



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 25 2016

Ms. Loriann Putzier, President/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 Human Services' annual licensing inspections on April 21, 2015, April 22, 2015 and April 27, 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,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

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: Gary Renwick		Region: WEST
Legal Entity Name: TITHONUS BUTLER LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		RECEIVED
Certificate(s) of Occupancy C2 LP 05/06/1997 L&I		APR 19 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 138	Working Staff: 104
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
04/21/2015: Marini, Michael; Garrigan, Laurie		
04/22/2015: Marini, Michael; Garrigan, Laurie		
04/27/2015: Marini, Michael		
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: 96 Secured Dementia Care Unit in Home: Yes Area: Back of building in SDU area Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 16 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 95 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 42 Have a Physical Disability: 1	

APR 19 2016

Page 2 of 17

Violation Report: 42346 - 04/21/2015 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

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 4-21-15, at 10:08 AM, licensing inspection summaries, dated 2-12-14 and 7-11-14, were posted in the front lobby with the resident privacy coding documents included with them.

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.

Within 15 days of receipt of the plan of correction - a designated staff person will check the home daily, on each shift, to ensure that resident records are stored in a locked and confidential manner. gwr/sjl/16

See page 2^a of 17

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

Signature of Legal Entity Representative (Required on EVERY Page) Gary Renwick, Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gary Renwick, Executive Director Date 4-18-16

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

The above plan of correction is approved as of 3/4/16 (Date)

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

Plan of correction implementation status as of 5/4/16 (Date)

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

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

2a of 17

1. **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 health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

2. **Review the Citation, the violation of the Regulation:**
 - On 4/21/15, at 10:08am, licensing inspection summaries, dated 2/12/14 & 7/11/14, were posted in the front lobby with the resident privacy coding documents included with them.

3. **Description of the Repair of the Immediate Problem:**
 - Resident privacy documents were immediately removed from the inspection summary binder located in the front lobby.
 - The resident privacy coding document that contains resident names of those that were reviewed as part of the licensing inspection summary were inadvertently placed in the inspection summary binder and was an oversight by the Executive Director (ED).

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
 - On 4/21/15 during on-site inspection, resident privacy coding documents were removed immediately from the binder.
 - ED to monitor the licensing inspection binder located in the front lobby on a monthly basis to ensure that all documents and written materials adhere to the regulation, immediately and on-going.

Authorized Signature

Date:

4-18-16

Plan of Correction Template

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ADMO40

AM 5/4/16

APR 19 2016

Violation Report: 42346 - 04/21/2015 - Marin, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted] 03, and staff person B, hired [redacted] 12, did not complete medication self-administration training in training year 2014. Resident #1 self-administers his/her medication.

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 4 of 17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Gary Renwick, Executive Director

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

Gary Renwick, Executive Director

Date *4-18-16*

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

The above plan of correction is approved as of

5/4/16
(Date)

Plan of correction implementation status as of

5/4/16
(Date)

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

The above plan of correction was approved by

GR
(Initials)

4th of 17

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

- 1. **Violation Review: 2600.65(f) –**
Training topics for the annual training for direct care staff persons shall include the following:
 - (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

- 2. **Review the Citation, the violation of the Regulation:**
 - Direct Care staff person A, hired [redacted] 03, and staff person B, hired [redacted] 12, did not complete medication self-administration training in the training year 2014. Resident #1 self-administers his/her medications.

- 3. **Description of the Repair of the Immediate Problem:**
 - Current training policy reviewed and needed updates were made to reflect Medication Self-Administration training.
 - Training on Medication Self-Administration will be conducted with current staff on 4/27/16.
 - Staff person A will be required to attend the 4/27/16 training. Staff person B no longer works at this community.

Documentation of all staff training shall be kept. p.u. 5/4/16

- 4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
 - This training update has been identified and will be integrated into our General Orientation process as a required training topic for new hires (attached).
 - The Director of Resident Care Services (DRCS) will be responsible for conducting the 4/27/16 training with current staff and also with new hires moving forward.
 - ED to monitor this training for progress and adherence to the plan, immediately and on-going.

