

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TITHONUS BUTLER, LP

LEGAL ENTITY

To operate NEWHAVEN COURT AT CLEARVIEW

NAME OF FACILITY OR AGENCY

Located at 100 NEWHAVEN LANE, BUTLER, PA 16001

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 112  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 16, 2010 until March 16, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 423460

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 16 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Loriann Putzier, Executive Vice President  
Tithonus Butler, LP  
C/O Integracare Corp.  
6600 Brooktree Court, Suite 1000  
Wexford, Pennsylvania 15090

RE: Newhaven Court at Clearview  
100 Newhaven Lane  
Butler, Pennsylvania 16001

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on December 17, 2009 and December 18, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report



**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> New Haven Court at Clearview 100 Newhaven Lane; Butler, PA 16001		<b>CURRENT LICENSE NUMBER</b> 423460	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) December 17, 2009 and December 18, 2009		<b>REGIONAL REPRESENTATIVE</b> V. Beard (12/18/09) and S. Chou (12/17/09 and 12/18/09)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Brenda Daubne</i>	<b>DATE</b> 2-9-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cybil Bombay</i>	<b>DATE</b> 2/9/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.			<u>Contd</u>	

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> New Haven Court at Clearview 100 Newhaven Lane; Butler, PA 16001		<b>CURRENT LICENSE NUMBER</b> 423460	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) December 17, 2009 and December 18, 2009		<b>REGIONAL REPRESENTATIVE</b> V. Beard (12/18/09) and S. Chou (12/17/09 and 12/18/09)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Brenda L. Daubner</i>	<b>DATE</b> 2-9-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cybil Bamber</i>	<b>DATE</b> 3/9/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:  (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.	Direct care staff B, hired 8/6/09, works unsupervised and has not completed and passed the Department approved direct care training course and test.	12/18/09  12/22/09  2/3/10  2/12/10  2/3/10 & Ongoing	The direct care staff person (B) completed and passed the DPW Training course and test.  An audit was completed of all existing employee files to verify all Employees had completed and passed the department approved Direct care training course and test. All tests were completed and are present in files.  An evaluation of our new hire procedure was conducted and it was determined that a Check off Form needs to be used to be sure all required training course/test is present in file.  All managers will be educated on the new audit system and informed That all new employee files must be reviewed by ED prior to starting To work.  Executive Director will audit each new employee file and will use the form as a guide to verify all documents are present. The Executive Director will initial the form and will attach To training documents in the file	3/9/10 <i>CB</i>

