



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 06 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 16001
License #: 423460

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on February 12, 2014 and February 20, 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.

Your regular license for the period April 25, 2014 to April 25, 2015 was issued on January 31, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Director

Enclosure
License 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		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		RECEIVED
Certificate(s) of Occupancy C-2 LP 04/09/1996 L&I		MAR 21 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 130	Working Staff: 98
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/12/2014: Phillips, Joseph; Orme, Melinda 02/20/2014: 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: 106 Secured Dementia Care Unit in Home: Yes Area: Pathways 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: 19		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 106 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 2

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MAR 31 2014

Page 2 of 7

Violation Report: 42346 - 02/12/2014 - Phillips, Joseph
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 2/12/14, the home's most current license and current licensing inspection summary was posted next to the resident's mail boxes at the far right side of the building away from the main entrance, which is not in a conspicuous place for the public to have access.

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 2 A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Faith Mory, PCHA Antwerp Executive Director

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Faith Mory, PCHA Antwerp Executive Director

Date

3/31/14

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

The above plan of correction is approved as of

4-1-14

(Date)

Plan of correction implementation status as of

4-1-14

(Date)

Fully Implemented

Partially Implemented - Adequate Progress *4-1-14*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

f

(Initials)

Community Name: Newhaven Court at Clearview

RECEIVED

License Number: 42346

MAR 31 2014

Date/s of Visit: 2/12 and 2/20 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Date of Submission: 3/31/14

1. **Violation Review:**

2600.3 (c) – The PCH shall display the current license, a current copy of the licensing inspection summary, issued by the Department, and a copy of this chapter in a conspicuous and public place in the personal care home.

2. **Review the Citation, the violation of the Regulation**

On 2/12/14, the home's most current license and current licensing summary was posted next to the Residents' mail boxes located at the far right side of the building, away from the main entrance, which is not in a conspicuous place for the public to have access.

3. **Description of the Repair of the Immediate Problem**

On 3/24/14, a lovely picture frame was purchased, and the current license was placed in the homes vestibule entrance.

4. **Determine / document the Root Cause of the Violation**

The home believed the original (now cited) placement constituted a public thoroughfare for Residents and families, as it is near other relevant community postings, and the location had not been noted as problematic in fifteen years of operation.

5. **Detail Action Steps / System Developed to prevent future occurrence**

The home is changing its practice for its posting location for the current copy of the licensing inspection summary, issued by the Department, and a copy of this chapter, to meet the requirement.

6. **Designated position responsible and specify target date for correction.**

The Business Office Manager, who is also PCHA, and who is acting as Administrator while the Administrator of record is on leave, has procured the frame, and posted the license in the entryway of the community. The remaining documents will be placed in a labeled binder, indicating contents, and placed on a table immediately beneath the license for the public to view. The deadline for this is 3/31/14. Reception will monitor that the binder remains in the public vestibule, via daily check.

Signature of Legal Entity Representative <i>Faith Hong PCHA, Interim Executive Director</i>	
Printed Name and Title of Legal Representative <i>Faith Hong PCHA, Interim Executive Director</i>	Date <i>3/31/14</i>

4-1-14

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MAR 21 2014

Violation Report: 42346 - 02/12/2014 - Phillips, Joseph
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

There were two bath towels and nine wood planks, measuring 1" x 6" x 8', stacked within one foot of the boiler.

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.

4-30-14 - All staff persons will be educated combustible and flammable materials may not be located near heat sources or water heaters. Documentation of education will be kept. 4-1-14g

See Page 3A

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

Signature of Legal Entity Representative
(Required on EVERY Page) Faith Mang, PHA Interim Executive Director

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Faith Mang, PHA Interim Executive Director 3/31/14

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

The above plan of correction is approved as of 4-1-14
(Date)

The above plan of correction was approved by F
(Initials)

Plan of correction implementation status as of 4-1-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 4-1-14
- Partially Implemented - Inadequate Progress
- Not Implemented

Community Name: Newhaven Court at Clearview

License Number: 42346

RECEIVED

Date/s of Visit: 2/12 and 2/20 2014

MAR 23 2014

Date of Submission: 3/31/14

WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review:

2600.125 (a) Combustible and flammable materials may not be housed near heat sources or hot water heaters.