Authorized Signature *Gay D. O.*

Date: 4/18/16

p.u. 5/4/16

APR 19 2016

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Violation Report: 42346 - 04/21/2016 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.85(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on [redacted] 12, did not receive training on the following topics in training year 2014:

- *Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- *Emergency preparedness procedures and recognition and response to crises and emergency situations

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 5^a of 17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Gary Penwick, Executive Director</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Gary Penwick, Executive Director</i>	<i>4-18-16</i>

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

The above plan of correction is approved as of <u>5/4/16</u> (Date)	Plan of correction implementation status as of <u>5/4/16</u> (Date)
The above plan of correction was approved by <u><i>AW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>AW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

5th of 17

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

1. Violation Review: 2600.65(g):

Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire Safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency Preparedness procedures and recognition and response to crisis and emergency situations.
- (3) Resident Rights.
- (4) The Older Protective Services Act.
- (5) Falls and accident prevention.
- (6) New population groups that being served at the home that were not previously served, If applicable.

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

- Direct care staff person B, hired on [redacted] 12, did not receive training on the following topics in the training year 2014:
*Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
*Emergency preparedness procedures and recognition and response to crises and emergency situations.

3. Description of the Repair of the Immediate Problem:

- Staff person B no longer works at this community. [redacted] separated employment on [redacted] 15.
- Fire Safety and Emergency Preparedness training was conducted on 3/12/14 and staff person B did not attend. A follow up meeting to train those staff persons not attendance did not occur.

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

- Fire Safety and Emergency Preparedness training is scheduled to be completed on 5/20/16.
- All direct care and ancillary staff persons will be notified in advance via in-house flyers and on-line scheduling notifications.
- The Business Office Manager (BOM) will educate all staff on 5/20/16 on the importance of attending required trainings as it relates to job expectations and stipulation of employment.
- The ED will monitor the training plan on a monthly basis to ensure that all trainings are properly communicated and attendance followed through moving forward.

Documentation of all staff training shall be kept. g.u. 5/4/16

Authorized Signature *Graydon E*

Date: 4-18-16

g.u. 5/4/16

RECEIVED

APR 19 2016

Violation Report: 42346 - 04/21/2015 - Marini, Michael
 PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 4-21-15, the home served 97 residents requiring a minimum of 291 gallons of emergency drinking water. There were only 144 gallons of water on site. The contractual agreement with Marburger Dairy, dated 1-6-15, does not include the amount of water to be delivered or a guarantee that water delivery to the facility would be a priority in an area-wide emergency.

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 6th of 17

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Gary Renewel, Executive Director*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Gary Renewel, Executive Director* Date *4-18-16*

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The above plan of correction is approved as of 5/4/16
 (Date)

Plan of correction implementation status as of 5/4/16
 (Date)

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

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

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Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

1. **Violation Review: 2600.107(c) –**
The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.
2. **Review the Citation, the violation of the Regulation:**
 - On 4/21/15, the home served 97 residents requiring a minimum of 291 gallons of emergency drinking water. There were only 144 gallons of water on site. The contractual agreement with Marburger Dairy, dated 1/6/15, does not include the amount of water to be delivered or a guarantee that water delivery to the facility would be a priority in an area-wide emergency.
3. **Description of the Repair of the Immediate Problem:**
 - An updated letter from Marburger Dairy was immediately secured on 4/23/15 indicating a priority delivery of 280 gallons of drinking water per day in the event of an emergency.
 - Although a letter and agreement was in place with Marburger Dairy dated 1/6/15 as reviewed during the licensing inspection, it did not specify the amount of water to be delivered.
4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
 - The Food Service Director (FSD) and Director of Environmental Services (DES) are responsible for ensuring that the contractual agreement with Marburger Dairy meets the standard.
 - The FSD & DES will review this letter on an annual basis to ensure that the agreement adheres to the regulation in the event of an emergency.
 - ED to monitor the contractual agreement with Marburger Dairy to ensure adherence to the regulation, immediately and on-going.
 - A corrected letter was secured on 4/23/15 (attached).

