



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** MAR 11 2014

Ms. Loriann Putzer, Chief Operating Officer/  
As Agent-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  
License # 423460

Dear Ms. Putzer:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 30, 2014 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.

Sincerely,

A handwritten signature in black ink that reads "Susie Pollock".

Susie Pollock  
Acting Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 42346 - 01/30/2014 - Glidden, Michelle  
 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.

**2a. DESCRIPTION OF VIOLATION**

The most recent assessment, dated 7/11/12, for resident #1 does not address the resident's fall risk; however, the resident had numerous falls in the home as indicated in the following incident reports:

- \* 2/19/13 "Observed resident on the floor, sitting in doorway of room 8 with feet in hallway"
- \* 4/4/13 "At approximately 3:30 a.m. resident found in her room on the floor in a seated position"
- \* 4/14/13 "RCA found resident sitting on her buttocks beside her bed"
- \* 6/13/13 "7:10 a.m. Resident was found sitting on the floor outside her bedroom door"
- \* 6/23/13 "Resident was found sitting on the floor beside her bed at 2:30 a.m. by RCA"
- \* 7/6/13 "6:15 a.m. Resident was found on her floor beside her bed with all her bedding"
- \* 7/9/13 "Found on floor"
- \* 7/26/13 "7:50 a.m. Resident was found sitting on floor at foot of her bed"
- \* 7/27/13 "6:20 a.m. Resident was found sitting on her bathroom floor"
- \* 8/27/13 "4:10 a.m. Resident was found on the bedroom floor during rounds"
- \* 9/29/13 "3:15 a.m. RCA found resident sitting on bathroom floor"
- \* 10/25/13 "5:30 a.m. RCA found resident lying on floor in hallway outside her room"
- \* 11/15/13 "6:55 a.m. RCA found resident lying on floor beside her bed"
- \* 1/1/14 "RCA found resident lying on the floor beside bed. She was wrapped in her blankets"
- \* 1/15/14 "Resident was found at 12:20 a.m. lying on the floor in her bedroom by the RCA- laceration to left eyebrow and left eye swollen shut, and small amount of active bleeding from nose - sent to ER"

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MAR 06 2014

WEST VIRGINIA FIELD OFFICE  
 Human Services Licensing

**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 page 2<sup>A</sup> of 3

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 3/1/14

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

The above plan of correction is approved as of <u>3-10-14</u> (Date)	Plan of correction implementation status as of <u>3-10-14</u> (Date)
The above plan of correction was approved by <u>Smp</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>Smp</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

page 2<sup>A</sup> of 3

Facility Name: Newhaven Court at Clearview

License Number: 423460

Inspection Date: 1/30/14

Response Date: 3/1/14

**Violation Review:**

- 2600.225 (c) A resident shall have 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

**Description of Violation:**

- Resident #1 assessment dated 7/11/12, does not address the resident being a fall risk. There are 15 incident reports on resident's falls.

**Cause of Violation:**

- Resident assessment not changed to coincide with resident needs changing. The location of Resident Assessment and Support Plan impedes efficient and effective review and updates to reflect changes.

**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:**

- Resident #1 is no longer a resident at the facility.
- By April 1<sup>st</sup> and quarterly all Incident reports will be reviewed for falls and those falls will be cross referenced with the RASP's to ensure falls risk and mobility are addressed appropriately for each resident.
- Resident and Support Plan Training will be a component of the monthly resident care staff meetings, beginning with March 2014 meeting.
- The Resident Assessment and Support Plans will be placed in new binder system, more accessible to direct care staff to improve awareness that changes in Resident condition or needs will result in updating of the Assessment and the Support Plan, simultaneously.
- The 11-7 LPN will monitor the communication logs, incident reports and interdisciplinary notes to cross-walk changing needs with changed resident assessments and support plans. The 11-7 LPN will also update the RASP as needed.
- The DRCS and the Administrator will use the same communication tools to track progress on new system

**Responsibility:**

- Once the binders are established, the DRCS will monitor progress on a daily basis to ensure the program is working, and then reduce monitoring to weekly. The administrator will monitor on a weekly basis to establish a pattern of compliance, and then return to monthly audits within the scope of the department audits.

**Date for correction to be completed:**

- The binders will be completed and cross-walk program will be implemented by 4/1/2014.

Brenda Daubner, Executive Director, 3/7/14

Susie Pollock (SMP) 3-10-14  
Regional Licensing Approval  
Of Plan of Correction  
Susie Pollock

Violation Report: 42346 - 01/30/2014 - Glidden, Michelle  
 PCH Name: NEWHAVEN COURT AT CLEARVIEW

**1. REGULATION 55 Pa.Code §2600**

2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**2a. DESCRIPTION OF VIOLATION**

The most recent support plan, dated 7/11/12, for resident #1 does not address fall risk precautions; however, the resident had numerous falls in the home as indicated in the following incident reports:

- \* 2/19/13 "Observed resident on the floor, sitting in doorway of room 8 with feet in hallway"
- \* 4/4/13 "At approximately 3:30 a.m. resident found in her room on the floor in a seated position"
- \* 4/14/13 "RCA found resident sitting on her buttocks beside her bed"
- \* 6/13/13 "7:10 a.m. Resident was found sitting on the floor outside her bedroom door"
- \* 6/23/13 "Resident was found sitting on the floor beside her bed at 2:30 a.m. by RCA"
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- \* 1/15/14 "Resident was found at 12:20 a.m. lying on the floor in her bedroom by the RCA- laceration to left eyebrow and left eye swollen shut, and small amount of active bleeding from nose - sent to ER"

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 WOODBURY TOWNSHIP FIELD OFFICE  
 Human Services Licensing

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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 *3/1/14*

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Facility Name: Newhaven Court at Clearview  
License Number: 423460  
Inspection Date: 1/30/14  
Response Date: 3/1/14

**Violation Review:**

- 2600.234 (b) The support plan must identify the residents physical, medical, social, cognitive and safety needs.

**Description of Violation:**

- Resident #4 fell on multiple dates, however the Resident's support plan does not address precautions needed due to the Resident's risk for falls.

**Cause of Violation:**

- Resident support plan not changed to coincide with resident needs changing. The location of Resident Assessment and Support Plan impedes efficient and effective review and updates to reflect changes.

**Benefit of the Regulation:**

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

**Prevention:**

- Resident #1 is no longer a resident at the facility.
- By April 1<sup>st</sup> and quarterly all Incident reports will be reviewed for falls and those falls will be cross referenced with the RASP's to ensure falls risk and mobility are addressed appropriately for each resident.
- Resident and Support Plan Training will be a component of the monthly resident care staff meetings, beginning with March 2014 meeting.
- The Resident Assessment and Support Plans will be placed in new binder system, more accessible to direct care staff to improve awareness that changes in Resident condition or needs will result in updating of the Assessment and the Support Plan, simultaneously.
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**Responsibility:**

- Once the binders are established, the DRCS will monitor progress on a daily basis to ensure the program is working, and then reduce monitoring to weekly. The administrator will monitor on a weekly basis to establish a pattern of compliance, and then return to monthly audits within the scope of the department audits.

**Date for correction to be completed:**

- The binders will be completed and cross-walk program will be implemented by 4/3/2014.

Susie Pollock (SMP) 3-10-14  
Regional Licensing Approval of Plan of  
Susie Pollock Correction

Brenda Doubar, Executive Director, 3/1/14