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 **115** (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 18**

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 **February 22, 2011** until **February 22, 2012**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **423460**

Robert E. Robinson
ISSUING OFFICER

DIRECTOR

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 – 01/11

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

MAR 11 2011

Ms. Loriann Putzier, COO
Tithonus Butler, LP
C/O Integracare Corp.
6600 Brooktree Court, Suite 100
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 20, 2010, December 21, 2010 and December 22, 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.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

Sincerely,

Ronald Melusky
Acting Director

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 CLEARVIEW, 100 NEWHAVEN LANE BUTLER, PA 16001	423460
INSPECTION DATES (Include all dates of the inspection) 12/20/2010, 12/21/2010, 12/22/2010	REGIONAL REPRESENTATIVE Doug Hoover

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

BRENDA DAUBNER, EXECUTIVE DIRECTOR

SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Brenda Daubner	1-6-11	Michele E. Thomas	2/3/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	On 12/20/10, the wall space heater at the bottom of the "Spruce" stairwell measured at 150.1 degrees Farenheit. There were no protective guards in place to protect residents.	**12/20/10**	**The breaker for this heater was immediately shut off. The on/off switch behind the front grill was turned off and the thermostat was turned the entire way to the OFF position. The age of the equipment lacked the proper current standards for protection. The Environmental Service Director (ESD)had been educated by the DPW Inspector at the time of violation of this standard and was given direction by the Executive Director (ED) that the stairwell heat is to remain OFF until current safety standards are met. The ED will check all stairwells during monthly building audits to be Sure the heat is off.**	MES 2/9/11 RCH Division Central Region Field Office JAN 10 2011 RECEIVED
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	On 12/20/10, there were no handrails for the outside steps for "Spruce", "Peach" and "Redwood" stairwells.	**Completed**	**On December 30, the Environmental Service Director bought all Supplies needed to install handrails for the Spruce, Peach and Redwood stairwells. Original construction of the building did not include the handrails at the bottom of these stairs. The ESD and ED were educated by the DPW inspector at time of violation of why the handrails are needed. On January 5, 2011the ESD and his assistant installed the handrails to meet compliance.**	MES 2/9/11

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Brenda Dawber	1-6-11	MES	2/3/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
132e A fire drill shall be held during sleeping hours once every 6 months.	The last drill conducted during sleeping hours was on 5/28/10. Mont Date Time Evac. Time FSE Jan No Feb No Mar No Apr No May No Jun No Jul No Aug No Sep No Oct No Nov No Dec No	Completed	On January 3rd at 11:15pm a sleeping fire drill was held by the ESD. This standard was misinterpreted by the ESD and ED. Monthly fire drill logs will be reviewed by the ED quarterly and will initial the sleeping fire drills to acknowledge that they have been Completed to be within 6 months of eachother.	MES 2/9/11

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

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133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There is no exit sign over the central exit door in the dining room facing west. There is no exit sign over the exit door in the "sunroom" facing the front of the facility. The home currently serves 90 residents.	12/30/10	**On December 30, 2010 EXIT signs were purchased for the Dining Room doors and the Sunroom doors. These doors were not used As primary exits out of the building however it is now understood That they could have been used as such and need to be identified with EXIT signs. Signs were installed on 12/30/10 above both exits By the ESD. ESD audited all exits in the building to ensure that they all have correct signage and found all to be in place. Executive Director will confirm that all exit signs are in place during monthly building audits.**	MES 2/9/11

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

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Brenda Dawson	1-6-11	MES	2/3/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
141a he medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation, dated 12/15/10 for resident #1, refers to an attachment for medications however the attachment is a Butler Hospital discharge medication sheet dated 12/6/10.	12/27/10	**Effective immediately, the Resident Care Director will review all admission paperwork prior to resident's admission if possible or will communicate with the hospital prior to the residents discharge of the need for dates to be the same on the medical evaluation and the discharge orders. The hospital social worker and MD did not recognize that the dates did not match on the discharge orders and the medical evaluation on this particular resident. The Resident Care Director placed a phone call to the Social Workers and nurses at Butler Hospital on 12/27/10 and were educated by the Resident Care Director of the need for all dates to match going forward. This will require ongoing education with each phone call and visit to the hospital. Staff was educated to watch the date on these forms and to not accept any paperwork that does not have matching dates.**	Steps have been taken to correct violation, full compliance is not yet possible 2/9/11 MES Date Initials (LPN)

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

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Brenda L Dawson	1-6-11	MES	2/3/11

