COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **TITHONUS GREENSBURG, LP**
LEGAL ENTITY

To operate **NEWHAVEN COURT AT LINDWOOD**
NAME OF FACILITY OR AGENCY

Located at **100 FREEDOM WAY, GREENSBURG, PA 15601**
(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 **128**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 16**

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 **July 28, 2010** until **July 28, 2011**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **429360**

Robert E. Robinson
ISSUING OFFICER

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

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

JUL 2 7 2010

Ms. Loriann Putzier, Chief Operating Officer
Tithonus Greensburg, LP
C/O Integracare Corp.
6600 Brooktreee 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 June 18, 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.

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

Sincerely,

Kevin T. Casey

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Melissa Campbell, VP Interim ED	**DATE** 7/14/10
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Cyndi Bonsey	**DATE** 7/21/10

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
22a3, 225a 22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department. 225a A resident shall have a written initial assessment that is	Resident #1, admitted 1/28/10, had an assessment, dated 2/23/10, which is more than 15 days after admission. **Repeated violation – 3/9/09, 3/27/09**	7/16/10 7/16/10 7/19/10 Immediately & on-going	Resident records will be audited for requirements of 22 (a) 3 and 225 (a) by 7/16/2010. A record of the audit will be kept in compliance binder for DPW follow up – we cannot correct missed dates. The ED will review the Requirement of 22 (a) 3 and 225 (a) with the DRCS to ensure understanding, and facilitate the following plan. 7/16/10 DRCS to develop Tickler System to facilitate timely completion of Initial and Annual Assessments by 7/19/10. Tickler system developed by ED to monitor for timely completion of initial, annual Assessments– immediately and on-going.	...have been take... correct violation; full compliance is not verifiab... 7/21/10 DB Date Initials (DPW)

JUL 20 2010

Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Allyson Condrew, VP Interim ED	7/14/10	Cybil Bambery	7/21/10

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
documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.			Contd	

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Meghan Campbell VPO Interim ED	**DATE** 7/14/10
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Cybil Bamberger	**DATE** 7/21/10

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
22a4, 227a 22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission. 227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The	Resident #2, admitted 2/18/09, resides in the secured dementia care unit. There is a support plan dated 2/19/09 which meets the 72 hour requirement for secured dementia care residents however; there is no support plan which meets the 30 day requirement after admission.	7/19/10 7/16/10 7/20/10 7/20/10	Resident records will be audited for requirement of 22 (a) 4 and 227 (a) by 7/19/10. A record of the audit will be kept in compliance binder for DPW follow up – we are unable to correct dates. The ED will review the Requirement of 22 (a) 4 and 227 (a) with the DRCS to ensure understanding, and facilitate the following plan. 7/16/10 DRCS will develop Tickler System to facilitate the timely completion of support plans for Memory Care Program Residents, based on current need and admissions. (7/20/10). Tickler system developed by the ED to monitor tor timely completion of initial and 30-day support plan for Memory Care Residents.	Steps have been taken to correct violation; full compliance is not verifiab 7/21/10 Date Initials (DPV

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

NAME AND ADDRESS OF PERSONAL CARE HOME Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601		CURRENT LICENSE NUMBER 429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	REGIONAL REPRESENTATIVES Doug Hoover, Deb McConnell, Tera Newman, Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Melissa Campbell, VPO Interim ED	DATE 7/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Cyd Bombers
		DATE 7/.../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
support plan shall be documented on the Department's support plan form.			Cont'd	

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Kathryn Campbell, VPO Interim ED	**DATE** 7/14/10
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Cyndi Bromberg	**DATE** 7/21/10

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
22a5, 25a 22a5 The following admission document shall be completed for each resident - Resident-home contract completed prior to admission or within 24 hours after admission. 25a Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.	Resident #3, admitted 6/5/10, did not have a signed contract until 6/10/10.	7/14/10 Immediately and ongoing	Marketing (Admissions) Managers reviewed requirements of 22(a) 5 and 25 (a) on 7/14/10. ED to check contracts of all Admissions on the day of move in. Daily Tickler developed to facilitate.	7/21/10 CB

