

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 April 25, 2013 until April 25, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 423460

*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



APR 04 2013

Ms. Loriann Putzier, COO  
Tithonus Butler, LP  
c/o Integracare Corporation  
6600 Brooktree Court, Suite 1000  
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 (Department) licensing inspection on February 7, 2013 and February 8, 2013, 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 Human Services 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 read "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 42346 - 02/07/2013 - Williams, Jason

PCH Name: NEWHAVEN COURT AT CLEARVIEW

MAR 7 2013

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

Western Field Office  
Adult Residential Licensing

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 2/22/2012, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached Page 1

See page 2A of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Brenda Daubner*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

BRENDA DAUBNER

Date: 3/5/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-12-13  
(Date)

Plan of correction implementation status as of 3-12-13  
(Date)

The above plan of correction was approved by *BDP*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Facility Name: NEWHAVEN COURT AT CLEARVIEW  
License Number: 423460  
Date: February 28, 2013

FEB 7 2013

Western Field Office  
Adult Residential Licensing

Plan of Correction

**Violation Review:**

- 2600.54(a)-Direct care staff persons shall have the following qualifications:
  - (1) Be 18 years of age or older, except as permitted in 2600.54 (b).
  - (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
  - (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**Violation Interpretation Statement:**

- Direct staff person A, hired 2/22/12, does not have a High School Diploma, GED Diploma through a school accredited with the Department of Education or active registration status on the Pennsylvania Nurse Aide registry.

**Benefit of the regulation:**

- Ensure caregivers have the required education and ability required to perform job duties specified by the home, including Activities of Daily Living.

**Prevention:**

- An audit of all current staff files was completed on 2/11/13 by [redacted] the Business Office Manager and [redacted] the Executive Director to ensure all diplomas were present and accredited by the Department of Education.
- Out of state diplomas will be verified by the hiring manager via internet access to ensure they are from a school that is accredited through the Department of Education.
- The Business Office Manager will provide a second verification of all Diplomas once the hiring manager has verified.

**Responsibility:**

- Each manager for each department will be responsible to verify all diplomas before the candidate is hired.
- The Business Office Manager will be the second verification on all diplomas prior to hiring.
- The Executive Director will investigate any diplomas in question.

**Date for correction to be completed:**

- The audit of all current employee files was completed on 2/11/13 by the Business Office Manager and the Executive Director with no Diplomas found out of compliance.
- Staff member A was enrolled to take the GED test on 2/16/13 at the expense of the company. Due to employee A not passing the test and not meeting the requirements of 2600.54(a) she was separated from employment. She is eligible for rehire once she passes the test which she will be pursuing on her own.

Violation Report: 42346 - 02/07/2013 - Williams, Jason  
PCH Name: NEWHAVEN COURT AT CLEARVIEW

7 2013

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Western Field Office  
Architectural & Planning

2a. DESCRIPTION OF VIOLATION

All of the public restrooms in the building have a paper towel dispenser/trash bin unit built into the wall of the bathroom. There is no cover on any of these trash bins.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached pg. 2.

See page 3A of 8

4-15-13 A designated staff person will monitor all of the public restrooms on a weekly basis to ensure all restrooms have a garbage can with a lid attached. 3-12-13 JFB

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Brenda Daubner

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

BRENDA DAUBNER

Date

3/5/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

3-12-13  
(Date)

Plan of correction implementation status as of

3-12-13  
(Date)

The above plan of correction was approved by

JFB  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

7 2013

Facility Name: NEWHAVEN COURT AT CLEARVIEW  
License Number: 423460  
Date: February 28, 2013

Western Field Office  
Adult Residential Licensing

**Violation Review:**

- 2600.85(d)-Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Violation Interpretation Statement:**

- All of the public restrooms in the building have a paper towel dispenser/trash bin unit built into the wall of the bathroom. There is no cover on any of these trash bins.

**Benefit of the Regulation:**

- Covered trash receptacles prevent the spread of disease through exposure to body fluids. The risk of insect and rodent infestation due to open food containers is also minimized.

**Prevention:**

- All public restroom garbage cans will be taken out of use and will be replaced with Garbage cans with a lid.

**Responsibility:**

- The Environmental Service Director will be responsible to take the current garbage cans out of use and to purchase new garbage cans with lids for each restroom.

**Date for Correction to be completed:**

- The current garbage cans will be taken out of use and new garbage cans with lids will be in place by March 11, 2013.