2. Violation Interpretative Statement

There were two bath towels and nine wooden planks measuring 1 x 6 x 8' stacked within one foot of the boiler.

3. Description of the Repair of the Immediate Problem

The items were immediately removed from the area when identified by the survey team from DPW.

4. Detail Action Steps / System Developed to prevent future occurrence

- The Administrator reviewed the requirements of 2600.125 with the Maintenance Director
- The Administrator was able to determine that no other instances of this unsafe practice existed in the PCH.
- The Administrator will monitor the boiler room and other mechanical rooms at least weekly, to ensure this oversight does not happen again.

5. Designated position responsible and specify target date for correction.

- The Maintenance Director will ensure that combustible and flammable materials are not stored within near proximity to heat sources on a daily basis, and review the requirements with his Assistants. Date for completion 3/31/14
- The Administrator will include the boiler and hot water heater areas in weekly rounds with heightened awareness of the requirement, and as a listed item, to ensure compliance. Date for completion 3/31/14 and on-going.

Signature of Legal Entity Representative <i>Faith MORG</i>	
Printed Name and Title of Legal Representative Faith MORG, PCHA Interim Executive Director	Date 3/31/14 4-1-14

Violation Report: 42346 - 02/12/2014 - Phillips, Joseph
 PCH Name: NEWHAVEN COURT AT CLEARVIEW

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

MAR 31 2014

2a. DESCRIPTION OF VIOLATION
 Resident #4's last medical evaluation was completed on 8/29/12.

WEST REGION 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.

See Pages 4A and 4B

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Faith Wong, PCHA Interim Executive Director

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Faith Wong PCHA Interim Executive Director Date 3/31/14

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

The above plan of correction is approved as of <u>4-1-14</u> (Date)	Plan of correction implementation status as of <u>4-1-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>4-1-14</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Community Name: Newhaven Court at Clearview

License Number: 42346

RECEIVED

Date/s of Visit: 2/12 and 2/20 2014

MAR 23 2014

Date of Submission: 3/31/14

WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review:

2600.141 (b) 1: A Resident shall have a medical evaluation at least annually

2. Review the Citation, the violation of the Regulation

Resident #4 Medical Evaluation was completed 8/29/12

3. Description of the Repair of the Immediate Problem

Resident #4 was immediately schedule with physician, and DME was completed on 2/18/14.
Resident new DME date was entered into community's tickler system for follow up in one year.

4. Detail Action Steps / System Developed to prevent future occurrence

- Audit completed on all DME's for prevalence of out of date DME's. Additional instances were identified in the audit.
- Residents with past-due medical evaluations are currently being scheduled appointments to get their annual physical.
- All Resident Annual physicals will be caught up, documented and recorded in on-going tickler system by 4/25/14, or sooner, depending on MD availability and appointment scheduling.
- A tickler system was generated from the data gathered from the audit
- As DME's are returned to the PCH, a system for tracking and documenting completeness and a system considering future compliance has been developed and is being maintained by the interim Administrator, with help from the management company's operations team.
- The system will be monitored electronically, using the operations soft-ware program designed for such, as well as electronic access to the tickler tracking tool.
- The new Director of Resident Care will be oriented to the tickler system operation, location and procedures during orientation to her primary job duties.

Signature of Legal Entity Representative <i>Faith Wong, PCHA Interim Executive Director</i>	
Printed Name and Title of Legal Representative Faith Wong, PCHA Interim Executive Director	Date 3/31/14

4-1-14 8

MAR 23 2014

WEST REGION FIELD OFFICE
Human Services Licensing

5. Designated position responsible and specify target date for correction.

- The interim Administrator will ensure the Annual physical schedule is being adhered to via daily monitoring and communication with the management company's Vice President of Operations. Resident physicals are proceeding on-schedule and should be completed by 4/25/14.
- Tickler maintenance and compliance is being monitored by the interim Administrator and the management company's Vice President of Operations, and will continue to be so until such time that a pattern of compliance can be established.
- The new Director of Resident Care Services will be trained in the requirement of 2600.141 (b) 1, and the system developed to facilitate compliance will be reviewed by 4/21/14. The VPO of the management company, ICC, will follow the progress of the new system until a pattern of compliance has been firmly established.

