



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 29, 2016

Ms. Loriann Putzier, COO
Tithonus Butler, LP
c/o Integracare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: Newhaven Court at Clearview
100 Newhaven Lane
Butler, Pennsylvania
Certificate/License #423460

Dear Ms. Putzier:

As a result of the Department of Human Services' licensing inspection on November 13, 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, appearing to read "Jon Kimberland".

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 CLEARVIEW		License Number: 42346
Address: 100 NEWHAVEN LANE, BUTLER, PA 16001		County: Butler
Administrator: Gary Renwick		Region: WEST
Legal Entity Name: TITHONUS BUTLER LP		RECEIVED
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy C-2 LP 05/05/1997 L & I		SEP 20 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 130	Waking Staff: 98
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 11/13/2015: McConnell, Deb		
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 who:	Receive Supplemental Security Income: 0
Number of Residents Served: 98		Are 60 Years of Age or Older: 98
Secured Dementia Care Unit in Home: Yes		Have Mental Illness: 0
Area: Pathways		Have an Intellectual Disability: 0
Secured Dementia Unit Capacity, if Applicable: 18		Have a Mobility Need: 32
Number of Residents Served in Secured Dementia Care Unit, if applicable: 18		Have a Physical Disability: 1
Number of Current Hospice Residents: 5		
Number of Hospice Residents in past year: 20		

SEP 20 2016

Violation Report: 42346 - 11/13/2015 - McConnell, Deb
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.129(a) - A fireplace must be securely screened or equipped with protective guards while in use.

2a. DESCRIPTION OF VIOLATION

On 11/13/15, the two sided fireplace in the home's entrance/library area was in use. During this time no screens or protective guards were in place. The fireplace's faceplate on the entrance side has an opening of 42" by 11". The fireplace's faceplate in the library side has an opening of 4" by 6".

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

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

See page 2A of 3

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Gary Renuick*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Gary Renuick, Executive Director* Date *8-26-16*

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

The above plan of correction is approved as of 9-23-16
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 11/13/15
Date of Submission: 8/26/16

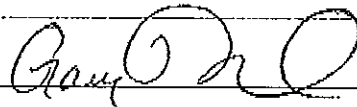
1. **Violation Review: 2600.129(a) –**
A fireplace must be securely screened or equipped with protective guards while in use.

2. **Review the Citation, the violation of the Regulation:**
 - On 11/13/15, the two sided fireplace in the home's entrance/library area was in use. During this time no screens or protective guards were in place. The fireplace's faceplate on the entrance side has an opening of 42" by 11". The fireplace's faceplate in the library side has an opening of 4" by 5".

3. **Description of the Repair of the Immediate Problem:**
 - The protective screens were in place at the time of the inspection (entrance & library sides). The protective screens and dimensions are depicted in the attached photos.
 - The gas supply was immediately turned off to the fireplace as the home researched appropriate screens. The fireplace has not been in operation since the inspection date.

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
 - Appropriate protective screens that will enclose the entire opening of both sides of the fireplace will be ordered on 8/26/16. The home will secure these screens for the safety of all residents, family members, and visitors.
 - The ED or designee will inspect the screens as routine preventative maintenance periodically to ensure safety of this area.

Authorized Signature



Date:

8-26-16

Plan of Correction Template

ADM040

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Violation Report: 42346 - 11/13/2016 - McConnell, Deb
 PCH Name: NEWHAVEN COURT AT CLEARVIEW
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 On 10/11/16, at 7:30 a.m. resident #1 fell and was found by direct care staff person A sitting on the bedroom floor by the bed. Resident #1 told staff person B he/she was having pain in the right hip. At 8:45 a.m. and 9:40a.m. the resident continued to complain to nursing staff person B of hip pain. The resident indicated he/she broke his/her right hip and wanted to go to the hospital due to pain. At 1:45 p.m. and 9:56 p.m. the resident was administered Norco, 5-325mg for pain
 On 10/12/16, at 2:30 a.m. resident #1 continued to complain of hip pain. At 9:49 a.m. the resident was administered Norco, 5-325mg for pain.
 On 10/13/16, resident #1 continued to complain of hip pain. At 9:47 a.m. the resident was administered Norco, 5-325mg for pain.
 On 10/14/16, at 1:50 p.m. and 8:11 p.m., resident #1 was administered Norco, 5-325mg for pain.
 On 10/15/16, at 2:44 am resident #1 was administered was administered Norco, 5-325mg for pain.
 The resident was not seen by a medical professional until 10/15/16 at 11:40 a.m. The resident was diagnosed with at periprosthetic fracture around the internal prosthetic left hip joint.

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 of 5

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Gary Renwick, Executive Director* Date *8-26-16*

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

The above plan of correction is approved as of <u>9-23-16</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 11/13/15
Date of Submission: 8/26/16

1. Violation Review: 2600.142(a):

The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

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

- On 10/11/15, at 7:30am, Resident #1 fell and was found by direct care staff person A sitting on the bedroom floor by the bed. Resident #1 told staff person B he/she was having pain in the right hip. At 8:45am and 9:40am the resident continued to complain to nursing staff person B of hip pain. The resident indicated he/she broke his/her right hip and wanted to go to the hospital due to pain. At 1:45pm and 9:56pm the resident was administered Norco, 5-325mg for pain.

On 10/12/15, at 2:30am resident #1 continued to complain of hip pain. At 9:49am the resident was administered Norco, 5-325mg for pain.

On 10/13/15, resident #1 continued to complain of hip pain. At 9:47am the resident was administered Norco, 5-325mg for pain.

On 10/14/15, at 1:50pm and 8:11pm, resident #1 was administered Norco, 5-325mg for pain.

On 10/15/15, at 2:44am resident #1 was administered Norco, 5-325mg for pain.

The resident was not seen by a medical professional until 10/15/15 at 11:40am. The resident was diagnosed with a perioperative fracture around the internal prosthetic left hip joint.

3. Description of the Repair of the Immediate Problem:

- Resident #1 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:

- Immediately following the incident inspection by DHS on 11/13/15, all Charge Nurses were verbally counseled regarding regulation 142(a). They were educated on the home's responsibility to secure prompt medical attention for a resident when there are clinical indications of injury or illness.
- Effective immediately, all Charge Nurses will seek medical treatment as clinically necessary regardless of family/POA response.
- The Charge Nurse on all shifts will verify and ensure resident needs are followed through on to ensure consistency and continuity of care.
- The ED and DRCS will ensure that resident needs are responded to appropriately and that all services received and ordered for the residents are properly communicated and followed through on moving forward.

Authorized Signature 

Date: 8-26-16

9-23-16

Violation Report: 42346 - 11/13/2015 - McConnell, Deb
 PCH Name: NEWHAVEN COURT AT CLEARVIEW

RECEIVED

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.

SEP 20 2016

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #1 was completed on 4/7/14.

WEST REGION FIELD OFFICE
 Human Services Licensing

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 5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Gary Renwick

Date *8-26-16*

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The above plan of correction is approved as of 9-23-16
 (Date)

Plan of correction implementation status as of _____
 (Date)

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

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

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 11/13/15
Date of Submission: 8/26/16

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:

- The most recent assessment for resident #1 was completed on 4/7/14.

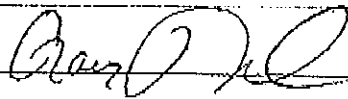
3. Description of the Repair of the Immediate Problem:

- Resident #1 no longer resides at this community.
- 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 the assessment was due was 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:

- A subsequent 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 as specified in the regulation set by DHS.
- Executive Director continues to monitor at least weekly for compliance until such time that a routine for compliance has been successfully established.
- As per the approved Plan of Correction submitted to DHS on 4/19/16, all staff persons involved in the completion of resident assessments received education regarding the completion and accuracy of the document and the home's policy and procedure for timely completion. Resident Documentation training was completed on 4/18/16 and documentation is kept on file.

Authorized Signature



Date:

8-26-16

Plan of Correction Template

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Violation Report: 42346 - 11/13/2015 - McConnell, Deb
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

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

The most recent support plan for resident #1 was completed on 4/7/14.

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

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

See page 5A of 5

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/21/2015

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Gary Kenwick, Executive Director* Date *8-26-16*

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The above plan of correction is approved as of 9-23-16
(Date)

Plan of correction implementation status as of _____
(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 11/13/15
Date of Submission: 8/26/16

1. 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.

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

- The most recent support plan for resident #1 was completed on 4/7/14.

3. Description of the Repair of the Immediate Problem:

- Resident #1 no longer resides at this community.
- Complete audit of the resident support plans finalized on 4/30/15, with additional issues with timeliness being identified and recorded.
- Resident support plans due dates have been identified, and have been integrated into an annual tickler tool for this function.
- DRCS at the time the support plan was due was 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:

- A subsequent audit as to the status of all the Resident support plans 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 support plans was developed and worked on by the Executive Director and new Director of Resident Care Services and continues to be priority. All support plans are up to date.
- As resident support plans are completed, the data is entered into a tickler system for tracking annual due dates.
- The Director of Resident Care will ensure that support plans 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.
- As per the approved Plan of Correction submitted to DHS on 4/19/16, all staff persons involved in the completion of resident support plans received education regarding the completion and accuracy of the document and the home's policy and procedure for timely completion. Resident Documentation training was completed on 4/18/16 and documentation is kept on file.

Authorized Signature



Date:

8-26-16

Plan of Correction Template

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