



JUL 28 2014

Ms. Loriann Putzier, Chief Operating Officer
Tithonus Greensburg, LP
C/O Integracare Corporation
6600 Brooktree Court, Suite 100
Wexford, Pennsylvania 15090

RE: Newhaven Court at Lindwood
100 Freedom Way
Greensburg, Pennsylvania 15601
License #: 429360

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on March 24, 2014 and March 25, 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 June 10, 2014 to June 10, 2015 was issued on March 25, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones". The signature is written in a cursive style.

Matthew J. Jones
Director

MF

Enclosure
License Inspection Summary

Violation Report: 42936 - 03/24/2014 - Williams, Jason
 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 3/24/14, at 9:30 a.m., there were two March 2014 medication administration records (MAR) sitting on the counter in room MCU-8b with no staff present. These MAR's contain all of the medications for the residents who reside on the memory care unit, to include resident #1.

 On 3/24/14, there was a March 2014 MAR unlocked and accessible in the right side end table next to the sofa on the second floor Juniper neighborhood. This MAR contained medications for 6 residents who reside on the second floor of the home, to include residents #2 and #3.

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 and 2B of 7

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/25/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Hori Grant, Executive Dir</i>	Date <i>6-12-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7-2-14</u> (Date)	Plan of correction implementation status as of <u>7-2-14</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 <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 3/24/14, 3/25/14

Response Date: 6/12/2014

Plan of Correction

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 healthcare or healthcare proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation:

- On 3/24/14, at 9:30 a.m., there were two March 2014 medication administration records (MAR) sitting on the counter in room MCU-8b with no staff present. These MAR's contain all of the medications for the residents who reside on the memory care unit, to include resident #1.
- On 3/24/14, there was a March 2014 MAR unlocked and accessible in the right side end table next to the sofa on the second floor Juniper neighborhood. This MAR contained medications for 6 residents who reside on the second floor of the home, to include residents #2 and #3.

Cause of Violation:

- For the incident that occurred in Memory Care on 3/24/14, the resident, who the medication assistant was administering medications to, was not present in their apartment. The medication assistant poured the medication in the apartment and went onto the unit to administer the medication to the resident; however, the MAR's were left unsupervised and unsecured in the resident's apartment.
- For the incident that happened in Juniper neighborhood on 3/24/14, the medication assistant was performing care to a resident in the neighborhood and left the MAR unattended and unsupervised on the end table. Both medication assistants did not ensure that the MAR's were locked/secured before leaving the area.

Benefit of the Regulation:

- Ensuring that all medication administration records (MAR's) are secured/locked when not in use or within the direct supervision of the medication assistant prevents confidential resident information from being accessible to other residents, visitors, families, or unauthorized personnel.

Lori Grant Executive Director

1/2

June Pennington 7/2/14



6-20-14

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 3/24/14, 3/25/14

Response Date: 6/12/2014

Prevention:

- For Senior Living, the medication assistants will lock the MAR in the television cabinets, located in each neighborhood, when not in use.
- For the SDCU, the medication assistants will lock the MAR in the cabinet in the communication hub and/or lock the MAR in the Memory Care Program Coordinator's office when not in use.
- When administering medications, the medication assistants will ensure that the MAR is with them at all times. If they need to leave the area where the MAR is located to perform care and/or administer medications, the medication assistant will lock the MAR in one of the above locations.
- All medication assistants were re-educated about this policy and procedure by the Director of Resident Care Services on March 31, 2014. Please see attached training for verification. Memory Care staff will be re-educated by the Memory Care Program Coordinator on June 24, 2014. Verification of this training will be sent at this time.
- The Director of Resident Care will check the security of the MAR when performing quarterly medication assistant observations.