Authorized Signature

Date:

4/18/16

Plan of Correction Template

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9/21 5/4/16

APR 19 2016

Violation Report: 42346 - 04/21/2016 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 14; however, resident #1's initial medical evaluation was completed on [redacted] 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 7 of 17

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

Signature of Legal Entity Representative (Required on EVERY Page) Gary Renuol, Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gary Renuol, Executive Director Date 4-18-16

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The above plan of correction is approved as of 5/4/16 (Date)

Plan of correction implementation status as of 5/4/16 (Date)

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

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

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Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

1) Violation Review: 2600.141(a)(1):

A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

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

- Resident #1 was admitted to the home on [redacted] 14; however, resident #1's initial medical evaluation was completed on [redacted] 14.

3) Description of the Repair of the Immediate Problem:

- Complete audit of the resident medical evaluations finalized immediately following licensing inspection, with additional issues with timeliness being identified and recorded.
- Resident DME due dates were identified and integrated into an annual tickler tool for this function.
- Resident #2's most recent medical evaluation is now up to date, dated for 8/31/15 (attached).
- Resident #1's new DME date was entered in the community's tickler system for follow up in one year.

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 resulting from the internal audit conducted immediately following the licensing inspection.
- The on-site team developed a system for tracking and documenting completeness and is being maintained by the Unit Clerk.
- All Resident DME's are in compliance, documented and recorded in the tickler system.
- The system will be monitored electronically, using the operations software program designed for such, as well as electronic access to the tickler tracking tool.
- Director of Resident Care Services is responsible for ensuring that resident DME's are completed timely and within the timeframe set by DHS.
- Executive Director to monitor tickler tool for progress and adherence to the plan, immediately and on-going.

Authorized Signature

Date:

4/18/16

Handwritten initials: G.D. 4/16

APR 19 2016

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Violation Report: 42348 - 04/21/2015 - Marini, Michael PCH Name: NEWHAVEN COURT AT CLEARVIEW		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa. Code §2600 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.			
2a. DESCRIPTION OF VIOLATION Resident #2 was prescribed Neomycin-Polymyxin-Dexamethasone-2 drops in both eyes 3 times a day for 7 days. This medication was initially administered on 11-19-14; however, this medication was still in the medication cart on 4-22-15. Resident #3 was prescribed Tobramycin 0.3%-2 drops into the affected eye every 6 hours for 7 days. This medication was dispensed on 12-8-14; however, this medication was still in the medication cart on 4-22-15.			
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 8 of P17			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Gary Renwick, Executive Director</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Gary Renwick, Executive Director</i>			Date <i>4-18-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u><i>5/4/16</i></u> (Date)		Plan of correction implementation status as of <u><i>5/4/16</i></u> (Date)	
The above plan of correction was approved by <u><i>GR</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>GR</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

8^o f/17

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

1) Violation Review: 2600.183(f):

Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

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

- Resident #2 was prescribed Neomycin-Polymyxin-Dexamethasone-2 drops in both eyes 3 times a day for 7 days. This medication was initially administered on 11/19/14; however, this medication was still in the medication cart on 4/22/15.
- Resident #3 was prescribed Tobramycin 0.3%-2 drops into the affected eye every 6 hours for 7 days. This medication was dispensed on 12/8/14; however, this medication was still in the medication cart on 4/22/15.


3) Description of the Repair of the Immediate Problem:

- The prescribed medication for Resident #2 was immediately removed from the medication cabinet and returned to pharmacy. Resident #2 no longer resides at the community.
- The prescribed medication for Resident #3 was immediately removed from the medication cabinet and returned to pharmacy.
- Complete audit of all medication cabinets to check for discontinued or expired medications immediately followed the licensing inspection.
- In September 2015, as a facility, we transitioned all of our medications from cabinets housed in resident units to mobile Medication carts. Additionally, we converted from paper MAR's to electronic MAR's utilizing the QuikMar system.

