



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 10 2015

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 Human Services' annual licensing inspections on April 1, 2015 and April 2, 2015 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,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: NEWHAVEN COURT AT LINDWOOD		License Number: 42936
Address: 100 FREEDOM WAY, GREENSBURG, PA 15601		County: Westmoreland
Administrator: LORI GRANT		Region: WEST
Legal Entity Name: TITHONUS GREENSBURG, LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 100, WEXFORD, PA 15090		RECEIVED
Certificate(s) of Occupancy C-2 LP 06/03/1996 Dept. of Labor and Industry		NEW YORK WEST VIRGINIA FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 108	Waking Staff: 81
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/01/2015: Cutter, Jan; Georgoulis, Karen		
04/02/2015: Cutter, Jan; Georgoulis, Karen		
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: 105 128 (76) Number of Residents Served: 82 Secured Dementia Care Unit in Home: Yes Area: first floor, "Forest Hills" unit Secured Dementia Unit Capacity, if Applicable: 16 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 82 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 26 Have a Physical Disability: 0	

Violation Report: 42936 - 04/01/2015 - Cutter, Jan
PCH Name: NEWHAVEN COURT AT LINDWOOD

WEST VIRGINIA INSTITUTE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
There were no locks on the eight companion bathroom doors in the secure dementia care unit.

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.

Violation Review:

- 2600.42(s) – A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation:

- There were no locks on the eight companion bathroom doors in the secured dementia care unit.

Cause of Violation:

- The Secured Dementia Care Unit has eight companion bathrooms that are shared between two residents. The bathrooms are used for toileting and showering. Although each of the eight bathrooms have a door for privacy and each Resident is accompanied by a staff person for assistance, the bathrooms do not have a lock. This allows other Residents, on the Secured Dementia Care Unit, the ability to open the bathroom doors.

Benefit of the Regulation:

- Ensuring that the companion bathrooms have a lock will help secure the privacy of other Residents while using the bathroom for either toileting or showering. Since the Secured Dementia Care Unit has Residents who do have wandering tendencies, by placing a lock on the bathrooms, the privacy of the Resident using these areas will be protected.

* Please see page 2^A of 7 for plan of correction. 11-24-15

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
Levi Grant, Executive Director	11/18/15

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

The above plan of correction is approved as of <u>11-24-15</u> (Date)	Plan of correction implementation status as of <u>11-24-15</u> (Date)
The above plan of correction was approved by <u>SGP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SGP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42936 - 04/01/2015 - Cutler, Jan
PCH Name: NEWHAVEN COURT AT LINDWOOD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There were no locks on the eight companion bathroom doors in the secure dementia care unit.

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.

Prevention:

- Each of the eight companion bathroom doors will have a locking mechanism to protect the privacy of the Residents.
- The lock will be a mechanism that allows a Resident and/or staff person to open the door freely from the inside of the bathroom so that the Residents can easily exit.
- Staff that work on the Secured Dementia Care Unit will be educated about the bathroom locks, Resident privacy, and Resident Rights in the November 2015, Team Member meeting by the Memory Care Program Coordinator.

Responsibility:

- The Director of Environmental Services will install the bathroom locks.
- The Memory Care Program Coordinator will do weekly checks to ensure that staff are locking the bathroom doors when in use by a Resident.
- The Executive Director will ensure that each Resident's right to privacy is protected when doing weekly checks and that procedures are in place.

Date for correction to be completed:

- Date of completion and full compliance will be December 15, 2015. Pictures verifying that the locks were installed will be sent at that time.

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)

Lori Grant, Executive Director

Date 11/18/15

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

The above plan of correction is approved as of 11-24-15
(Date)

Plan of correction implementation status as of 11-24-15
(Date)

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

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

Violation Report: 42936 - 04/01/2015 - Cutter, Jan
PCH Name: NEWHAVEN COURT AT LINDWOOD

NOV 18 2015

WEST PA. COLLEGE OF PODIATRY
Human Services Building

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 4/1/15, at 11:40 a.m., there was an uncovered trash can 1/2 full of discarded food items, including dyed Easter eggs, biscuits and a container of yogurt in the secure dementia care unit kitchenette.

