



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

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Toll Free: 1-888-322-3664
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www.dpw.state.pa.us

Mailing Date: **DEC 30 2011**

Ms. Loriann Putzier, COO
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 October 29, 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.


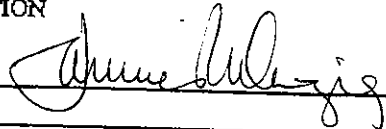
Sincerely,

A handwritten signature in cursive script that reads "Janine Wenzig".

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

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

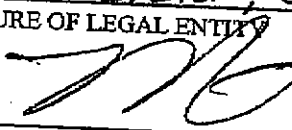

NAME AND ADDRESS OF PERSONAL CARE HOME NEWHAVEN COURT AT LINDWOOD, 100 FREEDOM WAY GREENSBURG, PA 15601		CURRENT LICENSE NUMBER 429360	
INSPECTION DATES (Include all dates of the inspection) 10/29/2011		REGIONAL REPRESENTATIVE D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kohi Grant, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 12/27/11

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	On 10/25/11, the home became aware of an allegation of staff to resident abuse. The home did not report the incident to the Department until 10/27/11. Western Region DEC 1 9 2011 Adult Residential Licensing	October 27, 2011 October 28, 2011 November 10, 2011	16c On October 27, 2011, the Executive Director received the report of suspected abuse concerning resident #1. The Executive Director immediately filed the initial Reportable Incident to the Department of Public Welfare and immediately notified the Area on Aging, resident's family, and resident's physician. The Executive then immediately conducted a thorough investigation. The staff person, who did not report the alleged resident abuse immediately, received disciplinary action on October 28, 2011 (please see attached discipline) and was re-educated on our policies and procedures by the Director of Resident Care. On November 10, 2011, the Executive Director and [redacted] from the Area on Aging, conducted an in-service with all staff (please see attached signatures) to discuss Resident Abuse and the requirement of immediately reporting suspected abuse to the Executive Director. Resident abuse policies and procedures set forth by the home was also reviewed.	Steps have been taken to correct violation; full compliance is not verifiable. Date <u>12/27/11</u> Initials (DPW) <u>DM</u>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME NEWHAVEN COURT AT LINDWOOD, 100 FREEDOM WAY GREENSBURG, PA 15601		CURRENT LICENSE NUMBER 429360	
INSPECTION DATES (Include all dates of the inspection) 10/29/2011		REGIONAL REPRESENTATIVE D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Hadi Grant, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 12-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 12/27/11

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	On 10/25/11, the home became aware of an allegation of staff to resident abuse. The home did not report the incident to the Department until 10/27/11. Western Region 750-716-0000 Adult Residential Licensing	October 30, 2011 and going	16c continued Immediately and ongoing, the Executive Director will continue to review and discuss the communities' orientation materials, chapter specific, and Employee Handbook that addresses the Older Adult Protective Services Act. This includes the definition of Resident Abuse and the immediate reporting of suspected abuse along with Resident Rights. This training is part of new employee orientation and annual training.	

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

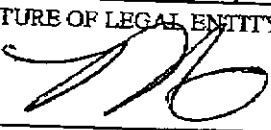

NAME AND ADDRESS OF PERSONAL CARE HOME NEWHAVEN COURT AT LINDWOOD, 100 FREEDOM WAY GREENSBURG, PA 15601		CURRENT LICENSE NUMBER 429360	
INSPECTION DATES (Include all dates of the inspection) 10/29/2011		REGIONAL REPRESENTATIVE D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Hori Grant, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 12/27/11

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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	On 10/25/11, an allegation of abuse against resident #1 was reported to staff. The home did not report the allegation to the local Area Agency on Aging until 10/27/11. On 10/6/11 and 10/27/11, resident #2 and resident #3 had a physical altercation. The home did not report the incidents to the local Area Agency on Aging. <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div>	October 27, 2011 October 6 and October 7, 2011	15a On October 27, 2011, the Executive Director received the report of suspected abuse concerning resident #1. The Executive Director immediately filed the initial Reportable Incident to the Department of Public Welfare and immediately notified the Area on Aging, resident's family, and resident's physician. The Executive then immediately conducted a thorough investigation. On October 6, and October 27, 2011, the Director of Resident Care received the report of resident-to-resident abuse concerning resident #2 and resident #3, who reside in the Memory Care Unit. The Director of Resident Care immediately filed an initial Reportable Incident to the Department of Public Welfare and immediately notified the Executive Director, residents' families, and residents' physicians immediately after receiving the report. The Director of Resident Care then immediately conducted a thorough investigation.	Steps have been taken to correct violation; full compliance is not verifiable 12/27/11 Date Initials (DPW)