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

- A current audit will be completed of medication carts by 4/30/16 to determine compliance with 2600.183(f).
- A tool will be utilized (amended RCS068, attached) to assist with weekly monitoring of medication administration systems and this tool will be assigned to the 11-7 LPN for compliance.
- The Director of Resident Care Services will monitor progress on compliance and tools.
- Executive Director to monitor at least weekly for compliance with using the tool until such time that a routine for compliance has been successfully established.

Authorized Signature



Date:

4-18-16

Plan of Correction Template

ADM040

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NO \$/16

APR 19 2016

Violation Report: 42346 - 04/21/2015 - Marini, Michael
 PCH Name: NEWHAVEN COURT AT CLEARVIEW
WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A completed and passed the initial Department-approved medication administration course on 2-9-07. However, staff person A has not completed an annual practicum since 6-24-13. Staff person A administered several medications to resident #5 at 9:00 AM on 4-7-15 and 4-8-15 including the following:

- *Velsartan 160 mg
- *Vitamin D3 2,000 Units
- *Furosemide 20 mg
- *Folic Acid 1 mg
- *Vitamin B-1 50 mg
- *Levothyroxine 25 mcg
- *Clopidogrel 75 mg
- *Atenolol 50 mg

Staff person B completed and passed the initial Department-approved medication administration course on 5-23-13. However, staff person B has not completed an annual practicum since that time. Staff person B administered the several medications to resident #8 at 7:00 AM from 4-6-15 to 4-9-15 including the following:

- *Fluticasone 50 mcg
- *Diltiazem 300 mg
- *Furosemide 20 mg
- *Namenda 10 mg

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.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Gary Renwick, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Gary Renwick, Executive Director* Date *4-8-16*

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

The above plan of correction is approved as of <u>5/4/16</u> (Date)	Plan of correction implementation status as of <u>5/4/16</u> (Date)
The above plan of correction was approved by <u>JW.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pk.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

See pages 10^a + 10^b of 17

10⁹ P17

Community Name: Newhaven Court at Clearview
 License Number: 423460
 Date of Visit: 4/21/15, 4/22/15, 4/27/15
 Date of Submission: 4/19/16

1. Violation Review: 2600.190(a)

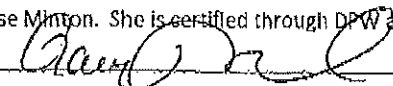
A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

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

- Staff person A completed and passed the initial Department-approved medication administration course on 2/9/07. However, staff person A has not completed an annual practicum since 6/24/13. Staff person A administered several medications to resident #5 at 9:00am on 4/7/15 and 4/8/15 including the following:
 - Velsartan 160 mg
 - Vitamin D3 2,000 Units
 - Furosemide 20 mg
 - Folic Acid 1 mg
 - Vitamin B-1 50 mg
 - Levothyroxine 25 mcg
 - Clopidogrel 75 mg
 - Atenolol 50 mg
- Staff person B completed and passed the initial Department-approved medication administration course on 5/23/13. However staff person B has not completed an annual practicum since that time. Staff person B administered the several medications to resident #6 at 7:00am from 4/6/15 to 4/9/15 including the following:
 - Fluticasone 50 mcg
 - Diltiazem 300 mg
 - Furosemide 20 mg
 - Namenda 10 mg

3. Description of the Repair of the Immediate Problem:

- Staff person A was immediately removed from the medication administration assignment pending the successful completion and re-training of the Department-approved medications administration course.
- Staff person B was immediately removed from the medication administration assignment pending the successful completion and re-training of the Department-approved medications administration course. Staff person B no longer works at this community.
- Complete audit of all staff persons approved to administer medications, with additional issues with compliance being identified and recorded.
- Department-approved Medication administration course was immediately scheduled with Denise Minton. She is certified through DPW as an approved Trainer of this course.