Responsibility:

- The medication assistants will ensure that the MAR's are locked/secured when not in use or with them at all times during the med pass.
- The Charge Nurse/Personnel and the Memory Care Program Coordinator will ensure that all MAR's are secured/locked when not in use and/or with the medication assistant during the med pass when doing daily rounds.
- The Executive Director and Director of Resident Care will ensure that all MAR's are secured/locked when not in use and/or in complete supervision of the medication assistant during weekly rounds.

Date for correction to be completed:

- Immediately and ongoing operating protocol.

2/2

Levi Grant Executive Director

Free Response 7/2/14

 6-20-14

Violation Report: 42936 - 03/24/2014 - Williams, Jason
 PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 3/24/14, there was a container of Clorox disinfecting wipes with a label that states "if swallowed, call poison control" unlocked and accessible to residents in the hutch in the Birch neighborhood.

On 3/24/14, there was a 40 oz. container of All laundry detergent with a label that states "if swallowed drink a glass of water and call a physician" unlocked and accessible to residents in the second floor resident laundry room adjacent to the Hickory Hills neighborhood.

Some residents in the home, including resident #4, are assessed by the home unable to safely use or avoid poisonous substances.

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 3A and 3B of 7

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Ronald Hunt, Executive Dir.</i>	<i>6-12-14</i>

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

The above plan of correction is approved as of 7-2-14
 (Date)

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

Plan of correction implementation status as of 7-2-14
 (Date)

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

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 3/24/14, 3/25/14

Response Date: 6/12/2014

Plan of Correction:

Violation Overview:

- 2600.82(c) – Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation:

- On 3/24/2014, there was a container of Clorox disinfectant wipes with a label that states "if swallowed, call poison control" unlocked and accessible to residents in the hutch in the Birch neighborhood.
- On 3/24/2014, there was a 40 ounce container of All laundry detergent with a label that states "if swallowed, call poison control" unlocked and accessible to resident in the second floor resident laundry room adjacent to the Hickory Hills neighborhood.
- Some residents of the home, including resident #4, are assessed by the home to be unable to safely use or avoid poisonous substances.

Cause of Violation:

- For the first incident that occurred in Birch neighborhood, a staff person secured the Clorox disinfectant wipes in the cabinet/hutch after use but failed to lock the cabinet door.
- For the second incident that occurred in the laundry room, a resident was using the room and failed to ensure that the laundry detergent was removed from the laundry room after use.


Benefit of the Regulation:

- The benefit of the regulation is to ensure that all residents in the community, assessed to be unsafe around chemicals or poisonous materials, are safe from any chemical/poison that is harmful if consumed. It is the home's responsibility to ensure that all chemicals are locked and secured to protect those residents who are assessed to be unsafe around the chemicals/poisons.

Prevention:

- All staff were re-educated to ensure that the cabinets are locked after use in regard to the storing of chemicals/poisons during the Quarterly Staff Meeting on June 10, 2014. Please see attached training for verification.

1/2

Lori Grant
 Executive Director 6-20-14
Julie Pizzano 7/2/14

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 3/24/14, 3/25/14

Response Date: 6/12/2014


- Residents will be re-educated to ensure that all laundry detergent/chemicals used in the laundry room are removed when not in use during the next Resident Council meeting scheduled on June 26, 2014. They will also be re-educated on the policy and procedure regarding poisons in the home. Verification of this training will be provided at this time.

Responsibility:

- The Executive Housekeeper and Director of Environmental Services are responsible to ensure that all chemicals/poisons are locked/secured during their daily community rounds. If a chemical/poison is found unlocked, immediate action to secure the item will occur as well as education to the individual.
- The Executive Director will check public areas and neighborhoods daily to ensure that all chemicals/poisons are locked until compliance is met. Thereafter, the Executive Director will do random weekly checks in the community.
- The weekend Manager on Duty will monitor during their weekend duties to ensure that chemicals are secured throughout the community as well as document their findings on a check sheet. Please see attached sheet.

Date for correction to be completed: Immediately and ongoing operating protocol.