Adult Residential Licensing

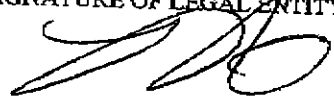

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME NEWHAVEN COURT AT LINDWOOD, 100 FREEDOM WAY GREENSBURG, PA 15601		CURRENT LICENSE NUMBER 429360	
INSPECTION DATES (Include all dates of the inspection) 10/29/2011		REGIONAL REPRESENTATIVE D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Ken Grant, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 12/27/11

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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	<p>On 10/25/11, an allegation of abuse against resident #1 was reported to staff. The home did not report the allegation to the local Area Agency on Aging until 10/27/11.</p> <p>On 10/6/11 and 10/27/11, resident #2 and resident #3 had a physical altercation. The home did not report the incidents to the local Area Agency on Aging.</p> <p align="center">Western Region</p> <p align="center">Adult Residential Licensing</p>	<p>October 29, 2011</p> <p>November 10, 2011</p>	<p>15a continued</p> <p>The Director of Resident Care, who did not notify the Area on Aging, was re-educated on our reporting policies and procedures with an emphasis on the importance of notifying the Area on Aging on October 29, 2011 (please see attached policies and procedures).</p> <p>On November 10, 2011, the Executive Director and Norma Mosser, from the Area on Aging, conducted an in-service with all staff (please see attached signatures) to discuss Resident Abuse and the requirement of immediately reporting suspected abuse to the Executive Director. Resident Abuse policies and procedures set forth by the home was also reviewed.</p>	

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

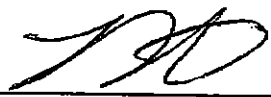

NAME AND ADDRESS OF PERSONAL CARE HOME NEWHAVEN COURT AT LINDWOOD, 100 FREEDOM WAY GREENSBURG, PA 15601		CURRENT LICENSE NUMBER 429360	
INSPECTION DATES (Include all dates of the inspection) 10/29/2011		REGIONAL REPRESENTATIVE D. McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Lori Grant, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 		DATE <i>12-9-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE <i>12/27/11</i>

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
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 10/25/11, an allegation of abuse was made against staff person A regarding resident #1. The home did not develop and implement a plan of supervision or suspend staff person A until the completion of the investigation. <p align="center">Western Region</p> <p align="center">Adult Residential Licensing</p>		15b On October 27, 2011, the Executive Director received the report of suspected abuse concerning resident #1. The Executive Director immediately filed the initial Reportable Incident to the Department of Public Welfare and notified the Area on Aging, resident's family, and resident's physician. The Executive then immediately conducted a thorough investigation. Resident #1 stated that the alleged staff person was a tall, skinny blonde with long hair and was accompanied by a little boy. After interviewing staff, and witnesses, who cared for Resident #1 on and around the day/time Resident #1 stated the incident happened, none were accompanied by a little boy or a male staff person. Moreover, after interviewing staff and witnesses, the description of the alleged staff person did not fit the description of our staff within any department. After a thorough investigation and multiple interviews, it was unclear as to who Resident #1 was referring to.	 <i>12/27/11</i>

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NAME AND ADDRESS OF PERSONAL CARE HOME NEWHAVEN COURT AT LINDWOOD, 100 FREEDOM WAY GREENSBURG, PA 15601		CURRENT LICENSE NUMBER 429360	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Lou Grant, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/21/11

