

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
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 June 9, 2011 until June 9, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429360

Robert E. Robinson

ISSUING OFFICER

[Signature]

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

JUN 16 2011

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

Ms. Loriann Putzier, Chief Operating Officer
Tithonus Greensburg, LP
C/O Integracare Corporation
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 May 2, 2011 and May 3, 2011 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 black ink, appearing to be 'R' followed by a long horizontal stroke.

Ronald Melusky
Acting Director

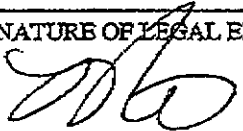
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME NEWEAVEN COURT AT LINDWOOD, 100 FREEDOM WAY GREENSBURG, PA 15601		CURRENT LICENSE NUMBER 429360	
INSPECTION DATES (Include all dates of the inspection) 05/02/2011		REGIONAL REPRESENTATIVE Brenda McAfee, Lisa Flinger-Alman, Brenda McAfee	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Loei Politsa, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 5-20-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6-3-11


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
<p>51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).</p> <p>Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15</p>	<p>Staff person A was hired and began work on 8/24/10; however, the criminal history background clearance was not completed until 10/5/10.</p> <p align="center">Western Region</p> <p align="center">MAY 20 2011</p>	<p>October 15, 2010</p> <p>May 20, 2011</p> <p>Immediately and Ongoing</p>	<p>51/52 An audit that was conducted on October 15, verified that Staff Person A was out of compliance in reference to missing a background check. A background check for Staff Person A was conducted on October 15, 2010, to correct the problem.</p> <p>A personnel chart audit will be conducted by May 20, 2011, to confirm that all personnel charts have background checks present as well to correct any additional errors in the charts at that time.</p> <p>Systems have been established to monitor all applicant files for compliance and regulation information. Executive Director will review all applicant files to confirm that necessary paperwork is present for compliance before hire.</p>	<p>6-3-11 9</p>

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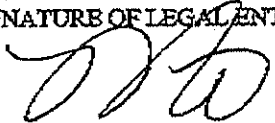
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(relating to protective services for older adults) and other applicable regulations.		6-20-11	The Administrator had any other staff involved with the hiring and retention of staff persons will complete the on-line older Adult Protective services Act. training. Documentation of training will be kept. 6-7-11	
	Western Region			
	MAY 20 2011			

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141a The 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 for resident #1, dated 11/9/10, does not indicate the resident's ability to evacuate in the event of an emergency. The medical evaluation for resident #2, dated 10/31/10, does not include the immunizations or a medication regimen. Western Region MAY 20 2011	May 23, 2011 May 24, 2011 May 26, 2011 Immediately and Ongoing	141A The ME for residents #1 and #2 will be updated by May 23, 2011, to include the physician's input in reference to the ability to evacuate, immunizations, and the medication regimen. An audit on all resident charts will be conducted to confirm that the medical evaluations are filled out to DPW standards. The audit will be completed by May 24, 2011. During the audit, any additional errors on the medical evaluations will be updated at this time. Charge personnel and the Marketing Department will be trained to the requirements and systems concerning the proper completion of medical evaluations by the physician and will understand that all medical evaluations need to be filled out completely by the physician on May 26, 2011, during a staff meeting. The Executive Director will monitor all ME's daily until compliance is met. After this time, the Executive Director will do random chart audits monthly.	6-6-11

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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.	Western Region MAY 20 2011			