2/2

 Lori Executive Director 6-20-14
Jesse Peggins 2/2/14

Violation Report: 42936 - 03/24/2014 - Williams, Jason
PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The sidewalk which wraps around the outside of the building has many places where it is not even with the yard beside it. One piece of sidewalk, to the right when facing the front entrance, has a 6 inch drop down to the yard and is beside a steel drainage grate. This poses a trip/fall hazard for 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 4A of 7

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

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(Date)

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

Plan of correction implementation status as of 7-2-14
(Date)

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

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 3/24/14, 3/25/14

Response Date: 6/12/2014

Plan of Correction

Violation Review:

- 2600.100 (a) – The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation:

- The sidewalk which wraps around the outside of the building has many places where it is not even with the yard beside it. One piece of sidewalk, facing the front entrance, has a 6 inch drop down to the yard and is beside a steel drainage gate. This poses a trip/fall hazard for residents.

Cause of Violation:

- The dirt/ground, which surrounds the sidewalk, has eroded/settled throughout the years causing a 6 inch drop off in some areas. The erosion is also due to inclement weather conditions.

Benefit of the Regulation:

- The regulation ensures that residents, families, and visitors are safe when using the sidewalk which wraps around the building. By ensuring the foundation meets the top of the sidewalk, falls and hazards are prevented - especially for those who use an ambulatory device such as canes, wheelchairs, and walkers.

Prevention:

- The Environmental Services Director is currently securing bids for the project to be completed.
- Dirt will be distributed evenly throughout the grounds, and around the sidewalk, to level the drop off.

Responsibility:

- The Environmental Services Director, once the project is completed, will be responsible for ensuring the grounds and sidewalk levels are safe during weekly community rounds.
- The Executive Director will be responsible for ensuring the grounds and sidewalk levels are safe during weekly community rounds once the project is complete.

Date Compliance will be met:

- The project will be completed by the end of June 2014. Verification/pictures regarding the completion of this project will be sent at this time.

Low Cost Executive Director *[Signature]* 6-20-14
Joe Pazzino 7/2/14

Violation Report: 42936 - 03/24/2014 - Williams, Jason
 PCH Name: NEWHAVEN COURT AT LINDWOOD.

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:

- (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 #5 is prescribed Acetaminophen 325 mg, 2 tablets by mouth every 4 hours as needed; however, the March 2014 MAR does not include this medication.

Resident #7 is prescribed Amlodipine 5mg, take 1 tablet on even days and 2 tablets on odd days. The March 2014 MAR includes this medication twice, once for the even days and once for the odd days. The entry for the odd days indicates "Amlodipine 10mg PO on odd days" and does not include the dose.

Resident #7's March 2014 MAR does not include the dose for the following medications:

- Indapamide 1.25mg
- Colace 100mg
- Amlodipine 5mg
- Carvedilol 3.125mg
- Senokot-S 50mg
- Clopidogrel 75mg
- Hydrochlorothiazide 12.5mg

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 5A and 5B of 7

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
<i>Ann Grant, Executive Dir</i>		<i>6-12-14</i>

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

The above plan of correction is approved as of 7-2-14
 (Date)

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

Plan of correction implementation status as of 7-2-14
 (Date)

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

Plan of Correction

Violation Review:

- 2600.187 (a) – A medication record shall be kept to include the following for each resident for whom medications are administered (resident's name, drug allergies, name of medication, strength, dosage form, dose, rout of administration, frequency of administration, administration times, duration of therapy if applicable, special precautions if applicable, diagnosis or purpose for the medication, date and time of the medication, and name/initials of the staff person administering the medication.