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> New Haven Court at Clearview 100 Newhaven Lane; Butler, PA 16001		<b>CURRENT LICENSE NUMBER</b> 423460	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 17, 2009 and December 18, 2009		<b>REGIONAL REPRESENTATIVE</b> V. Beard (12/18/09) and S. Chou (12/17/09 and 12/18/09)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Brenda Haubner</i>	<b>DATE</b> 2-9-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Upd Bomben</i>	<b>DATE</b> 3/9/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	Resident #1's room has Clorox bleach marked "harmful if swallowed, call a physician or poison control center" in the unlocked kitchenette cabinet. Additionally, the door to this resident's room was unlocked allowing other residents, not just the one residing in the room to access this poison.	12/18/09	The Clorox bleach was removed from the residents' cabinet.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>3/9/10</i>      <i>CB</i></p> <p>Date                      Initials (DPW)</p>
		12/18/09	A building audit which includes residents rooms was completed to be sure all chemicals are secure in locked cabinets. All other chemicals were noted to be stored correctly.	
		12/18/10	Upon review of the violation it was discovered that a family member brought the Clorox into the community to assist in her mother's laundry and it was determined that the family required re-educating on DPW requirement on proper storage of poisonous chemicals.	
		2/26/10	All Staff will be re-educated on the proper storage of chemicals at the February Monthly staff meeting on 2/12/10. All family members will be re-educated on the proper storage of chemicals at the Family & Friends Meeting on 2/26/10.	
		2/3/10 & Ongoing	The Executive Housekeeper will check 5 random apartment Each month to monitor that chemicals are properly stored. Findings will be noted in her auditing notebook and chemicals Will be removed immediately if found.	
		2/3/10 & Ongoing	The ED will conduct monthly environmental audits which will include observing for proper storage of chemicals in community. Findings will be documented on monthly audit sheets.	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> New Haven Court at Clearview 100 Newhaven Lane; Butler, PA 16001		<b>CURRENT LICENSE NUMBER</b> 423460	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 17, 2009 and December 18, 2009		<b>REGIONAL REPRESENTATIVE</b> V. Beard (12/18/09) and S. Chou (12/17/09 and 12/18/09)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Bunde Dawson</i>	<b>DATE</b> 2-9-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cybil Bamber</i>	<b>DATE</b> 3/9/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Resident #2's syringes are stored in an unlocked cabinet in the resident's room.	12/18/10	Resident #2's insulin syringes were moved to a locked Storage cabinet.	Steps have been taken to correct violation; full compliance is not verifiable 3/9/10 Date Initials (DPW) <i>VB</i>
		2/2/10	A building audit was completed to determine if any Other residents had syringes that were not properly stored. 5 others were found to have insulin syringes not properly Stored. They are now properly stored.	
		2/2/10	Upon review of this violation it was determined that there was a need to reeducate family's and staff to the DPW requirement to require all insulin syringes be stored in a locked cabinet. Locks were purchased and installed on all cabinets That contained syringes by the Environmental Service Director and his assistant.	
		2/12/10	The Resident Care Department will be educated on The proper storage procedures for insulin syringes.	
		2/12/10 & Ongoing	The nurse in charge of insulin syringe distribution will Make sure insulin syringes are put into a locked cabinet for storage. ED will do monthly audit of all insulin syringes to be Sure they are stored properly.	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> New Haven Court at Clearview 100 Newhaven Lane; Butler, PA 16001		<b>CURRENT LICENSE NUMBER</b> 423460	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 17, 2009 and December 18, 2009		<b>REGIONAL REPRESENTATIVE</b> V. Beard (12/18/09) and S. Chou (12/17/09 and 12/18/09)	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Brenda Waubne</i>	<b>DATE</b> 2-7-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cybil Bomber</i>	<b>DATE</b> 3/9/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	Resident #1 and Resident #2 store insulin in an unlocked refrigerator in their respective rooms which are not locked all the times.	12/18/10  2/2/10  2/2/10  2/3/10  2/12/10  2/3/10 & Ongoing	Resident #1 and #2's insulin was placed in a locked container in the refrigerator.  A building audit was completed to determine if any Other residents had insulin that was not properly stored. 5 others were found to have insulin not properly Stored.  Upon review of this violation it was determined that there was a need to reeducate staff to the DPW requirement to require all insulin needs to be stored in a locked area.  Containers with locks were ordered and will be given to All residents who needed to store insulin within the next 7 days.  The Resident Care Department will be educated on The proper storage procedures for insulin.  Any resident who is prescribed an injection medication Will have it stored in a locked area and the resident Care director will complete random checks monthly To ensure all medications are stored properly. The Executive Director will also complete monthly Audits to verify all insulins are kept in a locked Area.	Steps have been taken to correct violation; full compliance is not verifiable <i>3/9/10</i> Date Initials (DPW) <i>CB</i>

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Brenda Wambauer</i>	<b>DATE</b> 2-9-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Capt. B. B. B.</i>	<b>DATE</b> 3/9/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	<i>Milk of Magnesia</i> , which expired 6/2009, was in Resident #2's medication storage area.	12/18/10  12/22/10  2/3/10  2/12/10    2/3/10	The expired medication was removed from the residents Medication storage area. A new bottle of the medication Was obtained from the pharmacy.  A complete building audit was completed to verify No other expired medications were present. None present.  Upon review of the violation it was determined that an Assignment to check a medication was inadvertently missed.  The resident care department will be re-educated on the requirement that medications must be discarded if they have expired. The resident care department will continue to follow their monthly assignments of apartments to check Medications for expiration dates. Monitoring of completed Assignments will be done randomly by the Resident Care Director monthly.  Every month for the next quarter review of this policy will be a part of the monthly staff meeting review and will be signed off on by DRCS. The Resident Care Director will monitor medications Check assignments monthly to verify accuracy	3/9/10 <i>CB</i>

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Brenda Dambone</i>	<b>DATE</b> 2-9-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cybil Bamber</i>	<b>DATE</b> 3/9/10

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187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (3) Name of medication.	Resident #3's December medication administration record (MAR) did not list the correct medication to be given. The resident receives <i>Lactulose (LK:Constulose)</i> but the MAR lists <i>Enulose (LK: Cephulac)</i> .  Repeated Violation – 10/20/08	12/18/10  1/18/10  2/3/10  2/3/10 & ongoing  2/12/10	Resident #3's MAR was corrected to reflect that the medication name was consistent with the medication label. Brand Name vs. Generic Name.  An audit was conducted of all residents' medications to verify that there was no discrepancy with brand name vs. generic name.  As a result of reviewing this violation it was determined that the nurse putting the medications away needs to verify brand vs. generic naming verbiage on meds received.  The nurses and resident care assistants will check all medications Against the MAR each month per their assignment to be sure both medication names listed are the same. The resident care director will monitor medication Check assignments monthly to verify accuracy.  The resident care department will be re-educated on How to properly monitor medications and the importance Of accuracy between the medication and the MAR.	Steps have been taken to correct violation; full compliance is not verifiable 3/9/10 <i>CB</i> Date Initials (DPW)