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Kathryn Campbell, VPO Interim ED	**DATE** 7/14/10
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Cyd Bombery	**DATE** 7/21/10

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
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	The facility has a census of 79 residents. On 6/13/10, there was one staff person certified in first aid and CPR for the 11:00 PM – 7:00 AM shift. On 6/13/10, there was no staff trained in first aid for the 3:00 PM – 11:00 PM shift.	6/30/10 7/21/10 Immediately & on-going	First Aid classes conducted on 6/30/10 for 20 Direct Care Staff to facilitate compliance with requirement. Binder to monitor First Aid qualifications of staff will be reviewed for compliance at the beginning of each month, and a list of expired certifications will be given to the DRCS and the ED. DRCS will ensure one CPR qualified person for every 50 Residents is scheduled, and ED will verify compliance by comparing her list to schedule on a weekly basis to establish a pattern of compliance, and then bi-weekly after that until compliance is firmly established. Monitor monthly.	7/21/10 CB

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Heather Campbell, VPO Interim CD	7/14/10		7/21/10

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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	All of the outside exits from the building stairwells have steps with no handrails.	6/24/10 8/10/10	Bids were secured to install hand rails for exits (6/24/10). Verification attached. Work scheduled for completion by 8/10/10. Will forward verification. Steps have been taken to correct violation; full compliance is not verifiable 7/21/10 CB Date Initials (DPW)	

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Meghan Campbell, VPO Interim CD	**DATE** 7/14/10
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	**DATE** 7/21/10

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
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	The front entrance has an outside ramp which leads to the sidewalk. There is approximately 1inch of height difference where the ramp meets the sidewalk. This presents a tripping/falling hazard for residents.	6/24/10 8/10/10	Bids secured to grind down raised area where ramp meets sidewalk (6/24/1). Verification attached. Work scheduled for completion by 8/10/10. Will forward verification.	Steps have been taken t correct violation; full compliance is not verifie 7/21/10 CB Date Initials (D

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Megan Campbell, VPO Interim ED	7/14/10	Cyd Bonsey	7/21/10

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
102k Use of a common towel is prohibited.	There are no paper towels or hand drying options in the restroom for residents who reside in the secured dementia care unit.	6/28/10	Paper towel dispensers purchased and installed in Resident bathrooms (6/28/10) Photo attached. Staff will monitor the bathrooms daily to ensure that there is always a supply of paper towels available. CS 7/21/10	7/21/10 CS

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Allyson Campbell, VPO Interim ED	**DATE** 7/14/10
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	**DATE** 7/21/10

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
103g Food shall be stored in closed or sealed containers.	The walk-in cooler in the kitchen had a bag of lettuce and a bag of parsley that was open and not sealed.	6/28/10 immediately and ongoing	Two gallon zip-lock bags have been purchased to store lettuce and parsley in. (6/28/10) FSD will review the requirement with cooks and all staff on new procedure to instruct hat these items be placed in zip lock bags immediately upon delivery of produce. FSD to monitor daily with rounds of the coolers ED to monitor compliance with 103 (g) during weekly rounds. Monitor placed on compliance monitor to establish pattern of compliance, and determine need for additional steps or changes in procedures.	Steps have been taken to correct violation; full compliance is not verifiab 7/21/10 CB Date Initials (DPW

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360

INSPECTION DATE(S) (Include all dates of the inspection)	REGIONAL REPRESENTATIVES
June 18, 2010	Doug Hoover, Deb McConnell, Tera Newman, Jason Williams

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Megan Campbell, VP (Interim ED)	7/14/00	Cyb Bomberger	7/21/10

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
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	The sunroom next to the piano had an outside exit with no exit sign.	7/23/10	An Exit sign will be purchased and installed above the sunroom door.	7/21/10 CB

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Megan Campbell, VPO Interim ED	**DATE** 7/14/10
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Cyndi Bombing	**DATE** 7/21/10

