

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

April 26, 2024

[REDACTED], COO  
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 01/25/2024 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:** 03/28/2023  
**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]  
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

## Certificate(s) of Occupancy

**Type:** I-1      **Date:** 12/28/2015      **Issued By:** Lawrence Township  
**Type:** I-2      **Date:** 12/15/2015      **Issued By:** Lawrence Township

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 90      **Waking Staff:** 68

## Inspection Information

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 01/25/2024

## Inspection Dates and Department Representative

01/25/2024 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 74      **Residents Served:** 64

## Special Care Unit

**In Home:** Yes      **Area:** Life Stories      **Capacity:** 22      **Residents Served:** 19

## Hospice

**Current Residents:** 3

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 64  
**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 26      **Have Physical Disability:** 0

## Inspections / Reviews

01/25/2024 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 02/12/2024

02/16/2024 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 04/24/2024  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 02/20/2024

Inspections / Reviews (*continued*)

## 02/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/13/2024

## 04/26/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

**132d Evacuation****1. 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's maximum safe evacuation time specified in writing within the past year by a fire safety expert is 15 minutes and 0 seconds. The residence exceeded this evacuation time during the drill conducted on 12/26/23 at 12:12 a.m. which took 15 minutes 20 seconds to complete.*

**Plan of Correction****Accept (████ - 02/21/2024)**

*Immediate action: Another fire drill was conducted the following night during the same shift and completed in a timely manner per facility requirements. SME/ designee will conduct practice mock fire drills weekly beginning 2/12/24 x 4 weeks on a different shift each week to ensure staff are able to meet all fire safety evacuations accurately as required. Then monthly facility monthly drills as required per regulations.*

*Update 2/19/24: Attached is the staff education on the regulation which was conducted on 1/16/24 following a successful fire drill. Education includes the fire drill procedure and the safe evacuation time for our facility.*

**Licensee's Proposed Overall Completion Date: 02/19/2024**

**Implemented (████ - 04/26/2024)****183e Storing Medications****2. Requirements**

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*Resident #6 's ██████████ indicates an open date of ██████████ and is being stored in the refrigerator. However, according to the manufacturer's instructions the insulin is to be kept at room temperature after opening.*

**Plan of Correction****Accept (████ - 02/16/2024)**

*Immediate action on 1/25/24: ██████████ was removed from refrigerator and placed in the secure medication cart per manufacture instructions. RWD educated MA/LPNs on 1/25/24 on following the manufactures instructions on storing medications. RWD or designee will audit insulin containers weekly x 4, then monthly x 6 months.*

**Licensee's Proposed Overall Completion Date: 02/09/2024**

**Implemented (████ - 04/26/2024)****184a Resident meds labeled****3. Requirements**

2800.

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

184a Resident meds labeled (*continued*)**Description of Violation**

Resident #6 is prescribed [REDACTED], inject [REDACTED] units subcutaneously at bedtime; however, the pharmacy label indicates "Please see attached for detailed directions" and no directions are attached.

**Plan of Correction**

Accept [REDACTED] - 02/16/2024)

Immediate action on 1/25/24: "see MAR for direction" Sticker applied to the container. RWD educated all MA's/LPN regarding the importance of having directions on containers and/or applying the sticker when applicable. RWD will audit insulin containers on a weekly basis x 4, then monthly times 6 months.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [REDACTED] - 04/26/2024)

## 187d Follow prescriber's orders

**4. Requirements**

2800.

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

**Description of Violation**

Resident # 6 is prescribed [REDACTED], take one tablet by mouth daily. However, this medication was not administered to resident # 6 on [REDACTED] because the medication was not available in the residence.

**Plan of Correction**

Accept [REDACTED] - 02/21/2024)

Immediate action: RWD educated all MA's/LPN on 1/25/24 on the importance of administering all prescribed medications. RWD / designee will receive daily reports of any missing medications and ensure all medications are available to be administered. Any medication not in the building will be ordered STAT from pharmacy and arrive in the same day.

Update 2/19/24: Overnight MA/LPN on duty on duty will complete med cart audits weekly to ensure that there is a sufficient amount of medications needed throughout the week and will order the medications as needed. Overnight MA/LPN will then complete the designated medication audit form. RWD will complete monthly audits on the medication carts, and will audit the designated medication audit form to ensure that audits are being completed. Attached is the policy in place for reordering medications.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [REDACTED] - 04/26/2024)

## 227d Support plan – med/dental

**5. Requirements**

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.

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

**Description of Violation**

The assessment for resident #6, dated [REDACTED], indicates the resident has a need for a mobile couch cane. The resident's support plan, dated [REDACTED], does not specify any risks associated with the device or the resident's ability to use the device safely.

**Plan of Correction****Accepted [REDACTED] - 02/21/2024)**

On [REDACTED] RWD added specific risks related to couch cane to the RASP. Ability to use the device was also added to the support plan. Education was given to resident in regards of risks and appropriate use of device. RWD/ designee will audit couch cane daily to ensure all interventions and planning are acceptable.

Update 2/19/24: RWD will ensure any and all mobility devices are recorded under the "Turning and Positioning in Bed/Chair" category on the support plan. EOO will audit every support plan that includes a mobility device to ensure mobility devices are located on the support plan and all specific risks are present on the form.

Audits on couch cane began on 1/26/24. Dayshift MA will complete the designated mobility device checklist daily. RWD/EOO will audit the designated mobility device checklist weekly to ensure its completion.

**Licensee's Proposed Overall Completion Date: 02/19/2024**

**Implemented [REDACTED] - 04/26/2024)**