Description of Violation:

- Resident #5 is prescribed Acetaminophen 325 mg, 2 tablets by mouth every 4 hours as needed; however, the March 2014 MAR does not include this medication.
- Resident #7 is prescribed Amiodipine 5 mg, take 1 tablet on even days and 2 tablets on odd days. The March 2014 MAR includes this medication twice, once for the even days and once for the odd days. The entry for the odd days indicates "Amiodipine 10 mg PO on odd days" and does not include the dose.
- Resident #7's March 2014 MAR does not include the doses for the following medications: Indapamide 1.25 mg, Colace 100 mg, Amlodipine 5 mg, Carvedilol 3.125 mg, Senokot-S 50 mg, Clopidogrel 75mg, and Hydrochlorothiazide 12.5 mg.

Cause of Violation:

- The Charge Nurse, who was responsible for handwriting these medications on the MAR, failed to write/include the dosage for Resident #5 and #7 (resident #5 no longer resides in our community). The Charge Nurse also did not include Acetaminophen 325 mg, 2 tablets by mouth ever 4 hours daily as needed, for Resident #5 on the March MAR.

Benefit of Regulation:

- The dosage helps the medication assistant understand if the medication is a tablet or a capsule as well as how many need to be administered (i.e. 1 tablet, 2 capsules, etc.). Even though this information is listed on the actual medication, both the medication and MAR need to match. This regulation also is a preventative for medication errors. The regulation also ensures that all prescribed resident medications (especially Coumadin, blood pressure medications, etc.) are listed on the MAR, which is a preventative for medication errors. When administering medications, the medication assistants/Charge Nurses rely on the MAR to understand which routine medications, treatments, and/or *as needed* meds need administered.

1/2

Lori Grant Executive Director 600-14
Jill Pegg 7/2/14

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 3/24/14, 3/25/14

Response Date: 6/12/2014

Prevention:

- An audit will be conducted on all MAR binders both for Senior Living and Memory care by June 20, 2014, to ensure that all dosages are included with the handwritten medications (on the MAR). Verification of this audit will be sent at this time.
- Charge Nurses will be re-educated by June 13, 2014, by the Director of Resident Care, concerning this policy and procedure. Verification on this training will be sent at this time.

Responsibility:

- The Charge Nurses will be responsible for ensuring that all handwritten medications, that need to be added to the MAR, include the dosage and match the label on the medications. It is also the responsibility of the 11-7 Charge Nurse to ensure, during changeover, that all prescribed resident medications are transcribed to the MAR.
- The Director of Resident Care will confirm after changeover is complete, and/or after a new admission, that the MAR includes all necessary information prescribed by the physician.
- The Executive Director will be responsible for pulling random MAR binders weekly and compare the MAR to the physician's order to confirm compliance is met.

Date for correction to be completed: An audit on all MAR binders will be completed by June 20, 2014.

2/2

Lori Gort Executive Director
Joe Pizzino 7/2/14

 6-20-14

Violation Report: 42936 - 03/24/2014 - Williams, Jason
PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
Resident #5 received Hydrocodone APAP 5-325 at 5:00 p.m. and 11:00 p.m. on 3/9/14, 3/17/14 and 3/22/14; however, the staff person who administered this medication did not initial the March 2014 MAR at the time of administration.
Resident #6 received Metoprolol 25mg, Quetiapine Fumerate 25mg, and Donepezil 10mg at 8:00 p.m. on 3/24/14; however, the staff person who administered the medications did not initial the March 2014 (MAR) at the time of administration.

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 607 and 608 of 7

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 6-12-14

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

The above plan of correction is approved as of 7-2-14
(Date)

Plan of correction implementation status as of 7-2-14
(Date)

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

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

Plan of Correction:

Violation Review:

- 2600.187 (b) – The information in 2600.187 (a) (13) and 2600.187 (a) (14) shall be recorded at the time medication is administered.

Description of Violation:

- Resident #5 received Hydrocodone APAP – 5-325 at 5 pm and 11 pm on 3/9/14, 3/17/14, and 3/22/14; however, the staff person who administered this medication did not initial the March MAR at the time of administration.
- Resident #6 received Metoprolol 25 mg, Quetiapine Fumerate 25 mg, and Donepezil 10 mg at 8 pm on 3/24/14; however, the staff person who administered the medications did not initial the March 2014 (MAR) at the time of administration.