Violation Report: 42346 - 02/07/2013 - Williams, Jason  
PCH Name: NEWHAVEN COURT AT CLEARVIEW

7 2013

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

Western Field Office  
Adult Protective Services Licensing

- (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 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.

2a. DESCRIPTION OF VIOLATION

-Resident #1 is prescribed Levothyroxine 50 mcg, take one tablet by mouth every morning. The handwritten entry in the medication administration record (MAR) reads "Levothyroxine 50 mcg, 50 micrograms by mouth daily". This entry does not include the dose which is one tablet.

-Resident #2 is prescribed Novolog insulin, 6 units before breakfast, lunch and dinner plus coverage per sliding scale. On 2/4/2013 at 7:00 AM, the blood sugar reading was 132 requiring 6 units to be given. The total units documented as given is 0. On 2/4/2013 at 4:00 PM, the blood sugar reading was 392 requiring 12 units to be given. The total units documented as given is 6. On 2/6/2013 at 7:00 AM, the blood sugar reading was 189 requiring 8 units to be given. The total units given was not documented.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached pg 3, 4.  
see pages 1A and 1B of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Brenda Daubner

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

BRENDA DAUBNER

Date 3/5/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

3-12-13  
(Date)

Plan of correction implementation status as of

3-12-13  
(Date)

The above plan of correction was approved by

CDP  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Facility Name: NEWHAVEN COURT AT CLEARVIEW  
 License Number: 423460  
 Date: February 28, 2013

7 2013

Western Field Office  
 Adult Residential Licensing

**Violation Review:**

- 2600.187(a)-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 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

**Violation Interpretation Statement:**

- Resident #1 is prescribed Levothyroxine 50 mcg, take one tablet by mouth every morning. The handwritten entry in the medication administration record (MAR) reads "Levothyroxine 50 mcg. 50 micrograms by mouth daily". This entry does not include the dose which is one tablet.

Resident #2 is prescribed Novolog insulin, 6 units before breakfast, lunch and dinner plus coverage per sliding scale. On 2/4/13 at 7:00 AM the blood sugar reading was 132 requiring 6 units to be given. The total units documented as given is 0. On 2/4/13 at 4:00 PM the blood sugar reading was 392 requiring 12 unites to be given. The total units documented as given is 6. On 2/6/13 at 7:00 AM the blood sugar reading was 189 requiring 8 units to be given. The total units given was not documented.

- **Benefit of the regulation:**

The home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.

7 2013

- **Prevention:**

The MAR for Resident #1 Levothyroxine was corrected by the Resident Care Director on 2/8/13 to include the dosage. Western Field Office  
West Virginia State Board of Licensing

An audit of all Medication Administration Records (MARs) will be completed by the Director of Resident Care Services (DRCS) and/or a licensed nurse by 2/28/13 to ensure all requirements of 2600.187 (a) are met for each medication.

All resident care staff will be re-educated at the next monthly staff meeting by the DRCS on how to accurately complete a MAR and the regulatory guidelines will be reviewed.

Monthly audits of 10 random MAR's will be completed by the DRCS to ensure all requirements of 2600.187(a) are being met with findings being reported to the Executive Director. Documentation of the MAR's audited will be kept by the DRCS. Further education will be provided by the DRCS as needed on proper MAR completion.

For Resident #2- On February 8, 2013, the order on the MAR was re-written to be understood more clearly by the staff and for them to provide more accurate documentation of the amounts of insulin given.

All resident care staff will be re-educated at the next monthly staff meeting by the Resident Care Director on how to accurately complete a MAR and the regulatory guidelines will be reviewed. Special attention will be paid to insulin orders with a sliding scale so that they are easy to understand and document correctly.

Monthly audits of 5 random Diabetic MAR's will be completed by the Resident Care Director to ensure all requirements of 2600.187(a) are being met with findings being reported to the Executive Director. Documentation of the Diabetic MAR's audited will be kept by the Resident Care Director. Further education will be provided by the DRCS as needed for accurately completing a MAR.

- **Responsibility:**

The DRCS will be responsible for completing the monthly audits of the MAR's to check for compliance of regulation 2600.187(a).

The Executive Director will meet with the DRCS monthly to review the findings of the audit and any corrections made. All audit findings will be kept in a binder in the DRCS's office.

- **Date for correction to be completed:**

The MAR's were corrected to have the correct information on 2/8/13. Audits will be monthly on an ongoing basis.

