



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

Ms. Loriann Putzier, Chief Operating Officer
Tithonus Greensburg, LP
c/o Integracare Corporation
6600 Brooktree Court, Suite 1000
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 February 19, 2013 and February 20, 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.

Your regular license for the period of June 10, 2013 to June 10, 2014 was issued on March 11, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "RM", with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: NEWHAVEN COURT AT LINDWOOD		License Number: 42936
Address: 100 FREEDOM WAY, GREENSBURG, PA 15601		County: Westmoreland
Administrator: LORI GRANT	Western Field Office Adults	Region: WEST
Legal Entity Name: TITHONUS GREENSBURG LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 100, WEXFORD, PA 15090		
Certificate(s) of Occupancy C-2 LP 06/02/2006 Labor & Industry		
Staffing Hours Resident Support: 89.25 Total Daily Staff: 193 Waking Staff: 145		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/25/2013: Flinner-Alman, Lisa; Garrigan, Laurie 03/26/2013: Flinner-Alman, Lisa; Garrigan, Laurie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 128 Number of Residents Served: 73 Secured Dementia Care Unit in Home: Yes Area: MEMORY CARE UNIT Secured Dementia Unit Capacity, if Applicable: 16 Number of Residents Served in Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 17	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 88 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 31 Have a Physical Disability: 1	

Violation Report: 42936 - 03/25/2013 - Flinner-Alman, Lisa

PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 3/25/13 from 3:40 - 3:50 p.m. and on 3/26/13 at 11:05 a.m., records were unlocked and accessible in the copier room, including a binder labeled "LTC Insurance" with resident's names, dates of birth and insurance numbers, deposit detail reports on residents' daily deposits from January 2012 through March 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 page 2A -

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

[Handwritten Signature]

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

Loli Grant, Executive Director

Date 4-18-13

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

The above plan of correction is approved as of 4/22/13 (Date)

Plan of correction implementation status as of 4/22/13 (Date)

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature] (Initials)

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 3/25/2013 and 3/26/2013

Response Date: April 18, 2013

Plan of Correction

Western Field Office
Admission and Licensing

Violation Review:

- 2600.17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation:

- On 3/25/13 from 3:40 - 3:50 p.m. and on 3/26/13 at 11:05 a.m., records were unlocked and accessible in the copier room, including a binder labeled "LTC Insurance" with resident's names, dates of birth and insurance numbers, deposit detail reports on residents' daily deposit from January 2012 through March 2013.

Cause of Violation:

- The method for ensuring that all Resident records/information are kept confidential and secure at all times was not adequately monitored to ensure consistent compliance with this function.

Benefit of the Regulation:

- Protecting the confidentiality of Resident information by ensuring that the information is not accessible to unauthorized personnel/community visitors.

Prevention:

- A lock has been placed on the copier room door to confirm that all Resident records/information is confidential as well as to ensure that only authorized personnel have access to the room per the regulation and policies.
- Training was conducted on April 11, 2013, by the Executive Director to those who possess a key to the copier room. The training included the re-education of keeping Resident records/information confidential and secure at all times as well as the new procedure regarding the lock on the copier room door.
- Please see attached training signature sheet.

Responsibility:

- The Receptionist is responsible to ensure this system and protocol stays in place by ensuring that the copier room door is locked and by monitoring who that only authorized personnel have access to the room.
- The Executive Director will monitor regularly.

Date for correction to be completed: This was implemented immediately on 3/25/2013.

[Handwritten Signature]
4/22/13

Violation Report: 42936 - 03/25/2013 - Flinner-Alman, Lisa
 PCH Name: NEWHAVEN COURT AT LINDWOOD

20 2013

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The updated contracts for residents #1 and 2, dated 11/27/12, were not signed by the residents.

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 Page 3A -

Repeat Violation: No

Date(s) of Previous Violation(s)

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Leri Grant, Executive Director

Date 4-18-13

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

The above plan of correction is approved as of 4/20/13
 (Date)

Plan of correction implementation status as of 4/22/13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

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

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 3/25/2013 and 3/26/2013

Response Date: April 18, 2013

2013

Plan of Correction

Violation Review:

- 2600.25 (b) The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation:

- The updated contracts for residents #1 and 2, dated 11/27/12, were not signed by the residents.