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.

Violation Review:

- 2600.85 (d) – Trash cans and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Cause of Violation:

- This violation occurred in the Activities/Community Room in Senior Living. The trashcan located in the kitchenette area of the Activities Room did not have a lid present.

Benefit of the Regulation:

- The benefit of the regulation is to ensure that all trash receptacles in kitchens and bathrooms have a covered trashcan to prevent penetration of rodents and insects in the community.

* Please see page 3^A of 7 for Plan of Correction.

SUP
11-24-15

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)

Lori Grant, Executive Director

Date

11/18/15

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

The above plan of correction is approved as of

11-24-15
(Date)

Plan of correction implementation status as of

11-24-15
(Date)

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

The above plan of correction was approved by

smo
(Initials)

Violation Report: 42936 - 04/01/2015 - Cutter, Jan
PCH Name: NEWHAVEN COURT AT LINDWOOD

11-24-15

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 4/1/15, at 11:40 a.m., there was an uncovered trash can 1/2 full of discarded food items, including dyed Easter eggs, biscuits and a container of yogurt in the secure dementia care unit kitchenette.

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.

Prevention:

- The Activities Director and Activities staff were re-educated on regulation 2600.85 (d) on April 1, 2015. Please see attached regulations and policies used for educational purposes.
- The Director of Environmental Services immediately corrected the violation on April 1, 2015. The trashcan receptacle was replaced with a covered lid in the Activities Room.

Responsibility:

- The Executive Housekeeper and Director of Environmental Services are primarily responsible to ensure that all trashcan receptacles in the appropriate bathrooms, apartments, and kitchens are covered. If a trash receptacle is found to be in violation, the receptacle will be immediately replaced.
- The Executive Director will do monthly audits of Resident apartments, kitchens, bathrooms, and common areas to ensure that lids are present in the specific identified areas.

Date for correction to be completed:

- Immediately corrected on April 1, 2015. Immediately and ongoing operating protocol.

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) *John Grant, Executive Director* Date *11/18/15*

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

The above plan of correction is approved as of 11-24-15
(Date)

Plan of correction implementation status as of 11-24-15
(Date)

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

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

NOV 17 2015

Violation Report: 42936 - 04/01/2015 - Cutter, Jan
PCH Name: NEWHAVEN COURT AT LINDWOOD

DEPARTMENT OF
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

The most recent assessment, dated 10/10/14, 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 nursing notes:

- 12/27/13 - "Unwitnessed fall - no injuries"
- 1/2/14 - "Fall from dining chair - no injuries"
- 1/18/14 - "Slid out of WC - no injuries"
- 9/6/14 - "Unwitnessed fall - no injuries"
- 10/18/14 - "Unwitnessed fall - no injuries"
- 11/15/14 - "Unwitnessed fall - no injuries"
- 2/6/15 - "Unwitnessed fall - no injuries"
- 3/4/15 - "Unwitnessed fall - no injuries"

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.

- Resident #1 is no longer at the community. However, after reviewing Resident #1's Assessment and Support Plan dated 10/10/14, the document did reflect and verify that Resident #1 was a fall risk under 'supervision.' The Resident Assessment and Support Plan was also printed on yellow paper, which is the community's color code for a fall risk. Please see attached RASP for verification.

Benefit of Regulation:

- The benefit of the regulation is to help identify specific needs and conditions of the Residents. This enables the staff the ability to know each Resident's needs, behaviors, patterns, or changes so that we can better care and understand each Resident.

Prevention:

- An audit is currently being conducted to ensure that all Residents, who are identified as a fall risk in the community, are reflected in their Assessment and Support Plan. The audit will be completed by November 20, 2015.