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

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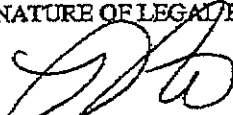
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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #4's assessment, dated 3/24/11, indicates the resident is capable of self-administering medications; however, the resident's medical evaluation, dated 3/3/11, indicates the resident is not capable of self-administering medications. Resident #5's assessment, dated 6/25/10, indicates the resident is capable of self-administering medications; however, the resident's medical evaluation, dated 6/23/10, indicates the resident is not capable of self-administering medications.	May 23, 2011 May 24, 2011 May 26, 2011 Immediately and Ongoing	225A The medical evaluation for Resident #4 will be revised by May 23, 2011 to confirm that Resident #4 is capable of self-administering medications. The assessment for resident #5 was revised on May 14, 2011, to confirm that Resident #5 is not capable of self-administering medications. An audit of all resident charts will be conducted by May 24, 2011, to confirm all Personal Care Home Assessments match the information presented on the medical evaluations. Any additional errors will be corrected at this time. Charge personnel will be trained on the system of confirming that the Personal Care Home Assessments match the information stated on the ME on May 26, 2011, during a staff meeting. Staff will be trained on making sure the Personal Care Home Assessments and ME's are parallel in reference to information. The Executive Director will monitor ME's and Personal Care Home Assessments daily until compliance is met. After this time, the Executive Director will do random chart audits monthly.	6-6-11
Western Region				
MAY 20 2011				


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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 support plan shall be documented on the Department's support plan form.	Resident #1 was admitted on 11/13/10. The initial support plan for resident #1 was not completed until 12/29/10.	May 17, 2011	227A As of May 17, 2011, support plans for Residents #1, #4, #6, and #7, are current, in the chart, and in compliance.	Steps have been taken to correct violation; full compliance is not verified. 6-6-11 Date Initials (DPV)
	Resident #4 was admitted on 3/23/11. The initial support plan for resident #4 was not completed until 4/27/11.	May 24, 2011	An audit of all resident charts will be conducted to confirm that all support plans are being completed within 30 days of admission, being completed annually, are present in the chart, and being revised in reference to significant changes on May 24, 2011.	
	Resident #6 was admitted on 8/24/10. The initial support plan for resident #6 was not completed until 9/30/10.	May 26, 2011	Charge Personnel will be trained on May 26, 2011, in reference to the tickler system to confirm that all support plans are being done within 30 days of admission for all new residents.	
	Resident #7 was admitted on 3/9/11. The home has not completed a support plan for resident #7.	Immediately and Ongoing	The Executive Director will monitor all support plans daily until compliance is met. After this time, the Executive Director will do random chart audits monthly.	
Western Region				

MAY 20 2011

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

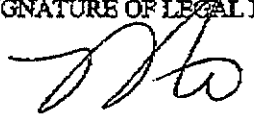
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231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident #6 was admitted to the SDCU on 8/24/10. The preadmission screening for resident #6, dated 8/12/10, was not completed within 72 hours of admission.	May 24, 2011	231C The preadmission screening for Resident #7 was completed within 72 hours of admission, was dated appropriately to reflect the correct dates; however, the physician wrote an incorrect date at the top of the preadmission screening that does not coincide with the dates on the bottom.	6-6-11 
		May 26, 2011	An audit of all prescreen assessments in the memory care unit will be conducted to confirm that the preadmission screenings are being completed within 72 hours of admission by May 24, 2011.	
		Immediately and Ongoing	The marketing department will be reeducated on compliance procedures on May 26, 2011, and the importance of confirming the preadmission screenings are completed within 72 hours. The marketing department will also be trained to review all information to make sure all dates are correct.	
			The Executive Director will monitor all preadmission screenings daily until compliance is met. After this time, the Executive Director will do random chart audits monthly.	

Western Region

MAY 20 2011

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234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	Resident #6 was admitted to the SDCU on 8/24/10. The initial support plan, dated 9/7/10, was not completed within 72 hours.	May 24, 2011 May 26, 2011 Immediately and Ongoing	234A We cannot go back to correct our error in reference to not completing a support plan within 72 hours of a SDCU admission for Resident #7. An audit of all support plans in the in SDCU will be conducted to confirm that support plans are being completed within 72 hours of admission by May 24, 2011. The charge personnel will be reeducated on compliance procedures and DPW regulations for SDCU support plans on May 26, 2011. Moving forward, the marketing department and the Executive Director will review all necessary information prior to all SDCU admissions. The Executive Director will monitor all SDCU Support plans daily until compliance is met. After this time, the Executive Director will do random chart audits monthly.	6-6-11 

Western Region
20 2011
Adult Residential Licensing