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183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	On 12/21/10, ***Novolog Mix 70/30 Pen***, prescribed for resident #3, was unlocked and accessible in the inside refrigerator door in apartment E101. Repeated Violations: 12/18/2009	**12/22/10**	**On 12/22, the insulin that was found on the refrigerator door was placed in a locked container. On 12/22/10 a building audit was completed to determine if there were any other unlocked insulins. None were found. At that time all locked containers in the refrigerators were checked to be sure they locked tightly and that all insulin was contained. This resident was delivered 12 boxes of insulin pens that would not fit inside the locked container and therefore was placed in the side pocket door of refrigerator. Staff were educated by the Resident Care Director on 1/5/2011 of the proper storage of insulin. The Resident Care Director will randomly check insulin storage every month along with the Executive Director randomly checking during monthly building audits and documenting any findings on audit form.**	MES 2/9/11

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The December 2010 medication administration record for resident #4 lists ***Aggrenox SR, 25-200 mg***, however the pharmacy label is ***Aggrenox Capsule SA.*** The December 2010 medication administration record for resident #4 lists ***Senna 6-50 mg***, however the pharmacy label is ***Senna S.*** Staff names are not provided with initials in the "Neighborhood" medication administration books. A large binder with staff names and initials is stored in the "Wellness" office however the binder is not updated monthly. Repeated Violations: 12/18/2009	**February 1, 2011**	**As we are in the process of changing pharmacy providers, it was discovered that the protocol for listing medications on the MARS and labels between the 2 pharmacies is different. Effective 2/1/11, we will be obtaining MAR's from Spartan Pharmacy who will be our primary pharmacy provider, which will create collaboration between the MAR and the medication label. A conversation was held with Spartan pharmacy on 12/22/10 regarding the need for MAR and Label to match. Medication Assistants and Nurses will verify that they match during medication passes each day. The Resident Care Director and Executive Director will complete random checks of MAR records compared to medication labels each month during monthly building audits.** **On 1/1/11, An updated list of staff names was placed in each MAR in each Neighborhood. This will be updated every month by the RN putting the new MARS in the binders each month. The Resident Care Director assumed that the current procedure used was acceptable but after education from the DPW inspector she is now aware of what is needed to be in compliance. The Resident Care Director and the ED will randomly check MAR's every month to be sure updated lists are present.**	Steps have been taken to correct violation but compliance is not verifiable 2/1/11 MES Date Initials (DPW)

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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Brenda Daubra	1-6-11	MES	2/3/11

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187d The home shall follow the directions of the prescriber.	Resident #4 has a PRN order for ***Tylenol, 500 mg., 2 caplets, 3 times daily***, for pain however the available medication is ***Tylenol, 325 mg.*** The December 2010 medication administration record documents that the resident requested this medication every day except for 12/5/10.	12/21/10	**On 12/21/10, Tylenol 500mg was ordered and received from Spartan pharmacy as prescribed. All of this residents' other medications were audited to ensure proper dosing was being supplied, and they were. This residents' family member brought in the wrong dosage for this medication and the staff misread the dose and put it in her medication cupboard. All staff were educated on 1/5/11 by the Resident Care Director on proper reading of labels when medications are brought in by family members. Also, due to new pharmacy packaging requirements this will be monitored by Spartan Pharmacy every 2 weeks during medication exchanges. Random MAR/Label checks will be done by the ED and the RCD monthly.**	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening form for resident #5 is dated 6/10/10 which is more than 30 days prior to the resident's admission date of 8/23/10.	Immediately	**Effective immediately all pre-admission screening forms will be completed no more than 30 days prior to admission. This resident was scheduled to move in on 7/1/10 but changed [redacted] move in date twice before coming. The Sales and Move-Ins Director did not remember to complete another pre-screen. The Sales and Move-Ins Director was re-educated by the Executive Director on 12/27/10 that all prescreens must be done no more than 30 days prior to admission. The Resident Care Director will check all new move in paperwork upon admission and the Executive Director will do random checks of charts monthly during building audits and will document any findings.**	2/9/11 MES

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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233d Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.	The two exit doors opening into the outdoor courtyard are not locked with an electronic or magnetic locking system.	1/27/11	**On January 4, 2011 Mistick Construction was at Newhaven Court at Clearview to evaluate the installation of Magnetic Locks on the interior doors that exit to the courtyard in the new Memory Care area. The materials were ordered and will be delivered on 1/11/11. Estimated date of completion of this project is January 14, 2011 at which time all door hardware documentation will be forwarded to DPW.** **On January 20, 2011 Magnetic Locks were installed On both courtyard doors by Mistick Construction And Levitt Electricians. These were inspected by [redacted] BCO/Zoning Enforcement Officer On January 27, 2011 and were approved.**	MES 2/3/11