Cause of Violation:

- For Resident #5, the medication assistant failed to initial the MAR after administering the medication to the resident.
- After reviewing the MAR for Resident #5, the medication assistant did initial the MAR for Metoprolol, Quetiapine Fumerate, and Donepezil which was administered at 8 pm on 3/24/14. Please see attached MAR for verification.

Benefit of Violation:

- By initialing the MAR immediately after administering medications confirms that the medication was administered. Without initials present, the home will have a difficult time confirming if the medication was administered to the resident. In addition, initialing the MAR prevents medication errors from occurring.

Prevention:

- The medication assistants and Charge Personnel were re-educated on the policies and procedures that all medications must be initialed in the MAR immediately after administering by the Director of Resident Care Services on March 31, 2014. Please see attached training for verification. Memory Care staff will be re-educated on this policy on June 24, 2014. Verification of this training will be sent at this time.

1/2

Lore Grant Executive Director
Jill Pegg 7/2/14
A 6-20-14

page 6 of 7

Facility Name: Newhaven Court at Lindwood

License Number: 429360


Inspection Date: 3/24/14, 3/25/14

Response Date: 6/12/2014

Responsibility:

- The 7-3, 3-11, and 11-7 Charge Nurse/Personnel will be responsible for checking all MAR binders at the end of their shift to confirm that all initials are present before staff go home.
- The Director of Resident Care Services will check random MAR's daily to verify that all initials are present.
- The Executive Director will check random MAR's weekly to verify that all initials are present.

Date for correction to be completed: Immediately and ongoing operating protocol.

2/2
Lori Grant Executive Director
Jee Higgins 2/2/14
 6-20-14

Violation Report: 42936 - 03/24/2014 - Williams, Jason
 PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #8 was admitted to the secured dementia care unit (SDCU) on 2/28/14. The resident's initial support plan was developed on 3/7/14.

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 of 7

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
<i>Korn Brent Executive Dir</i>			<i>6-2-14</i>

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

The above plan of correction is approved as of <u>7-2-14</u> (Date)	Plan of correction implementation status as of <u>7-2-14</u> (Date)
The above plan of correction was approved by <u><i>MP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 3/24/14, 3/25/14

Response Date: 6/12/2014

Plan of Correction

Violation Review:

- 2600.234(a) – Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation:

- Resident #8 was admitted to the secured dementia care unit (SDCU) on 2/28/14. The resident's initial support plan was developed on 3/17/14.

Cause of Violation:

- The support plan for Resident #8 was not created within 72 hours of admission. The support plan was developed on 3/17/14.

Benefit of the Regulation:

- Completing the support plan within 72 hours of a secured dementia care unit admission helps staff understand the care needs for the resident to ensure a smooth transition into the community – especially when caring for those who have Dementia/Alzheimer's.

Prevention:

- The Director of Resident Care Services was re-educated on 3/24/14 that all admissions to the SDCU must have a completed support plan within 72 hours.
- After reviewing our t recent SDCU admission that occurred on 6/4/2014, it was verified that the support plan was done within 72 hours (6/7/14) and compliance was met. Please see attached support plan for verification.

Responsibility:

- When the home is expecting an admission to the SDCU, the Director of Resident Care and/or designee will set a reminder in Outlook that the support plan must be completed within 72 hours.
- The Executive Director will also set a reminder in Outlook once the home receives an admission to the SDCU that the support plan must be completed within 72 hours. The Executive Director will follow-up with the Director of Resident Care and/or designee on the third day of the SDCU admission to verify that the support plan was completed and meets compliance.

Date for correction to be completed: Immediately and ongoing operating protocol.

[Handwritten Signature] Executive Director 6-20-14
Jill Pizzano 7/2/14