Signature of Legal Entity Representative <i>Faith Mong, PCHA Executive Director</i>	
Printed Name and Title of Legal Representative <i>Faith Mong, PCHA Interim Executive Director</i>	Date <i>3/31/14</i>

4-1-14

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MAR 31 2014

Violation Report: 42346 - 02/12/2014 - Phillips, Joseph
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 2/20/14, the 3/4th empty vial of Levemir insulin, belonging to resident #8 was not dated when opened.

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.

4-30-14 - All staff persons qualified to administer medications will be educated on regulation 2600.183(e) including dating insulin medication when opened. Documentation of education will be kept. 4-1-14

See page 5A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Paul Wong, PCHA Internal Executive Director

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

Paul Wong, PCHA Internal Executive Director

Date

3/31/14

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The above plan of correction is approved as of

4-1-14
(Date)

Plan of correction implementation status as of

4-1-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 4-1-14

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

(Initials)

Community Name: Newhaven Court at Clearview

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License Number: 42346

MAR 21 2014

Date/s of Visit: 2/12 and 2/20 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Date of Submission: 3/31/14

1. **Violation Review:**

2600.183 (e): Prescription medication, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light, and in accordance with the manufacturer's instructions

2. **Review the Citation, the violation of the Regulation**

On 2/20/14, the ¼ empty vial of Levemir insulin, belonging to Resident #6 was not dated when opened.

3. **Description of the Repair of the Immediate Problem**

The vial of Levemir was discarded, and a new one opened, and dated, immediately.

4. **Detail Action Steps / System Developed to prevent future occurrence**

- Audit will be completed of medication storage in the Wellness Center 3/31/14 to determine compliance with 2600.183.
- A tool has been developed (amended RCS 068, attached) to assist with weekly monitoring of medication administrations systems, and this tool will be assigned to the 11-7 LPN for compliance.
- The (new) Director of Resident Care will be oriented to the chapter requirements of 2600.183, and the tool, and system for maintaining compliance, and monitoring will be incorporated into her routine by 4/25/14.
- The Interim-Administrator will monitor progress on compliance with 2600.183 and tools
- The VPO for the management company, ICC will monitor at least weekly for compliance with using the tool until such time that a routine for compliance has been successfully established.

5. **Designated position responsible and specify target date for correction.**

- The VPO and interim Administrator will ensure use of the monitoring tool by 11-7 Wellness Nurse, beginning week of 3/31/14
- The VPO will ensure new DRCS is trained on the requirement and systems to support compliance with 2600.183 by 4/25/14, and will monitor compliance immediately, and on-going.

Signature of Legal Entity Representative <i>Erith Wong, PCHA Executive Director</i>	
Printed Name and Title of Legal Representative Erith Wong, PCHA Executive Director	Date 3/31/14

4-1-14

Violation Report: 42346 - 02/12/2014 - 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 on 8/2/13, did not have an initial assessment completed until 12/19/13.

Resident #2, was admitted on 8/2/13, does not have a completed initial assessment.

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: Yes Date(s) of Previous Violation(s): 10/18/2013

Signature of Legal Entity Representative
(Required on EVERY Page) *Janith Mong, PCHA Intern Executive Director*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Janith Mong, PCHA Intern Executive Director* *3/31/14*

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The above plan of correction is approved as of 4-1-14
(Date)

Plan of correction implementation status as of 4-1-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4-1-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Community Name: Newhaven Court at Clearview

License Number: 42346

RECEIVED

Date/s of Visit: 2/12 and 2/20 2014

MAR 27 2014

Date of Submission: 3/31/14

WEST REGION FIELD OFFICE
Human Services Licensing

1. 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, designee or human services agency may complete the initial assessment.