Authorized Signature: 

Date: 4/18/16

Plan of Correction Template

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ADM040

D.V. 5/4/16

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- The course was scheduled over a 3-day period on 4/21/15, 4/28/15, & 4/30/15.

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

- All staff persons passing medications were retrained on the entire Department approved Medications administration course on 4/21/15, 4/28/15, 4/30/15.
- Staff person A completed the initial training on 4/21/15 (attached).
- Staff person B completed the initial training on 4/28/15. Staff person B no longer works at this community (attached).
- A tickler tool was put in place by the Executive Director resulting from an internal audit immediately following the licensing inspection (attached).
- Revised and communicated new system for monitoring annual practicums with approved Practicum observers for adherence to the plan.
- The Practicum observers will verify and ensure that all observations, reviews, and practicums are followed through on to ensure consistency and progress to the standard.
- Director of Resident Care Services is responsible for ensuring that annual practicums are completed timely and within the timeframe set by DHS.
- Executive Director to monitor tickler tool and binder for progress and adherence to the plan, immediately and on-going.

Documentation of all staff training shall be kept. *no. 5/1/16*

Authorized Signature *[Handwritten Signature]*

Date: 4-18-16

no. 5/1/16

Violation Report: 42346 - 04/21/2015 - Marini, Michael PCH Name: NEWHAVEN COURT AT CLEARVIEW	
1. REGULATION 55 Pa.Code §2800 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 #7 was admitted to the home on [redacted] 14; however, resident #7's initial assessment was not completed until [redacted] 15. Resident #8 was admitted to the home on [redacted] 15; however, the home failed to complete an initial assessment for him/her.	
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.	
<p style="font-size: 1.2em; font-family: cursive;"> Within 30 days of receipt of the plan of correction - all staff persons involved in the completion of resident assessments will receive education regarding the completion + accuracy of the document and the home's policy and procedure for timely completion of resident assessments. Documentation of education shall be kept. g.v. s/llk </p>	
See page 11 ^b of 17	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 02/12/2014
Signature of Legal Entity Representative (Required on EVERY Page) <i>Gary Dine, Executive Director</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Gary Renwick, Executive Director</i>	
Date <i>4-18-16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/4/16</u> (Date)	Plan of correction implementation status as of <u>5/4/16</u> (Date)
The above plan of correction was approved by <u>g.v.</u> (initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g.v.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

1. Violation Review: 2600.225(a):

A resident shall have a written initial assessment that is documented on the Department's assessment form with 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

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

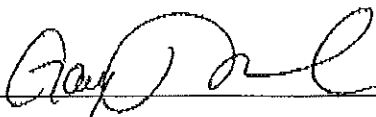
- Resident #7 was admitted to the home on [redacted] 14; however, resident #7's initial assessment was not completed until [redacted] /15.
- Resident #8 was admitted to the home on [redacted] 15; however, the home failed to complete an initial assessment for him/her.

3. Description of the Repair of the Immediate Problem:

- Resident #7's most recent assessment was completed on 4/21/15. [redacted] annual update was completed on 4/15/16 (attached).
- Resident #8's initial assessment was completed on [redacted] 15 (attached) and added to the established tickler tracking system for annual update to commence on 12/8/16.
- Complete audit of the resident assessments finalized on 4/30/15, 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.
- DRCS at the time of the licensing inspection charged with the task of updating and keeping assessments current. Employment ended in [redacted] 2015 due to poor work performance and lack of urgency related to compliance of resident assessments.

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

- An audit as to the status of all the Resident assessments was completed in Oct. 2015 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 out-dated assessments was developed and worked on by the Executive Director and new Director of Resident Care Services and continues to be priority until all resident assessments are brought into compliance.
- As resident assessments are updated, the data is entered into a tickler system for tracking annual due dates.
- The DRCS continues to complete resident assessments until all are up to date – not to exceed 5/31/16.
- Executive Director continues to monitor at least weekly for compliance until such time that a routine for compliance has been successfully established.

Authorized Signature 

Date: 4-18-16

DN, 5/4/16

RECEIVED

Violation Report: 42346 - 04/21/2015 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

APR 19 2016

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 #'s most recent assessment was completed on 3-17-14.