Cause of Violation:

- The method for ensuring that all annual updated resident contracts are signed by the resident was not adequately communicated or monitored to ensure that all residents, regardless if the resident resides in Memory Care and/or has memory limitations due to Dementia/Alzheimer's, sign the contract and/or make their mark.

Benefit of the Regulation:

- Ensuring that there is a resident's signature on all updated contracts demonstrates that the contract was reviewed with them and that they are aware of the changes set forth, whether it is a change in program, rates, home policies, etc. Without a signature, the perception could be interpreted that the resident is unaware to changes in their contract.

Prevention:

- When Resident contracts are updated annually, the Receptionist will be responsible for tracking the return of all contracts. The Receptionist will track the return of the contracts on a monitoring sheet as well as confirm that all necessary signatures are obtained. If missing Resident signatures are present, the Receptionist will be responsible for obtaining the signature. The marketing department will monitor the tracking sheet daily to confirm that Resident signatures/marks are present. The Executive Director will monitor the tracking sheet weekly until all updated annual contracts are returned, signed, and meet compliance.
- Please see attached contracts for Residents #1 and #2 for verification purposes that Resident signatures were obtained.
- Please see attached monitoring sheets as well as training sheet verifying that education was provided to the Receptionist and Marketing Department on April 11, 2013, by the Executive Director.

Responsibility:

- The Receptionist is responsible to ensure that this system and protocol stays in place for all updated annual contracts.
- The Executive Director will monitor regularly until compliance is met.

Date for correction to be completed:

- The Marketing Department will conduct a full audit of all contracts to ensure that Resident signatures are present. The audit will be completed by April 26, 2013. Contracts found to be out of compliance will be corrected at that time.
- Immediately, and on-going, operating protocol.

[Handwritten signature]
4/22/13

Violation Report: 42936 - 03/25/2013 - Flinner-Alman, Lisa
PCH Name: NEWHAVEN COURT AT LINDWOOD

APR 20 2013

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drills conducted in January 2013 and February 2013 do not include the date they were held.

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 Page 4A -

Repeat Violation: No

Date(s) of Previous Violation(s)

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Lori Grant, Executive Director

Date 4-18-13

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

The above plan of correction is approved as of

4/22/13
(Date)

Plan of correction implementation status as of

4/20/13
(Date)

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

The above plan of correction was approved by

(Initials)

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 3/25/2013 and 3/26/2013

Response Date: April 18, 2013

Plan of Correction

6 2013

Violation Review:

- 2600.132 (c) A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation:

- The fire drill record sheet, for the drills conducted in January 2013, and February 2013, did not include the dates as to when the drills were held.

Cause of Violation:

- The method for ensuring that all dates are recorded to reflect when a fire drill took place where not recorded or adequately monitored to ensure that compliance is being met.

Benefit of the Regulation:

- Recording the fire drill dates demonstrate when the drill took place during that particular month. The dates also reflect if compliance is being met monthly.

Prevention:

- The Environmental Services Director was re-educated on the regulation and policy by the Executive Director and Vice President of Operations on April 12, 2013, that each drill must reflect a date.

Responsibility:

- The Environmental Services Director will be responsible for recording the dates on the fire drill record sheet monthly after a fire drill is conducted.
- The Executive Director will monitor the fire drill record sheet monthly to ensure that the dates are reflected and that compliance is met.

Date for correction to be completed:

- The missing January 2013, and February 2013, fire drill dates were recorded and corrected on April 12, 2013, by the Environmental Services Director.
- An audit of the fire drill record sheet was conducted on April 12, 2013. No other dates were found to be missing. This procedure will be monitored immediately, and ongoing.