* Please see page 5^A of 7 for Plan of Correction 11-20-15

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leah Grant, Executive Director* Date *11/18/15*

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

The above plan of correction is approved as of 11-24-15 (Date)

Plan of correction implementation status as of 11-24-15 (Date)

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

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

Violation Report: 42936 - 04/01/2015 - Cutter, Jan
PCH Name: NEWHAVEN COURT AT LINDWOOD

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

The most recent assessment, dated 10/10/14, 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 nursing notes:

- 12/27/13 - "Unwitnessed fall - no injuries"
- 1/2/14 - "Fall from dining chair - no injuries"
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- 9/6/14 - "Unwitnessed fall - no injuries"
- 10/18/14 - "Unwitnessed fall - no injuries"
- 11/15/14 - "Unwitnessed fall - no injuries"
- 2/6/15 - "Unwitnessed fall - no injuries"
- 3/4/15 - "Unwitnessed fall - no injuries"

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.

- Charge Nurses will be re-educated in the November 2015, monthly department meeting, by the Director of Resident Care, concerning this policy and procedure. Verification of this training will be sent at this time.
- The Director of Resident Care and Charge Nurses are responsible for ensuring that all Resident Assessment and Support Plans (RASP) reflect necessary information such as fall risks, changes, etc.
- The Director of Resident Care will audit each Resident Assessment and Support Plan to ensure that those, who are considered a fall risk, are reflected in the Resident Assessment and Support Plan. This is will be done on an 'as completed' basis.
- The Executive Director will do weekly audits to ensure that each Resident Assessment and Support Plans reflect the necessary and prevalent information. Additional documentation will be added at this time if necessary.
- An audit of all Resident Assessments and Support Plans will be completed by November 20, 2015, for accuracy regarding this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) *Ken Grant, Executive Director* Date *11/18/15*

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

The above plan of correction is approved as of <u>11-24-15</u> (Date)	Plan of correction implementation status as of <u>11-24-15</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 <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42936 - 04/01/2015 - Cutter, Jan
PCH Name: NEWHAVEN COURT AT LINDWOOD

NOV 23 2015

REGISTRATION
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #2's initial assessment, dated 1/31/15 indicates diagnoses of Alzheimer's Dementia, Anxiety and a moderate problem with the following:

Orientation to time, place and person

Irritability

Judgement

Agitation

Aggression

Hallucinations

However, the resident's support plan, dated 1/31/15, medical and psychological section is blank.

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.

- Although Resident #2 is no longer in the community, when reviewing the Assessment and Support Plan, some areas on the support plan were left blank and not filled out to its entirety. Moreover, a system was not in place for the assessor to go back and complete the items that were missed. By identifying the key concerns in the initial assessment, the support plan helps staff identify specific ways as to how they can support the needs that were identified during the assessment piece.
- The Executive Director did an audit May 18, 2015, on all Resident Assessment and Support Plans to ensure that all categories under the assessment and support plan sections were filled out completely. While doing the audit, several Resident Assessment and Support Plans were found to have uncompleted Support Plan sections which were corrected at that time.
- The Executive Director did another audit on October 16, 2015, to ensure that all Resident Assessments and Support Plans were filled out completely. It was identified during this time that progress was made. Working from a baseline of compliance, the Executive Director will review the RASP updates, and initial RASPs for consistency with the requirement, and provide direction or additional training as necessary.

* Please see page 6 of 7 for plan of correction. ^{sup} 11/24/15

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 11/18/15

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

The above plan of correction is approved as of 11-24-15 (Date)

Plan of correction implementation status as of 11-24-15 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress ^{sup}
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 42936 - 04/01/2015 - Cutter, Jan
 PCH Name: NEWHAVEN COURT AT LINDWOOD

WEST REGIONAL CENTER
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #2's initial assessment, dated 1/31/15 indicates diagnoses of Alzheimer's Dementia, Anxiety and a moderate problem with the following:

- Orientation to time, place and person
- Irritability
- Judgement
- Agitation
- Aggression
- Hallucinations

However, the resident's support plan, dated 1/31/15, medical and psychological section is blank.

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.