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.

Within 30 days of receipt of the plan of correction - all staff persons involved in the completion of resident assessments will receive education regarding the completion and accuracy of the document and the homes policy and procedure for timely completion of resident assessments. Documentation of education will be kept.

See page 12 of P17

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) Gary Renwick, Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gary Renwick, Executive Director Date 4-18-16

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

The above plan of correction is approved as of <u>5/14/16</u> (Date)	Plan of correction implementation status as of <u>5/14/16</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

12^a of 17

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

1. Violation Review: 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.

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

- Resident #5's most recent assessment was completed on 3/17/14.

3. Description of the Repair of the Immediate Problem:

- Resident #5's assessment (RASP) most current assessment was completed and dated on 4/18/16 (attached).
- Complete audit of the resident assessments finalized on 4/30/15, 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.
- DRCS at the time of the licensing inspection charged with the task of updating and keeping assessments current. Employment ended in 2015 due to poor work performance and lack of urgency related to compliance of resident assessments.

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

- An audit as to the status of all the Resident assessments was completed in Oct. 2015 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 out-dated assessments was developed and worked on by the Executive Director and new Director of Resident Care Services and continues to be priority until all resident assessments are brought into compliance.
- As resident assessments are updated, the data is entered into a tickler system for tracking annual due dates.
- The DRCS continues to complete resident assessments until all are up to date – not to exceed 5/31/16.
- Executive Director continues to monitor at least weekly for compliance until such time that a routine for compliance has been successfully established.

Authorized Signature Ray O. [Signature]

Date: 4-18-16

7-12, 5/4/16

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APR 19 2016

Violation Report: 42346 - 04/21/2016 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #9 was admitted to the secured dementia care unit on [redacted] 15 and is considered a person with a mobility need. Resident #9's assessment, dated 3-2-16, indicates he/she is independently mobile and can evacuate independently.

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 13^o of 17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Gary Renucci, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Gary Renucci, Executive Director* Date *4-18-16*

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

The above plan of correction is approved as of 5/4/16 (Date)

Plan of correction implementation status as of 5/4/16 (Date)

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

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

13⁹ of 17

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

1. **Violation Review: 2600.226(a):**
The resident shall be assessed for mobility needs as part of the resident's assessment.
2. **Review the Citation, the violation of the Regulation:**
 - Resident #9 was admitted to the secured dementia care unit on [redacted] 15 and is considered a person with a mobility need. Resident #9's assessment, dated 3/2/15, indicates he/she is independently mobile and can evacuate independently.
3. **Description of the Repair of the Immediate Problem:**
 - Resident #9's assessment (RASP) updated on 12/29/15 reflects the correct mobility need (attached).
 - Resident #9 no longer resides at this community.
 - Complete audit of the resident assessments finalized on 4/30/15, with additional issues with mobility being identified and recorded.
 - DRCS at the time of the licensing inspection charged with the task of updating and recording correct data on resident assessments. Employment ended in [redacted] 2015 due to poor work performance and attention to detail related to compliance of resident assessments.
4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
 - An audit as to the status of all the Resident assessments was completed in Oct. 2015 in an effort to identify inaccurate information.
 - From the audit, a set of priorities for follow up and completion of accurate assessments was developed and worked on by the Executive Director and new Director of Resident Care Services and continues to be priority until all resident assessments are brought into compliance.
 - The DRCS continues to complete resident assessments until all are accurate and up to date -- not to exceed 5/31/16.
 - DRCS will review every new or updated assessment for compliance and accuracy of the information provided. The Executive Director will perform periodic checks weekly on new admission assessments with changes for compliance.
 - Executive Director continues to monitor at least weekly for compliance until such time that a routine for compliance has been successfully established.

Authorized Signature Ray D. [Signature]

Date: 4-18-16

012. 5/14/16

APR 19 2016

Page 14 of 17

Violation Report: 42346 --04/21/2015 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
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 #7 was admitted to the home on [redacted] 14; however, resident #7's initial support plan was not completed until 4-21-15.