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
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 10/25/11, an allegation of abuse was made against staff person A regarding resident #1. The home did not develop and implement a plan of supervision or suspend staff person A until the completion of the investigation. Western Region Adult Residential Licensing	12/21/11	15b continued We have a verifiable record of providing supervision or suspending staff when we receive a report of suspected resident abuse regarding a staff person; however, we were unable to identify the alleged staff person so that a plan of supervision or suspension could be put into place pending the investigation. <i>Administration will ensure that any staff person who has an allegation of abuse shall be immediately placed on a plan of supervision or suspended until the investigation is complete.</i>	12/21/11

DEC/13/2011/TUE 05:19 PM New Haven Lymwood

FAX No. 724 853 2525

P. 010

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, PA 15601		CURRENT LICENSE NUMBER 429360	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION. (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Robert, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
			DATE 12/14



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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The assessment for resident #2, dated 4/10/11, does not address the resident's need to have medications crushed as ordered by the physician on 6/22/11, or the receiving of hospice services ordered by the physician on 8/23/11, which started 9/7/11. Western Region Adult Residential Licensing	November 30, 2011 December 21, 2011 December 13, 2011 October 29, 2011 and ongoing October 29, 2011 and ongoing	225c Resident #2 no longer resides in our home as of November 30, 2011. An audit will be completed by December 21, 2011, to ensure that assessments reflect any significant changes (i.e. crushed meds, hospice services, change in residents, etc). Resident care staff will be educated on December 13, 2011, during the monthly meeting, to reinforce the importance of communication to the Director of Resident Care in reference to new physician orders that result in a significant change and/or any change in the resident so the assessments and support plans can be updated accordingly. Immediately and ongoing, it will be the responsibility of the Director of Resident Care to update all assessments and support plans in reference to resident changes and conditions in a timely fashion. Immediately and ongoing, the Executive Director will do monthly chart audits by using internal tools and feedback systems to make sure that assessments and support plans reflect resident changes and conditions in a timely fashion.	Steps have been taken to correct violation; full compliance is not verifiable Date <i>12/27/11</i> <i>DPW</i>

DEC/13/2011/TUE 05:19 PM New Haven Lynnwood

FAX No. 724 853 2525

P. 011

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



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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Louise Grant, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 12/27/11

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	
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The support plan for resident #2, dated 6/2/11, does not address the resident's need for crushed medications, hospice services and the resident's assaultive behavior toward residents and staff.	November 1, 2011	227c Resident #2 no longer resides in our home as of November 30, 2011. Resident #3's assessment was updated on November 1, 2011, to reflect that the resident resides in the secured dementia care unit.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>12/27/11</u> Initials (DPW) <u>[Signature]</u>	
	The support plan for resident #3, dated 12/28/10, does not address the resident's move to the secured dementia care unit on 3/26/11.	December 21, 2011	An audit will be completed by December 21, 2011, to ensure that support plans reflect any significant changes and conditions (i.e. crushed meds, hospice services, change in residents, etc).		
	Western Region		December 13, 2011		Resident care staff will be educated on December 13, 2011, during the monthly meeting, to reinforce the importance of communication to the Director of Resident Care in reference to new physician orders that result in a significant change and/or any change in the resident so the assessments and support plans can be updated accordingly.
		Adult Residential Licensing	October 29, 2011 and going		Immediately and ongoing, it will be the responsibility of the Director of Resident Care to update all assessments and support plans in reference to resident changes and conditions in a timely fashion.

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

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NAME AND ADDRESS OF PERSONAL CARE HOME NEWHAVEN COURT AT LINDWOOD, 100 FREEDOM WAY GREENSBURG, PA 15601		CURRENT LICENSE NUMBER 429360	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Lodi Grant, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 12-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/27/11

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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	<p>The support plan for resident #2, dated 6/2/11, does not address the resident's need for crushed medications, hospice services and the resident's assaultive behavior toward residents and staff.</p> <p>The support plan for resident #3, dated 12/28/10, does not address the resident's move to the secured dementia care unit on 3/26/11.</p>	<p>October 29, 2011 And ongoing</p>	<p>227c continued</p> <p>Immediately and ongoing, the Executive Director will do monthly chart audits by using internal tools and feedback systems to make sure that assessments and support plans reflect resident changes and conditions in a timely fashion.</p>	

Western Region
Adult Residential Licensing

DEC/13/2011/TUE 05:19 PM New Haven Lymwood

FAX No. 724 853 2525

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