2. Review the Citation, the violation of the Regulation

Resident #1, admitted 8/2/13 did not have an initial assessment completed until 12/19/13; and Resident #2, admitted 8/2/13 did not have a completed initial assessment.

3. Detail Action Steps / System Developed to prevent future occurrence

- An Audit as to the status of all the Resident Assessments was begun on 3/25/14, and will be completed on 3/31/14, with all findings being entered into a spreadsheet, to identify lapses in timeliness.
- From the audit, a set of priorities for follow up and completion of any out-dated Assessments will be developed, and worked on by the operations team from ICC with diligence and urgency until all Resident Assessments are brought into compliance.
- Once completed, the data will be entered into a tickler system for tracking annual due dates.
- The system will be taught to the new Director of Resident Care, and will be monitored weekly by the VPO of ICC until such time that pattern of compliance has been established.
- The Audit will also review the Assessment and Support Plan for integrity and accuracy.

4. Designated position responsible and specify target date for correction.

- The Audit and data entry will be completed in 3/31/14 by the VPO of ICC and operations support team
- The VPO will direct personnel to complete Resident Assessment and track progress on daily basis until all Resident Assessments are up to date – not to exceed 4/21/14
- The VPO will establish the tickler tracking system and teach it to the new Director of Resident Care by 4/24/14, and the interim Administrator
- The VPO will monitor compliance weekly until such time that routines for achieving compliance have been firmly established with personnel at the community

Signature of Legal Entity Representative <i>Faith Moug, PCHA Interim Executive Director</i>	
Printed Name and Title of Legal Representative Faith Moug, PCHA Interim Executive Director	Date 3/31/14

4-1-14

Violation Report: 42346 - 02/12/2014 - Phillips, Joseph
 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.

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MAR 23 2014

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on 5/28/12; however, the most current assessment is dated 6/21/12.

WEST REGION FIELD OFFICE
 Human Services Licensing

Resident #5 was admitted on 3/29/10; however, the most current assessment is dated 9/16/11.

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 7A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Faith Wong, PHA Interim Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Faith Wong, PHA Interim Executive Director</i>	Date <i>3/31/14</i>
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The above plan of correction is approved as of 4-1-14
 (Date)

Plan of correction implementation status as of 4-1-14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4-1-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Community Name: Newhaven Court at Clearview

License Number: 42346

RECEIVED

Date/s of Visit: 2/12 and 2/20 2014

MAR 21 2014

Date of Submission: 3/31/14

WEST REGION FIELD OFFICE
Human Services Licensing

1. Violation Review:

2600.225 (c) : The Resident shall have additional Assessments as follows:

- Annually;
- If the condition of the Resident significantly changes prior to the annual assessment;
- At the request of the Department, upon cause to believe that an update is necessary.

2. Review the Citation, the violation of the Regulation

- Resident #3, admitted 5/28/12; however, the most current assessment is 6/21/12.
- Resident #5 admitted 3/29/10, the most current assessment is 9/16/11.

3. Description of the Repair of the Immediate Problem

- Resident #3 Assessment (RASP) has been updated as of 2/13/14 – attached.
- Resident #5 Assessment (RASP) has been updated as of 2/17/14 – attached.
- Complete Audit of the Resident Assessment and Support Plans finalized on 3/31/14, with additional issues with timeliness being identified and recorded.
- Resident Annual Assessment due dates have been identified, and will be integrated into an annual tickler for this function immediately.

4. Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible w/ target dates for completion:

- VPO to develop RASP Tickler tool from Audit (3/31/14)
- On-site team to complete Resident Assessments to bring all annual assessments to current by 4/30/14.
- VPO to Train new Director of Resident Care Services on the requirement of 2600.225 (c); and during week of 4/21/14;
- VPO to monitor tickler tool and RASP binder for progress and adherence to plan, immediately and on-going.

Signature of Legal Entity Representative <i>Frank Mong, PEHA Intern Executive Director</i>	Date 3/31/14
Printed Name and Title of Legal Representative Frank Mong, PEHA Intern Executive Director	

4-1-14