- The Charge Nurses will be re-educated in the November 2015, monthly department meeting in regard to this policy and procedure. Verification of this re-training will be sent at that time.

Responsibility:

- The Director of Resident Care Services and Charge Nurses are responsible for the total completion of the Resident Assessments and Support Plans initially, annually, and with any significant change.
- The Director of Resident Care Services will check each Resident Assessment and Support Plan for total completion.
- The Executive Director will do random weekly audits on the Resident Assessments and Support Plan to verify that the documents are being completed to its entirety.

Date for correction to be completed:

- Immediately and ongoing operating protocol.

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
Lori Grant, Executive Director			11/18/15

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

The above plan of correction is approved as of <u>11-24-15</u> (Date)	Plan of correction implementation status as of <u>11-24-15</u> (Date)
The above plan of correction was approved by <u>smc</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>smc</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42936 - 04/01/2015 - Cutter, Jan
 PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The most recent support plan, dated 10/10/14, 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 nursing notes:

- 12/27/13 - "Unwitnessed fall - no injuries"
- 1/2/14 - "Fall from dining chair - no injuries"
- 1/18/14 - "Slid out of WC - no injuries"
- 9/6/14 - "Unwitnessed fall - no injuries"
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- 11/15/14 - "Unwitnessed fall - no injuries"
- 2/6/15 - "Unwitnessed fall - no injuries"
- 3/4/15 - "Unwitnessed fall - no injuries"

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.

Cause of Violation:

- Resident #1 is no longer at the community. However, after reviewing Resident #1's Assessment and Support Plan dated 10/10/14, the document did reflect and verify that Resident #1 was a fall risk under 'supervision.' Resident #1's Support Plan also identified her use of hospice services at the time. The Support Plan also identified under 'plan to meet supervision needs' that "Staff/family/hospice will be with resident when she leaves the community. Staff will ensure that resident is kept in a high traffic area and will lay her down to rest when tired." The Resident Assessment and Supportive Plan is printed in yellow which is the community's color code for a fall risk.
- In addition to identifying a Resident as being a fall risk under 'supervision,' adding their risk of falling under 'mobility' will help verify the Resident's behavior/patterns as well.

* Please see page 7^A of 7 for plan of correction. ^{SMP} 11-24-15

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) <u>Lori Grant Executive Director</u>	Date <u>11/18/15</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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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

Violation Report: 42936 - 04/01/2015 - Cutter, Jan
 PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The most recent support plan, dated 10/10/14, 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 nursing notes:

- 12/27/13 - "Unwitnessed fall - no injuries"
- 1/2/14 - "Fall from dining chair -- no injuries"
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- 2/6/15 - "Unwitnessed fall - no injuries"
- 3/4/15 - "Unwitnessed fall - no injuries"

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

- An audit is currently being conducted to ensure that all Residents, who are identified as a fall Risk in the community as well as all necessary supportive information, is reflected in the Assessment and Support Plan. The audit will be completed by November 20, 2015.
- Charge Nurses will be re-educated in the November 2015, monthly department meeting, by the Director of Resident Care, concerning this policy and procedure. Verification on this training will be sent at this time.
- The Director of Resident Care and Charge Nurses are responsible for ensuring that all Resident Assessment and Support Plans (RASP) reflect necessary information such as fall risks, changes, etc.
- The Director of Resident Care will audit each Resident Assessment and Support Plan to ensure that those, who are considered a fall risk, are reflected in the Resident Assessment and Support Plan. This is will be done on an 'as completed' basis.
- The Executive Director will do weekly audits to ensure that each Resident Assessment and Support Plans reflect the necessary and prevalent information. Additional documentation will be added at that time if necessary.
- An audit will be completed by November 20, 2015. Any missing information will be added at this time.

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) <u>Lori Grant Executive Director</u>	Date <u>11/18/15</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-24-15</u> (Date)	Plan of correction implementation status as of <u>11-24-15</u> (Date)
The above plan of correction was approved by <u>SGM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>SGM</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented