pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 19, 2016

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' licensing inspection on September 24, 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,

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing 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	

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WEST REGION FIELD OFFICE
Human Services Licensing

Certificate(s) of Occupancy

C-2 LP
06/03/1990
L & I

Staffing Hours

Resident Support: 0 | Total Daily Staff: 116 | Waking Staff: 87

Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

09/24/2015: McConnell, Deb; Marini, Michael

Off-Site Inspection Dates and Inspectors, if Applicable

09/29/2015: McConnell, Deb
01/11/2016: McConnell, Deb

Other Details

Partial or Full Triggers: N/A | Random Indicators: N/A

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 128

Number of Residents Served: 89

Secured Dementia Care Unit in Home: Yes

Area: Forest Hills - First Floor

Secured Dementia Unit Capacity, if Applicable: 16

Number of Residents Served in Secured Dementia Care Unit, if applicable: 13

Number of Current Hospice Residents: 7

Number of Hospice Residents in past year: 18

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 89

Have Mental Illness: 2

Have an Intellectual Disability: 0

Have a Mobility Need: 27

Have a Physical Disability: 1

Violation Report: 42936 - 09/24/2015 - McConnell, Deb
PCH Name: NEWHAVEN COURT AT LINDWOOD

FEB 13 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 9/22/15 at 6:00 a.m., resident #1 informed staff person A of an allegation of sexual assault which occurred at about 3:15 a.m. on 9/22/13. The home did not report the allegation to the local area agency on aging until 10:00 a.m. on 9/22/15.

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.

Immediately: The administrator will review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act. 2.18.16 g

Within 30 days of receipt of the accepted plan of correction: The administrator or designated staff person will review and update the home's policy and procedures for reporting allegations of abuse. This will include the immediate reporting of any allegation of abuse in accordance with the Older Adult Protectives Services Act and The Department of Human Services Regulations. All staff persons will be educated on the updated policy and procedures. Documentation of education shall be kept in the staff records. 2-18-16 g

See page 2A and 2B of 5

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 2/11/16

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

The above plan of correction is approved as of 2-19-16 (Date)

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

Plan of correction implementation status as of 2-18-16 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress g
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

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FEB 18 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Facility Name: Newhaven Court at Lindwood
License Number: 429360
Inspection Date: September 25, 2015
Response Date: 2/8/16

Plan of Correction

Violation Review:

- 2600.15 (a) – The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation:

- On 9/22/15 at 6 a.m., resident #1 informed staff person A of an allegation of sexual assault which occurred at about 3:15 a.m. on 9/22/15. The home did not report the allegation to the local area agency on aging until 10:00 a.m. on 9/22/15.

Cause of Violation:

- Resident #1 was in the lobby from approximately 4 a.m. to 5:30 a.m. singing on September 22, 2015. Resident #1 had contact with another staff person during this time but did not report any allegation and/or concern. At approximately 6 a.m. when staff person A was administering Resident #1's medications in [redacted] apartment, Resident #1 reported to staff person A that another Resident was in [redacted] apartment early that morning. Resident #1 stated that the Resident (who wasn't able to identify if the Resident was male or female) was in their apartment at approximately 3:15 a.m. 'fondling' [redacted] while [redacted] was sleeping. The Director of Resident Care Services arrived at the community between 6:30 a.m. and 7 a.m. and was immediately notified of the incident by the staff person following the report. The Executive Director was notified immediately and arrived at the community between 7:50 a.m. and 8 a.m. Both the Executive Director and Director of Resident Care Services spoke to Resident #1. Resident #1's story changed from the initial report that was given after 6 a.m. in which Resident #1 then reported that the other Resident performed oral sex while [redacted] was sleeping, which woke [redacted] up. Resident #1 stated [redacted] apartment door was locked at the time. The Executive Director and Director of Resident Care Services reported the alleged incident immediately following Resident #1's statement to the Area on Aging/Adult Protective Services, Department of Human Services, and the state Police Department for further investigation. All necessary paperwork such as the ACT -13 Mandatory Abuse Reporting form and the Department of Humans Services reportable form was completed and faxed per protocol.

Benefit of the Regulation:

- The benefit of this regulation is to ensure that all Residents, who reside in a personal care home, are safe from any type of abuse and that necessary checks, monitoring, and other safety procedures are implemented immediately as well as the notification of our reporting officials.
- The regulation protects Residents by notifying state officials of any type of alleged abuse reports with urgency to help determine the outcome and/or direction thereafter following a report.

Lori Grant 2/13/16 [redacted] Executive Director

2-18-16

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WEST REGION FIELD OFFICE
Human Services Licensing

Facility Name: Newhaven Court at Lindwood
License Number: 429360
Inspection Date: September 25, 2015
Response Date: 2/8/16

Prevention:

- The staff person, who received the report, followed our internal policies and procedures which states that any report of Resident Abuse will be reported immediately to the Executive Director and/or Designee regardless of the hour. The Executive Director and/or Designee, after receiving any type of alleged abuse report are responsible for notifying Area on Aging/Adult Protective Services, the Police Department (if applicable), the Department of Human Services immediately, as well as complete all necessary paperwork and phone calls.
- Resident #1 was immediately placed on 30 minute checks for monitoring and for safety purposes and per the direction from Adult Protective Services.
- Resident #2, who was in the vicinity that morning to where Resident #1's apartment was located was also placed on 30 minute checks for precautionary purposes.
- A door alarm was placed on Resident #1's apartment door, per [redacted] permission, to notify staff of any open/close door activity 24/7.

Responsibility:

- All staff were re-educated about Resident Abuse and Resident Right reporting regarding our policies and procedures on September 25, 2015, and September 29, 2015 (please see attached training). Staff were re-educated about immediate reporting to the Executive Director and/or Designee.
- It is the responsibility and obligation of all staff, who receive a report of alleged abuse in the community, to report the incident to the Executive Director and/or Designee immediately regardless of hour for investigation. It is then the Executive Director and/or Designee's responsibility to immediately report the allegation to officials (as listed above).

Date for correction to be completed:

- All staff were re-educated about Resident Abuse and Resident Right reporting regarding our policies and procedures on September 25, 2015, and September 29, 2015 (please see attached training). Staff were re-educated about immediate reporting to the Executive Director and/or Designee. Education will be on-going.

Lori Grant 2/18/16 Exec. Director 2-18-16

Violation Report: 42936 - 09/24/2015 - McConnell, Deb
PCH Name: NEWHAVEN COURT AT LINDWOOD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
Resident #2's medical evaluation, dated 3/18/15, does not include page 2 of the document.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 3A and 3B of 5

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 2/11/16

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

The above plan of correction is approved as of 2-18-16 (Date)

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

Plan of correction implementation status as of 2-18-16 (Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Facility Name: Newhaven Court at Lindwood
License Number: 429360
Inspection Date: September 25, 2015
Response Date: 2/8/16

Plan of Correction

Violation Review:

- 2600.141(a) (2) – The medical evaluation must include the following: (1) through (10)

Cause of Violation:

- Resident #2's medical evaluation, dated 3/18/15, does not include page 2 of the document.

Benefit of the Regulation:

- The benefit of the regulation is to ensure that doctor's orders for the initial, annual, and status change medical evaluations are present such as the Resident's list of medications, diet orders, diagnoses, level of mobility, level of supervision in a community, and the ability to pass medications.
- The second page of Resident #2's medical evaluation was missing. However, the 1st page and all necessary orders that reflect on the 2nd page were attached on a separate order form signed off by the physician.

Prevention:

- A second page of the medical evaluation was immediately added to Resident #2's DME following the inspection.
- An audit of all medical evaluations was conducted on September 24, 2015, and October 26, 2015, in which all necessary paperwork was found present during the audit.
- Another audit was conducted on February 3, 2016, to ensure all necessary paperwork was present on each DME. It was found that two medical evaluations were out of compliance with a missing 2nd page. Both were corrected immediately for compliance purposes.

Responsibility:

- All staff and charge personnel were re-educated on the Resident Assessment and Support Plan (RASP), the total completion to eliminate missing information, the flow to ensure all medical evaluations match and carry through onto the RASP, correct diets, and obtaining the 2nd page of the medical evaluation on October 5, 2015, at 7:15 a.m. and 3:15 p.m.
- It is the responsibility of the Director of Resident Care Services and/or designee to ensure that all RASP's are completed to their entirely, all necessary paperwork/information is present, and that compliance is met.
- Director of Resident Care Services will review new RASP's and medical evaluations daily to ensure that compliance is met.
- The Executive Director will review all new RASP's and medical evaluations daily to ensure that compliance is met by checking that all RASP's are completed to their entirely, all paperwork is present on the medical evaluations, and that all necessary information reflects on the RASP.

Lori Grant 2/18/16 MD, Executive Director
2-18-16

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WEST REGION FIELD OFFICE
Human Services Licensing

Facility Name: Newhaven Court at Lindwood
License Number: 429360
Inspection Date: September 25, 2015
Response Date: 2/8/16

Date for correction to be completed:

- The medical evaluation was immediately corrected on September 25, 2015 (please see attached DME dated 3/18/15).
- Please see Resident #2's current medication evaluation, which is also attached, to verify that compliance is met.

Lori Grant 2/18/16 Exec. Director 2-18-16

Violation Report: 42936 - 09/24/2015 - McConnell, Deb
PCH Name: NEWHAVEN COURT AT LINDWOOD

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 #2's assessment dated, 2/9/15, was not updated to include the resident's: fall risk; special dietary need of a mechanical soft and chopped meats and assistance with eating; and the residents required use of a wheelchair.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See pages 4A and 4B of 5

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 2/11/16

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

Plan of correction implementation status as of 2-18-16 (Date)

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WEST REGION FIELD OFFICE
Human Services Licensing

Facility Name: Newhaven Court at Lindwood
License Number: 429360
Inspection Date: September 25, 2015
Response Date: 2/8/16

Plan of Correction

Violation Overview:

- 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.

Description of Violation:

- Resident #2's assessment dated, 2/9/15, was not updated to include the resident's fall risk; special dietary need of a mechanical soft and chopped meats and assistance with eating; and the residents required use of a wheelchair.

Cause of Violation:

- Resident #2 does not need assistance with eating. Resident is able to eat and drink without assistance, prompting, or cueing.
- After reviewing Resident #2's RASP, the RASP did not reflect that [redacted] is a fall risk, [redacted] changed diet of mechanical soft and chopped meats, and the residents required use of a wheelchair.
- The RASP was missing recent updated information from Resident's #2 medical evaluation and assessment. Although the medical evaluation was accurate, the information did not carry over to the RASP.
- Resident #'s RASP was updated immediately following the inspection (please see attached) to reflect the following: fall risk, dietary need of mechanical soft and chopped meats, and required use of a wheelchair (please see Resident #2's most recent RASP for review also attached).

Benefit of the Regulation:

- The RASP reflects each individual Resident's assessment (Resident care needs) as well as support plan (what staff need to do in order to meet the needs) to help staff understand what each Resident needs help with, how to meet their individual care needs, and understand each Resident's day to day routine.
- The RASP also reflects needs such as preferred ambulatory devices, the use of glasses, hearing aids, etc.

Prevention:

- A RASP and medical evaluation audit was conducted on October 26, 2015, by the Executive Director, to ensure that all RASP's reflected all necessary information, were completed to their entirely, and flowed with the orders present on the medical evaluation.
- Another audit is currently being conducted by the Director of Resident Care Services to ensure that all RASP's reflect all necessary information, are completed to their entirely, and flow with the orders present on the medical evaluations. The audit will be completed by March 1, 2016.

Lori Grant 2/18/16 [redacted], Executive Director

2-18-16

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FEB 18 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Facility Name: Newhaven Court at Lindwood
License Number: 429360
Inspection Date: September 25, 2015
Response Date: 2/8/16

- All staff and charge personnel were re-educated on the Resident Assessment and Support Plan (RASP), the total completion to eliminate missing information, the flow to ensure all medical evaluations match and carry over to the RASP, correct diets, and all necessary pages October 5, 2015, at 7:15 a.m. and 3:15 p.m.