Violation Report: 42346 - 02/07/2013 - Williams, Jason  
PCH Name: NEWHAVEN COURT AT CLEARVIEW

7 2013

1. REGULATION 55 Pa.Code §2600

2600.225(a) - 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.

2a. DESCRIPTION OF VIOLATION

-The initial assessment for Resident #3, dated 7/12/2012, is not signed by the person who completed it. In addition, this assessment indicates that the resident has a regular diet but the most recent medical evaluation, dated 1/18/2013, orders a Heart Healthy diet.

-Resident #4 was admitted on 5/28/2012 and didn't have an assessment completed until 8/21/2012. This assessment is not signed by the person who completed it.

-Resident #5 was admitted on 12/2/2012 and has not had an assessment completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached - pg 5  
See page 5A of 8

4-15-13 Resident #5 will have a RASP completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Brenda Daubner

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

BRENDA DAUBNER

Date 3/5/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

3-12-13  
(Date)

Plan of correction implementation status as of

3-12-13  
(Date)

The above plan of correction was approved by

BDP  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

M. [unclear]

Facility Name: NEWHAVEN COURT AT CLEARVIEW  
License Number: 423460  
Date: February 28, 2013

7 2013

Western Field Office  
Adult Residential Licensing

**Violation Review**

- 2600.225(a)-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.

**Violation Interpretation Statement**

- The initial assessment for Resident #3, dated 7/12/12, is not signed by the person who completed it. In addition, this assessment indicates that the resident has a regular diet but the most recent medical evaluation, dated 1/18/13, orders a Heart Healthy diet.  
Resident #4 was admitted on 5/28/12 and didn't have an assessment completed until 6/21/12. This assessment is not signed by the person who completed it.  
Resident #5 was admitted on 12/2/12 and has not had an assessment completed.

**Benefit of the Regulation**

- Allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

**Prevention**

- An audit of all resident assessments will be completed by the licensed nurse or the Resident Care Director to ensure all assessments are signed by the person completing it and have the same diet listed as the DME. Orders will be obtained from the residents PCP for clarification when needed.
- The Resident Care Director will monitor all new admission files to be sure that the initial assessments are completed within 15 days of admission.
- All resident care staff will be re-educated by the Resident Care Director on time frame requirements for Initial Assessments.

**Responsibility**

- The licensed nurses and or the Resident Care Director will audit all resident assessments.
- The Resident Care Director will be responsible to check all new admission files weekly to be sure that the assessment was completed within 15 days of admission.
- The Resident Care Director will be responsible to re-educate resident care staff of time frame requirements for initial assessments. She will also re-educate that they must be signed by whoever completed it and that the diets must match the DME.

**Date for Correction to be completed**

- The audit of all resident's assessments will be completed by 3/11/13.
- The Resident Care Director will re-educate staff at the next monthly staff meeting, no later than 3/31/13.

RECEIVED

Violation Report: 42346 - 02/07/2013 - Williams, Jason  
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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.

Mar 7 2013

Western Field Office  
Residential Licensing

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #6 was completed on 12/24/2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached pg 6  
see page 6 of 8

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative  
(Required on EVERY Page) *Brenda Daubner*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) **BRENDA DAUBNER** Date 3/5/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-12-13</u> (Date)	Plan of correction implementation status as of <u>3-12-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

page 6A of 8

6

RECEIVED

Facility Name: NEWHAVEN COURT AT CLEARVIEW  
License Number: 423460  
Date: February 28, 2013

7 2013

Western Field Office  
Adult Protective Services

#### Violation Review

- 2600.225(c)-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

#### Violation Interpretation Statement

- The most recent assessment for Resident #6 as completed on 12/24/11.

#### Benefit of the Regulation

- Allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

#### Prevention

- The Resident Care Director will audit all resident files to be sure that the assessments are completed annually.
- The Resident Care Director will develop a tickler system for all admissions to ensure that the assessments are completed within 15 days of admission and then annually or when there is a change in condition. This tickler will be effective, 03/01/2013. See Attached Form.
- All resident care staff will be re-educated by the Resident Care Director on time frame requirements for Assessments.
- The Executive Director will audit 10 random charts during monthly audit to ensure all RASP's are completed timely.

#### Responsibility

- The Resident Care Director will be responsible to check all new admission files weekly to be sure that the assessment was completed within 15 days of admission and then randomly check other resident files to be sure their assessments have been completed annually or upon change in condition.
- The Resident Care Director will be responsible to re-educate resident care staff of time frame requirements for initial assessments.