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
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the van used to transport residents did not have adhesive bandages, gauze pads, thermometer, adhesive tape, scissors or tweezers.	6/24/10 Immediately & on-going	The First Aid Kit will be checked for necessary items on a weekly basis by the Activity Staff using a check list kept in the Van checklist binder. The ED will ensure compliance by monitoring weekly, on a different day, and tracking on compliance monitor.	Steps have been taken to correct violation; full compliance is not verifiabl 7/21/10 CB Date Initials (DPW

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Interim ED	7/14/10		7/21/10

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #4 had been prescribed ***Nystop*** to be used for 2 weeks only, starting on 4/16/10. The medication was discontinued on 4/30/10. The medication was still present in the facility.	6/18/10 7/12/10 Immediately and on-going	Medication was removed from inventory during survey (6/18/10). Interim ED assessed medication administration procedures and determined the need for MAR's to be reviewed after every medication pass by the Charge LPN, or Lead Medication Assistant. Current medication system is decentralized, and the new procedure includes staff returning the MAR's to our Wellness Office for Review. MAR's will be reviewed for accuracy, completeness, orders being implemented, or orders being discontinued on a daily basis, which will facilitate compliance with either medication availability or removal as the situation warrants during the review. A system for monitoring medication administration and storage has been implemented, and is being monitored daily by the Director of Resident Care and weekly by the Executive Director until compliance is established.	7/21/10 CB

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Alayne Campbell, VPO Interim ED	**DATE** 7/14/10
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Cyndi Bomberger	**DATE** 7/21/10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (14) Name and initials of the staff person administering the medication.	There was no diagnosis or purpose for the medication, ***Triancinolone 1%***, for resident #5 in the June medication administration record (MAR). There were no staff initials for the 8:00 PM dose on 6/12/10, 6/13/10 and the 8:00 AM dose on 6/17/10.	6/18/10 7/12/10 Immediately and on-going	Diagnosis was provided and documented during survey (6/18/10). Interim ED assessed medication administration procedures and determined the need for MAR's to be reviewed after every medication pass by the Charge LPN, or Lead Medication Assistant. Current medication system is decentralized, and the new procedure includes staff returning the MAR's to our Wellness Office for Review. MAR's will be reviewed for accuracy, completeness, orders being implemented, or orders being discontinued on a daily basis, which will facilitate compliance with either medication availability or removal as the situation warrants during the review.	Steps have been taken to correct violation; full compliance is not verifia 7/21/10 CB Date Initials (DF

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Newhaven Court at Lindwood 100 Freedom Way, Greensburg, Pennsylvania 15601	429360
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010	**REGIONAL REPRESENTATIVES** Doug Hoover, Deb McConnell, Tera Newman, Jason Williams

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Megan Campbell, VPO Interim ED	7/14/10		7/21/10

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
187d The home shall follow the directions of the prescriber.	Resident #5 did not receive ***Synthroid, 88 mcg tab*** at 7:30 AM on 6/17/10, 6/18/10 and Lexapro, ***20 mg tab*** at 7:30 AM on 6/1/10 because the facility did not have these medications. Resident #6 did not receive ***Prednisolone, 1% eye drops*** on 6/11/10 because the facility did not have the medication. **Repeated violation – 3/9/09, 3/27/09**	6/18/2010 7/12/10 Immediately & on-going.	Missing medication was procured for Residents. Missing medications policy and regulatory requirement was reviewed with staff, and will be covered in all subsequent staff meetings. Interim ED assessed medication administration procedures and determined the need for MAR's to be reviewed after every medication pass by the Charge LPN, or Lead Medication Assistant. Current medication system is decentralized, and the new procedure includes staff returning the MAR's to our Wellness Office for Review. MAR's will be reviewed for accuracy, completeness, orders being implemented, or orders being discontinued on a daily basis, which will facilitate compliance with either medication availability or removal as the situation warrants during the review. A system for monitoring medication administration and storage has been implemented, and is being monitored daily by the Director of Resident Care and weekly by the Executive Director until compliance is established. Daily monitor developed to compare new orders with med administration protocol.	Steps have been taken to correct violation; full compliance is not verifiable 7/21/10 CB Date Initials (DPW