Responsibility:

- It is the responsibility of the Director of Resident Care Services and/or designee to ensure that all RASP's and medical evaluations are completed to their entirely, all necessary paperwork/information is present, and that compliance is met.
- Director of Resident Care Services will review new RASP's and medical evaluations daily to ensure that compliance is met by comparing them to the medical evaluation until compliance is met.
- The Executive Director will review all new RASP's and medical evaluations daily to ensure that compliance is met by checking that all RASP's are completed to their entirely, all paperwork is present on the medical evaluations, and that all necessary information reflects on the RASP.

Date Compliance will be met:

- The audit will be completed by March 1, 2016.
- Any information that is not reflected on the RASP will be corrected immediately. Immediately and ongoing protocol.

Lori Grant 2/18/16 Exec. Director
2-18-16

Violation Report: 42936 - 09/24/2015 - McConnell, Deb
PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
Resident #2's annual support plan, dated 2/9/15, does not indicate the cares and services the home provides to meet the residents needs including: fall precaution measures and supervision, required use of a wander guard; and assistance with eating. The support plan does not include the behavioral care and services related to the resident's moderate problem with judgement and diagnosis of depression.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Pages 5A and 5B of 5

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) Lois Grant, Executive Director

Date 2/11/16

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

Plan of correction implementation status as of 2-18-16 (Date)

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

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FEB 18 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Facility Name: Newhaven Court at Lindwood
License Number: 429360
Inspection Date: September 25, 2015
Response Date: 2/8/16

Plan of Correction

Violation Review:

- 2600.227 (c) – The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation:

- Resident #2's annual support plan, dated 2/9/15, does not indicate the cares and services the home provides to meet the residents needs including: fall precaution measures and supervisions, required use of a wander guard; and assistance with eating. The support plan does not include the behavior care and services related to the resident's moderate problem with judgment and diagnosis of depression.

Cause of Violation:

- Resident #2 does not need assistance with eating. Resident is able to eat and drink without assistance, prompting, or cueing.
- After reviewing Resident #2's RASP, the RASP did not reflect fall precaution measures and supervision, and the use of a wanderguard.
- The assessment section was completed in regard to judgment; however, the support plan was finished/completed.
- Care and services were present for the diagnosis and depression; however, the plan to meet the medical need did not include signs and symptoms.

Benefit of Regulation:

- The RASP reflects each individual Resident's assessment (Resident care needs) as well as support plan (what staff need to do in order to meet the needs) to help staff understand what each Resident needs help with, how to meet their individual care needs, and understand each Resident's day to day routine.
- The RASP also reflects needs such as preferred ambulatory devices, the use of glasses, hearing aids, etc.

Prevention:

- Resident #2's RASP was immediately corrected on September 25, 2015, following the inspection (please see attached RASP for verification).
- A RASP and medical evaluation audit was conducted on October 26, 2015, by the Executive Director, to ensure that all RASP's reflected all necessary information, were completed to their entirely, and flowed with the orders present on the medical evaluation (please see attached training).
- Another audit is currently being conducted by the Director of Resident Care Services to ensure that all RASP's reflect all necessary information, are completed to their entirely, and flow with the orders present on the medical evaluations. The audit will be completed by March 1, 2016.

Lori Grant 2/19/16 Executive Director
2-18-16

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WEST REGION FIELD OFFICE
Human Services Licensing

Facility Name: Newhaven Court at Lindwood
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- All staff and charge personnel were re-educated on the Resident Assessment and Support Plan (RASP), the total completion to eliminate missing information, the flow to ensure all medical evaluations match and carry over to the RASP, correct diets, and all necessary pages October 5, 2015, at 7:15 a.m. and 3:15 p.m

Responsibility:

- It is the responsibility of the Director of Resident Care Services and/or Designee to ensure that all RASP's and medical evaluations are completed to their entirely, all necessary paperwork/information is present, and that compliance is met.
- Director of Resident Care Services will review new RASP's and medical evaluations daily to ensure that compliance is met by comparing them to the medical evaluation.
- The Executive Director will review all new RASP's and medical evaluations daily to ensure that compliance is met by checking that all RASP's are completed to their entirely, all paperwork is present on the medical evaluations, and that all necessary information reflects on the RASP.

Date for correction to be completed:

- The audit will be completed by March 1, 2016.
- Any information that is not reflected on a RASP will be corrected immediately. Immediately and ongoing protocol.

Lori Grant 2/18/16 Executive Director
2-18-16