#### Date for Correction to be completed

- The audit of all resident's assessments will be completed by 3/11/13.
- The Resident Care Director will re-educate staff at the next monthly staff meeting, no later than 3/31/13, on the time frame requirements for RASP's.

Violation Report: 42346 - 02/07/2013 - Williams, Jason  
PCH Name: NEWHAVEN COURT AT CLEARVIEW

March 7 2013

1. REGULATION 55 Pa.Code §2600

2600.227(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #7 was admitted to the home on 11/10/2012 but did not have an initial support plan completed until 1/1/2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached pg. 7  
See page 7A of 8

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Brenda Daubner*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) **BRENDA DAUBNER**      Date **3/5/13**

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-12-13  
(Date)

Plan of correction implementation status as of 3-12-13  
(Date)

The above plan of correction was approved by *CDP*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

7 2013

Western Field Office  
Adult Treatment Center

Facility Name: NEWHAVEN COURT AT CLEARVIEW  
License Number: 423460  
Date: February 28, 2013

**Violation Review**

- 2600.227(a)-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.

**Violation Interpretation Statement**

- Resident #7 was admitted to the home on 11/10/12 but did not have an initial support plan completed until 1/1/13.

**Benefit of the Regulation**

- Ensures that each resident's needs are met, and that accountability for meeting those needs is firmly established.

**Prevention**

- All files were audited by the registered nurse to ensure that all support plans were within 30 days of admission. This audit was completed on 02/15/2013.
- The Resident Care Director will develop a tickler system for all admissions to ensure that the support plan is completed within 30 days of admission. This tickler will be effective, 03/01/2013. See Attached Form.
- The Resident Care Director will provide additional education at the next monthly staff meeting, no later than 03/31/2013, on time frame requirements for RASP's.

**Responsibility**

- The Resident Care Director will initiate the tickler system, and ensure the support plans are completed within 30 days of admission.
- The Executive Director will review the tickler system monthly to ensure the support plans are completed within 30 days of admission.

**Date for correction to be completed**

- The audit of all support plans was completed on 02/15/2013.
- The tickler system will be in effect on 03/01/2013, and ongoing.
- The additional staff education will be provided, no later than 03/31/2013.

Violation Report: 42346 - 02/07/2013 - Williams, Jason

PCH Name: NEWHAVEN COURT AT CLEARVIEW

7 2013

**1. REGULATION 55 Pa.Code §2600**

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**2a. DESCRIPTION OF VIOLATION**

The courtyard connected to the secure dementia care unit of the building has a gate for egress that operates by entering a code into the keypad. The code for operating this keypad is not posted on or by this gate.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached pg 5A of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Brenda Daubner*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

BRENDA DAUBNER

Date 3/5/13

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3-12-13  
(Date)

Plan of correction implementation status as of 3-12-13  
(Date)

The above plan of correction was approved by *JD*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

page 8A of 8

RECEIVED

7 2013

Western Field Office  
Adult Protective Services

Facility Name: NEWHAVEN COURT AT CLEARVIEW  
License Number: 423460  
Date: February 28, 2013

**Violation Review**

- 2600.233(c)- If Key-locking devices, electronic cars systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Violation Interpretation Statement**

- The courtyard connected to the secure dementia care unit of the building has a gate for egress that operates by entering a code into the keypad. The code for operating this keypad is not posted on or by the gate.

**Benefit of the Regulation**

- Posting the directions for the operation of key locking devices, electronic cards systems or other devices that prevent immediate egress help to ensure that person in the secured dementia care unit who do not have an identify need to be in a secured unit can exit the secured unit on their own and at will.

**Prevention**

- The code for operating the keypad on the secured dementia unit courtyard gate was posted on February 7, 2013.
- A strong adhesive sleeve was ordered and this more secure way of posting the courtyard gate code will be in place by March 8, 2013.
- The Memory Care Coordinator and/or staff will confirm daily that the code is in place.
- The Executive Director will also confirm code is posted on daily rounds of secured dementia unit.

**Responsibility**

- The Memory Care Coordinator and/or staff will confirm daily that the code is in place.
- The Executive Director will also confirm code is posted on daily rounds of secured dementia unit.

**Date for Correction to be completed**

- The courtyard gate code is currently posted, however a more secure posting will be in place by March 8, 2013.