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 14^o of 17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Gay Benwick, Executive Director

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

Gay Benwick, Executive Director

Date *4-18-16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

5/4/16
(Date)

Plan of correction implementation status as of

5/4/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *PN*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

PN
(Initials)

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Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

1. Violation Review: 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.

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

- Resident #7 was admitted to the home on [redacted] 14; however, resident #7's initial support plan was not completed until 4/21/15.

3. Description of the Repair of the Immediate Problem:

- In an effort to not alter the original document, Resident #7's initial RASP was not changed to reflect a new date.
- Resident #7's most current RASP was updated on 4/14/16 (attached).
- Complete audit of the resident RASP's finalized on 4/30/15, with additional issues with timeliness being identified and recorded.
- Resident RASP due dates have been identified, and have been integrated into an annual tickler tool for this function.
- DRCs at the time of the licensing inspection charged with the task of completing RASP's within the specified timeframe set by DHS. Employment ended in [redacted] 2015 due to poor work performance and lack of urgency related to compliance of RASP's,

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

- An audit as to the status of all the Resident RASP's was completed in Oct. 2015 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 RASP's was developed and worked on by the Executive Director and new Director of Resident Care Services and continues to be priority until all resident RASP's are brought into compliance.
- As resident RASP's are completed, the data is entered into a tickler system for tracking annual due dates.
- The Director of Resident Care will ensure that RASP's are completed in a timely manner as specified in the regulation set by DHS.
- The Executive Director will perform periodic checks weekly on new admission support plans.
- Executive Director continues to monitor at least weekly for compliance until such time that a routine for compliance has been successfully established.

Authorized Signature Gaufer

Date: 4/18/16

pp. 5/11/16

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APR 19 2016

Violation Report: 42346 - 04/21/2016 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #4 uses an enabler, a chair alarm, and a bed alarm which are not included on the support plan dated 12-3-14. This resident also receives hospice services; however, these services and the frequency of these services are not included on the support plan, dated 12-3-14.

Resident #9 receives hospice services; however, these services and the frequency of these services are not included on the support plan, dated 3-2-15.

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.

Audit of all resident support plans was conducted on 4/20/16. p. 5/4/16

See page 15⁹ of 17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Gary D. Marini, Executive Director

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

Gary Benwick, Executive Director

Date *4/18/16*

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

The above plan of correction is approved as of

3/9/16
(Date)

Plan of correction implementation status as of

5/4/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *pw.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

pw.
(Initials)

15⁹ P17

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

1. Violation Review: 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 nurse practitioner, determine the necessity of these services.

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


- Resident #4 uses an enabler, a chair alarm, and a bed alarm which is not included on the support plan dated 12/3/14. This resident also receives hospice services; however, these services and the frequency of these services are not included on the support plan, dated 12/3/14.
- Resident #9 receives hospice services; however, these services and the frequency of these services are not included on the support plan, dated 3/2/15.

3. Description of the Repair of the Immediate Problem:

- Resident #4 no longer resides at this community.
- Resident #9 no longer resides at this community.

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, treatments, and services such as hospice services.
- All new orders (devices, treatments, services) 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."
- As part of the shift change procedures, each Nurse on duty will review the Daily Communication Log for any new devices, treatments, and outside services such as Hospice services.
- The Charge Nurse on all shifts will verify and ensure that all new devices, treatments, and outside services 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 all services received and ordered for the residents are properly communicated and followed through on moving forward.

