



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JAN 24 2014

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
Certificate/License #423460

Dear Ms. Putzier:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 16, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Sincerely,

Jon Kimberland
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: NEWHAVEN COURT AT CLEARVIEW		License Number: 42346
Address: 100 NEWHAVEN LANE, BUTLER, PA 16001		County: Butler
Administrator: Brenda Daubner		Region: WEST
Legal Entity Name: TITHONUS BUTLER LP		RECEIVED
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy C-2 LP 04/09/1996 L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 130	Waking Staff: 98
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/16/2013: Phillips, Joseph		
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: 115 Number of Residents Served: 113 Secured Dementia Care Unit In Home: Yes Area: on first floor of home Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 4		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 113 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 2

Violation Report: 42346 - 10/16/2013 - Phillips, Joseph
 PCH Name: NEWHAVEN COURT AT CLEARVIEW

JAN 15 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 5/5/09. Direct care staff person A 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.

Regulation 2600.54(a)

- 1. A food service employee worked in the Resident Care Department but did not have a GED/Diploma in her file.
- 2. On October 17th, the employee was asked to provide her HS diploma, which she provided that same day.
- 3. All resident care staff files were audited by the Business Office Manager on October 17, 2013 to be sure all diplomas were present in their files. All were present.
- 4. All managers were educated by the Executive Director in morning stand up meeting on October 18, 2013 of the DPW requirement of having a GED/Diploma for all direct care staff.
- 5. The Executive Director or the Business Office Manager will be required to approve any employee from another department to work in the Resident Care department prior to them working. This system will be in place to verify proper education requirements.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/07/2013	
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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, EXECUTIVE DIRECTOR* Date *JAN 15, 2014*

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

The above plan of correction is approved as of <u>1-21-14</u> (Date)	Plan of correction implementation status as of <u>1-21-14</u> (Date)
The above plan of correction was approved by <u><i>SD</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>1-21-14</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42346 - 10/16/2013 - Phillips, Joseph

PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 5/5/09. Staff person A was providing direct care services to residents on 10/12/13. Direct care staff person A has not successfully completed and passed the Department-approved direct care training and passed the competency test.

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 sheet - pg. 1

See page 3A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/07/2013		
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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, EXECUTIVE DIRECTOR** Date **1-15-14**

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>1-21-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 2600.65(d)

1. A food service worker worked in the Resident Care Department but had not completed the Department-approved direct care training and had not taken the DPW Competency test prior to working the floor.
2. On October 17th, the employee completed the DPW competency test. She was no longer going to be working in resident care, therefore the direct care training was not given. She was informed that she cannot work in Resident Care until her direct care training is provided.
3. All resident care staff files were audited by the Business Office Manager on October 17, 2014 to be sure all staff had documentation of department-approved training and the competency test certificate.
4. All managers were re-educated by the Executive Director in morning stand up meeting on October 18, 2013 of the DPW requirement of having the department-approved training and also the competency test certificate.
5. The Executive Director or the Business Office Manager will verify that all direct care staff complete and pass the competency test before working the floor and also have the department-approved training within their first 30 days of employment by the use of a tickler system to track completion of both. 30 day department orientation forms will be completed and kept in each employees file for verification, as well as a copy of the competency test certificate.

RECEIVED

JAN 21 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1-21-14g

Violation Report: 42346 - 10/16/2013 - Phillips, Joseph
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #1 was admitted to the home on 7/30/13. The home has not completed an initial assessment for resident #1.

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.

Regulation 2600.225(a)

1. Resident #1 did not have a completed initial assessment within the required time frame.
2. RASP was completed on October 24, 2013.
3. Audit was completed of all files and several residents records were discovered to be out of compliance. This is due to a change in the management position in this department.
4. A new Resident Care Director was hired October 3, 2013. She is knowledgeable of time requirements and has created a tickler system to better monitor the dates. She is participating in the repair process of charts that are out of compliance.
5. The Resident Care Director is currently reviewing all new admission charts upon admission and also will use the new tickler system to monitor charts and keep in compliance at all times.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 02/07/2013

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, EXECUTIVE DIRECTOR

Date 1-15-14

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The above plan of correction is approved as of 1-21-14
(Date)

Plan of correction implementation status as of 1-21-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *1-21-14g*
- Partially Implemented - Inadequate Progress
- Not Implemented

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