[Handwritten signature]
4/18/13

Violation Report: 42936 - 03/25/2013 - Flinger-Alman, Lisa
PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

Sleeping hours fire drills were held on 1/26/12 and 9/1/12. More than 6 months transpired between sleeping hours fire drills.

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 Page 5A -

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 4/20/13
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 4/22/13
(Date)

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

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 3/25/2013 and 3/26/2013

Response Date: April 18, 2013

Plan of Correction

© 2013

Violation Review:

- 2600.132 (e) A fire drill shall be held during sleeping hours once every 6 months.

Western Piedmont
Health Licensing

Description of Violation:

- Sleeping hours fire drills were held on 1/26/12 and 9/1/12. More than 6 months transpired between sleeping hours fire drills.

Cause of Violation:

- The method for ensuring that sleeping hours fire drills are being held once every 6 months was not adequately monitored to ensure consistent compliance with this function.

Benefit of the Regulation:

- Conducting sleeping hours fire drills allows staff and residents to understand the protocol and system to safely evacuate the home during night time hours.

Prevention:

- The Environmental Services Director was re-educated on the regulation and policy by the Executive Director and Vice President of Operations on April 12, 2013.
- The Environmental Services Director created a tickler on April 12, 2013, to conduct sleeping hours fire drills once every 6 months so that compliance is met.
- Staff will be re-educated about the regulation, procedure, and protocol on April 23, 2013, during a staff meeting by the Executive Director and Environmental Services Director.
- Residents will be re-educated about the regulation, procedure, and protocol by Tuesday, April 23, 2013, by the Executive Director and Environmental Services Director.

Responsibility:

- The Environmental Services Director will be responsible for conducting all sleeping hours fire drills once every 6 months.
- The Director of Resident Care will monitor and review with both the Environmental Services Director and Executive Director to ensure that staff are following the protocol and procedure set forth as well as to monitor the residents and their capabilities so that all can be evacuated safely.
- The Executive Director will create a tickler by April 18, 2013, to ensure that sleeping hours fire drills are occurring once every 6 months and that compliance is met.

Date for correction to be completed:

- A sleeping hours fire drill will be conducted before the end of April 2013.
- Immediately, and ongoing, operating protocol.

[Handwritten signature]
4/18/13

Violation Report: 42936 - 03/25/2013 - Flinner-Alman, Lisa
 PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

20 2013

2a. DESCRIPTION OF VIOLATION

All exits were used during the fire drills conducted from May 30, 2012 through February 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 Page 6A -

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Lori Grant, Executive Dir.	4-18-13

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

The above plan of correction is approved as of 4/20/13
 (Date)

Plan of correction implementation status as of 4/20/13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

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

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 3/25/2013 and 3/26/2013

Response Date: April 18, 2013

Plan of Correction

Violation Review:

- 2600.132 (f) Alternate exit routes shall be used during the fire drills.

Description of Violation:

- All exits were used during the fire drills conducted from May 30, 2012, through February 2013.

Cause of Violation:

- The method for ensuring that alternate exit routes are being utilized instead of all exit routes were not adequately monitored to ensure consistent compliance with this function.

Benefit of the Regulation:

- Allows homes to create a comprehensive fire drill plan to ensure that staff/residents are educated and aware as to which alternate exits are available should other exit routes be inaccessible in the case of a fire. By choosing different exits to be blocked during a drill, staff and residents will know alternate routes to take so that they can evacuate safely.

Prevention:

- The Environmental Services Director was re-educated on the regulation and policy by the Executive Director and Vice President of Operations on April 12, 2013.
- Random exit areas will be chosen monthly. These areas will be blocked so that staff and residents understand and learn which alternative exit routes are available in case of a fire.
- The Executive Director and Environmental Services Director will work together on choosing which exits will be blocked and rotated per month for all fire drills so that alternative exits routes are being utilized.

Responsibility:

- The Environmental Services Director will be responsible for ensuring that this system and protocol is met per month.
- The Executive Director will monitor and review all fire drills to ensure that compliance is met.

Date for correction to be completed:

- Immediately, and on-going, operating protocol.

[Signature]
4/28/13