



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 2, 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 licensing inspection on July 11, 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, appearing to read "Jill Pezzino".

Jill Pezzino
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: Faith Mong		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 05/05/1995 L&I		NOV 23 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 154	Waking Staff: 116
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/11/2014: Williams, Jason; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable 09/29/2014: Williams, Jason 10/22/2014: Williams, Jason; Perry, Carole		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 115 Number of Residents Served: 104 Secured Dementia Care Unit in Home: Yes Area: Memory Care Community Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 104 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 50 Have a Physical Disability: 3

Violation Report: 42346 - 07/11/2014 - Williams, Jason

PCH Name: NEWHAVEN COURT AT CLEARVIEW

NOV 24 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 1/15/14, Resident #1 was ordered wound care as follows: "Wash heels with normal saline solution, pat dry, skin preparation to area around wounds. Apply aquacel, foam wrap with Kerlex, every day." This wound care was to be performed by a visiting home health nurse and by the home's nursing staff on days when the home health nurse was not in. According to the home health nursing notes, the resident was observed to be without the ordered wound care on the following dates:

-The home health nursing notes on 1/21/14 state "Patient with no dressing on either heel; dried drainage causing wound adherence to socks."

-The home health nursing notes on 1/29/14 and 2/3/14 state "Patient with no foam boots or dressings on either heel."

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 of 3

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Gary Orwick

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

Gary Orwick, Executive Director

Date

11-24-14

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

The above plan of correction is approved as of

11-25-14
(Date)

Plan of correction implementation status as of

11-25-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *OSP*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

OSP
(Initials)

NOV 24 2014
WEST REGION FIELD OFFICE
Human Services Licensing

Community Name: Newhaven Court at Clearview

License No: 42346

Date/s of Visit: 7/11/14

Date of Submission: 11/24/14

1. Violation Review:

2600.187(d) – The home shall follow the directions of the prescriber.

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

- On 1/15/14, Resident #1 was ordered wound care as follows: "Wash heels with normal saline solution, pat dry, skin preparation to area around wounds. Apply aquacel, foam wrap with Kerlex every day." This wound care was to be performed by a visiting home health nurse and by the home's nursing staff on days when the home health nurse was not in. According to the home health nursing notes, the resident was observed to be without the ordered wound care on the following dates:
 - The home health nursing notes on 1/21/14 state "Patient with no dressing on either heel; dried drainage causing wound adherence to socks."
 - The home health nursing notes on 1/29/14 and 2/3/14 state "Patient with no foam boots or dressings on either heel."

3. Description of the Repair of the Immediate Problem:

- Resident #1 no longer resides at this community. She discharged to a higher level of care on 3/27/14.
- The method for ensuring wound treatments to be followed was not adequately communicated or monitored to ensure consistent care and treatment of the wounds on days when the home health nurse was not present.

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

- Revised and communicated new system for communicating new orders and treatments such as wound care.
- All new orders (medications, treatments) are to be reported to Charge Personnel on each shift by utilizing and documenting in the Daily Communication Log under the section "Resident New Orders."
- All Treatment orders such as wound care are recorded in a separate Nurse MAR binder.
- As part of the shift change procedures, each Nurse on duty will review the Nurse MAR binder and Daily Communication Log. The night shift Nurse will review, as part of her nightly duties, that all new orders are put into place and functioning as prescribed.
- The Charge Nurse on all shifts will verify and ensure that all new orders including medications and treatments are followed through on to ensure consistency and continuity of care.
- The DRCS is responsible for ensuring that the system is working regularly and reflecting any changes in care on the RASP.
- The ED will monitor this system on a monthly basis to ensure that new orders are properly communicated and followed through on moving forward.

Gary Ornel 11-24-14
Joe Pizzano 11-25-14

Gary Renwick
Executive Director

Violation Report: 42346 - 07/11/2014 - Williams, Jason
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #1's most recent assessment was completed on 2/15/13.

The assessment, dated 2/15/13, for Resident #1, does not accurately reflect the resident's needs in the following areas:


- Eating and Drinking are assessed as "independent", however, staff interviews and the home's progress notes indicate that, by 3/16/14, the resident was "barely eating or drinking" and that the resident required staff to physically help with eating and drinking.
- Transferring, Ambulating and Mobility are all assessed as "independent", however, the resident's medical evaluation, dated 2/21/14, indicated that the resident was "nonambulatory" and required total physical or oral assistance to evacuate in an emergency.
- Toileting, Bladder Management and Bowel Management is assessed as "independent", however, staff interviews indicate that the resident is frequently incontinent, wears adult briefs and requires staff to do incontinence checks every 2 hours.
- The assessment does not address the resident's needs for physical therapy and occupational therapy which began on 11/19/13, wound care center visits which began 1/7/14 or skilled nursing visits for wound care which began 1/13/14.

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 3A and 3B of 3

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/12/2014	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Gary Renwick, Executive Director	11-24-14

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

The above plan of correction is approved as of 11-25-14
(Date)

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

Plan of correction implementation status as of 11-25-14
(Date)

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

RECEIVED
NOV 24 2014
WEST REGION FIELD OFFICE
Human Services License

Community Name: Newhaven Court at Clearview

License No: 42346

Date/s of Visit: 7/11/14

Date of Submission: 11/24/14

1. Violation Review:

2600.225(c) – The resident shall have additional assessments as follows:


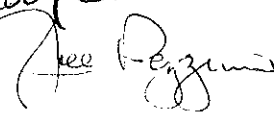
- Annually
- If the condition of the Resident significantly changes prior to the annual assessment.
- At the request of the Department upon cause to believe that an update is required.

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

- Resident #1's most recent assessment was completed on 2/15/13.
 - i. The assessment, dated 2/15/13, for Resident #1, does not accurately reflect the resident's needs in the following areas:
 1. Eating and drinking are assessed as "independent", however, staff interviews and the home's progress notes indicate that, by 3/16/14, the resident was "barely eating or drinking" and that the resident required staff to physically help with eating and drinking.
 2. Transferring, ambulating and mobility are all assessed as "independent", however, the resident's medical evaluation, dated 2/21/14, indicated that the resident was "nonambulatory" and required total physical or oral assistance to evacuate in an emergency.
 3. Toileting, bladder management and bowel management is assessed as "independent", however, staff interviews indicate that the resident is frequently incontinent, wears adult briefs and requires staff to do incontinence checks every 2 hours.
 4. The assessment does not address the resident's needs for physical therapy and occupational therapy which began on 11/19/13, wound care center visits which began 1/7/14 or skilled nursing visits for wound care which began 1/13/14.

3. Description of the Repair of the Immediate Problem:

- Resident #1 no longer resides at this community. She discharged to a higher level of care on 3/27/14.
- 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 have been integrated into an annual tickler tool for this function.
- Since this resident officially discharged from the community on 3/27/14, her assessment was not included in the audit and subsequently not updated.

 11-24-14
 11-25-14

Gary Penzance
 Executive Director

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NOV 24 2014
WEST REGION FIELD OFFICE
Human Services Liaison

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

- A tickler tool was put in place by the VPO resulting from an internal audit on 3/31/14.
- The On-site team completed all annual assessments for residents to bring assessments to current by 4/30/14.
- Director of Resident Care Services is responsible for ensuring that resident assessments are completed timely and within the timeframe set by DPW.
- Executive Director and Healthcare Compliance Coordinator to monitor tickler tool and RASP binder for progress and adherence to the plan, immediately and on-going.

Joe Pegg
11-25-14

Gary [Signature] 11-24-14

Gary Renwick
Executive Director