



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
1401 North 7th Street
Harrisburg, Pennsylvania 17102-1810

PHONE: (717) 772-4673
FAX: (717) 783-3956
Toll Free: 1-800-882-1885

August 26, 2010

Ms. Loriann Putzier, COO
Tithonus Greensburg, LP
C/O Integracare
6600 Brooktree Court, Suite 100
Wexford, Pennsylvania 15090

RE: Newhaven Court at Lindwood
100 Freedom Way
Greensburg, Pennsylvania 15601

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on January 6, 2010 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.

Sincerely,

Gloria Emick / KB

Gloria Emick
Regional Licensing Administrator

Enclosure
Violation Report

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

Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME Newhaven Court at Linwood		CURRENT LICENSE NUMBER 429360	
INSPECTION DATE(S) (Include all dates of the inspection) 1/6/10		REGIONAL REPRESENTATIVE D. McConnell	
SIGNATURE OF LEGAL ENTITY <i>Lisa Hopper</i>	DATE 2/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Enrich</i>	DATE 8/25/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	On 12/28/09 after being informed of verbal abuse allegations made against Administrator A by resident #1, Administrator A went to the apartment of resident #1 unsupervised to apologize causing the resident to become upset and asking the administrator to leave.	12-28-09	#1 Administrator A was instructed by Director of Operations to have no contact with resident #1. Director of Resident Care Services began an investigation and notified Area Agency on Aging. After the initial investigation and conversation with the AAA office it was determined the allegation brought forth by resident #1 was unfounded. At this time it was instructed to Administrator A to approach resident #1 and extend an apology.	8/25/10 <i>BE</i>
		1-8-10	#2 Upon review of violation 15bit's been determined in the best interest of the resident and alleged administrative staff member involved that this staff member should have and will remain isolated from all resident contact until DPW final report is faxed to the Central field office.	
		1-8-10	#3 All managers have been educated to implement a plan to keep an alleged staff person supervised or send them home during an investigation	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Newhaven Court at Linwood		CURRENT LICENSE NUMBER 429360	
INSPECTION DATE(S) (Include all dates of the inspection) 1/6/10		REGIONAL REPRESENTATIVE D. McConnell	
SIGNATURE OF LEGAL ENTITY <i>Lisa Stopper</i>	DATE 2/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Evers</i>	DATE 8/25/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.	The assessment for resident #2 dated 1/9/09 was not updated to address the resident's need for assistance with changing of briefs for incontinence, refusals of showers and changing clothing for extended periods of time.	2-1-10 2-12-10 2-1-10 2-15-10 2-12-10 and ongoing	#1 Resident 2 Assessment was completed with updates A new support plan was completed by the ED. #2 An audit will be completed on all residents' charts to review assessments for any needed updates on mobility, ADL's, co. If any changes are need they will be completed at this time. #3 Upon review of this violation it was determined that re educating of the nurse was needed for updating assessments. The DRCS will use and internal tickler system to also ensure the timeliness of all assessments. #4 The ED and DRCS will conduct an educational in-service on when to update and change a residents' assessments to ensure they are aware of proper documentation to reflect any changes in a residents' condition. #5 Random audits of the residents' assessments will be conducted monthly by the ED to verify they're up to date and accurate with any resident changes. At least 5 will be done monthly.	Steps have been taken to correct violation; full compliance is not verifiable 8/25/10 Date <i>SS</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Newhaven Court at Linwood		CURRENT LICENSE NUMBER 429360	
INSPECTION DATE(S) (Include all dates of the inspection) 1/6/10		REGIONAL REPRESENTATIVE D. McConnell	
SIGNATURE OF LEGAL ENTITY <i>Lisa Hopper</i>	DATE 2/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emich</i>	DATE 8/25/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
227d Each home shall document in the resident's support plan the 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.	The support plan for resident #2 dated 1/15/09 was not updated to address the resident's need for assistance with changing briefs for incontinence, refusals of showers, changing of clothing and the resident's agitation when asked on issues of incontinence, showers, change of clothing.	2-1-10 2-12-10 2-1-10 2-15-10 2-12-10 and ongoing	#1 Resident 2 Support plan was completed with updates A new support plan was completed by the ED. #2 An audit will be completed on all residents' charts to review support plans for any needed updates on mobility, ADL's, co. If any changes are need they will be completed at this time. #3 Upon review of this violation it was determined that reeducating of the nurse was needed for updating support plans. The DRCS will use and internal tickler system to also ensure the timeliness of all support plans. #4 The ED and DRCS will conduct an educational in-service on when to update and change a residents' support plan to ensure they are aware of proper documentation to reflect any changes in a residents' condition. #5 Random audits of the residents' support plan will be conducted monthly by the ED to verify they're up to date and accurate with any resident changes. At least 5 will be done monthly.	8/25/10 BE