the residence from the hospital with an unspecified, non-healing left heel wound that was down to the bone and wound require an orthopedic surgery consult. On [redacted] the resident was diagnosed with the following excludable condition after returning to the hospital: stage 3 non-healing pressure ulcer with associated Osteomyelitis. The residence has not submitted an exception request for the resident's specific health care needs.

229a Excludable conditions *(continued)*

Plan of Correction **Accept**

Community Name: Colonial Courtyard at Clearfield
License Number:447330
Date of Visit:9/11/20
Date of Submission: 10/18/20

1. Violation Review: 2800.229a Excludable conditions. Except as provided in 2800.229b, a resident may not admit, retain or serve an individual with any of the following conditions or health care needs:
1. Ventilator Dependency.
2. Stage III and IV decubiti and vascular ulcers that are not in a healing stage.
3. Continuous intravenous fluids.
4. Reportable infectious diseases, such as tuberculosis, in a communicable state that requires isolation of the individual or requires special precautions by a caretaker to prevent transmission of the disease unless the Department of Health directs that isolation be established within the residence.
5. Nasogastric tubes
6. Physical restraints.
7. Continuous skilled nursing care 24 hours a day

2. Violation Interpretative Statement: On [redacted], resident #1 returned to the residence from the hospital with an unspecified, non-healing left heel wound that was down to the bone and wound require an orthopedic surgery consult. On [redacted] the resident was diagnosed with the following excludable condition after returning to the hospital: stage 3 non-healing pressure ulcer with associated Osteomyelitis. The residence has not submitted an exception request for the resident's specific health care needs.

3. Review the benefit of the Regulation, per RCG: Ensures that a community serves only those individuals whose needs can be safely met by the community.

4. Description of the Repair of the Immediate Problem: Resident #1 remains in the residence. Wound care has been coordinated with local home health provider. Wound has improved and is healing. At this time due to improvement in the wound an exception for excludable conditions would not be required as this is now a healing wound.

5. Determine / document the Root Cause of the Violation: Residence staff identified a knowledge gap on the regulation for Excludable Conditions.
6. Detail Action Steps / System Developed to prevent future occurrence:
a. Changing practice? The Executive Operations Officer or designee will conduct weekly wound rounds and will document care notes on the status of residents with wounds and all potentially excludable conditions to monitor healing wounds and /or wounds that are non-healing.
Marketing will have new admissions/returning admissions with wounds and all excludable conditions reviewed by the Executive Operations Officer or designee.

b. Teaching or Training? Training will be conducted on Wednesday, October 21, 2020 for Executive Operations Officer, Leadership Team including Marketing, Licensed staff and Medication Administration Associates on the Excludable Conditions, specifically related to wounds. Documentation of training will be maintained.

c. On-going Monitoring: Random audits will be conducted by the Executive Director of Operations or designee.

Weekly wound updates will be reported to Regional Director of Operations and Regional Director of Wellness.

7. Designated position responsible and specify target date for correction. MA/LPN/RWD/EOO 10/23/20

Completion Date: *10/23/2020*

229a Excludable conditions *(continued)*

Document Submission	Implemented
Training re:excludable conditions, wound doc, review of all new admissions for wounds/assessment for wounds and documented proof from sending facility prior to consideration for admission.	