Authorized Signature 

Date: 4-18-16

n.w. style

RECEIVED

APR 19 2016

Violation Report: 42346 - 04/21/2015 - Marini, Michael		WEST REGION FIELD OFFICE	
PCH Name: NEWHAVEN COURT AT CLEARVIEW		Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.			
2a. DESCRIPTION OF VIOLATION Resident #9 was admitted to the secured dementia care unit on [redacted] 15; however, resident #9's cognitive preadmission screening was completed on [redacted] 15.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>Immediately - If a resident has a cognitive preadmission screening completed in anticipation of an admission to the SDCU and there is a delay in the admission which causes the existing cognitive preadmission screening to exceed 72 hours prior to the admission, the home will have a new cognitive preadmission screening completed which will be within 72 hours of the resident's actual admission to the SDCU. <i>GW 5/4/16</i></p>			
<i>See page 16 of 17</i>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Gary Rearch, Executive Director</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Gary Rearch, Executive Director</i>		<i>4-18-16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u><i>GW</i></u> (Date)		Plan of correction implementation status as of <u><i>5/4/16</i></u> (Date)	
The above plan of correction was approved by <u><i>5/4/16</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>GW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

1. Violation Review: 2600.231 (c):

A written cognitive preadmission screening completed in collaboration with a physician or geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

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

- Resident #9 was admitted to the secured dementia care unit on [redacted] 15; however, resident #9's cognitive preadmission screening was completed on [redacted] 15.

3. Description of the Repair of the Immediate Problem:

- Resident #9 no longer resides at this community.

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

- The Director of Resident Care Services and Director of Sales and Move-Ins were re-educated that all admissions to the SDCU must have a written cognitive screening completed within 72 hours prior to admission to a SDCU. *Documentation of staff education will be kept.*
- After reviewing our recent SDCU admission that occurred on [redacted] 16, it was verified that the cognitive prescreening was completed within 72 hours prior to admission and compliance was met (attached).
- The Executive Director will monitor and review all paperwork in conjunction with the DRCS and DSM to ensure adherence to the plan and regulation set by DHS.

ADP 5/4/16

Authorized Signature *Gary B. [Signature]*

Date: 4-18-16

ADP 5/4/16

APR 19 2016

Violation Report: 42346 - 04/21/2015 - Marini, Michael PCH Name: NEWHAVEN COURT AT CLEARVIEW	WEST REGION FIELD OFFICE Human Services Licensing
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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 secure dementia care unit on [redacted] 15; however, the home failed to complete an initial support plan for him/her.

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 17^a of 17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Gary Penwick, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Gary Penwick, Executive Director</i>	Date <i>4-18-16</i>
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The above plan of correction is approved as of <u>5/4/16</u> (Date)	Plan of correction implementation status as of <u>5/4/16</u> (Date)
The above plan of correction was approved by <u>GP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>GP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

17th of 17

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 4/21/15, 4/22/15, 4/27/15
Date of Submission: 4/19/16

1. 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.

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

- Resident #8 was admitted to the secured dementia unit on [redacted] 15; however, the home failed to complete an initial support plan for him/her.

3. Description of the Repair of the Immediate Problem:

- Resident #8's initial support plan was completed on [redacted] 15 (attached).
- Complete audit of the resident RASP's finalized on 4/30/15, with additional issues with timeliness being identified and recorded.
- Resident RASP due dates have been identified, and have been integrated into an annual tickler tool for this function.
- DRCS at the time of the licensing inspection charged with the task of completing RASP's within the specified timeframe set by DHS. Employment ended in [redacted] 2015 due to poor work performance and lack of urgency related to compliance of RASP's.

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

- An audit as to the status of all the Resident RASP's was completed in Oct. 2015 with all findings being entered into a spreadsheet, to identify lapses in timeliness.
- As resident RASP's are completed, the data is entered into a tickler system for tracking annual due dates.
- The Director of Resident Care will ensure that RASP's are completed in a timely manner as specified in the regulation set by DHS.
- After reviewing our most recent SDCU admission that occurred on [redacted] 16, it was verified that the support plan was done within 72 hours ([redacted] 16) and compliance was met. Please see attached support plan for verification.
- The Executive Director will perform periodic checks weekly on new admission support plans.
- Executive Director continues to monitor at least weekly for compliance until such time that a routine for compliance has been successfully established.

Authorized Signature 

Date: 4-18-16

Plan of Correction Template

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APR 5/4/16

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