



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 February 18, 2016, 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: 120	Waking Staff: 90
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/18/2016: McConnell, Deb; Knee, Donald		
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: 91		Are 60 Years of Age or Older: 89
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: 29
Number of Residents Served in Secured Dementia Care Unit, if applicable: 17		Have a Physical Disability: 0
Number of Current Hospice Residents: 4		
Number of Hospice Residents in past year: 20		

SEP 20 2016

Violation Report: 42346 - 02/18/2016 - McConnell, Deb
PCH Name: NEWHAVEN COURT AT CLEARVIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 #1 was admitted into the home on [redacted] 15. The resident's initial assessment was not completed until [redacted] 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 2 A of 4

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

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 *9-22-16*
(Date)

The above plan of correction was approved by *G*
(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: 2/18/16
Date of Submission: 8/26/16

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 #1 was admitted into the home on [redacted] 15. The resident's initial assessment was not completed until [redacted] 15.

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.
- As resident assessments are updated, the data is entered into a tickler system for tracking annual due dates. All resident assessments are up to date and in compliance.
- The Executive Director to monitor tickler tool for progress and adherence to the plan, immediately and on-going.

Authorized Signature



Date:

8-26-16

Plan of Correction Template

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9-23-16
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SEP 20 2016

Violation Report: 42346 - 02/18/2016 - McConnell, Deb
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 #1 was admitted into the home on [redacted] 15. The resident's initial support plan was not completed until [redacted] 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 3 POF 4

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/21/2015	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Gary Penwick*

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

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(Initials)

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- Not Implemented

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 2/18/16
Date of Submission: 8/26/16

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 #1 was admitted to the home on [redacted] 15. The resident's initial support plan was not completed until [redacted] 15.

3. Description of the Repair of the Immediate Problem:

- Resident #1 no longer resides at this community.
- 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 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 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.
- As resident RASP's are completed, the data is entered into a tickler system for tracking annual due dates. All resident support plans are up to date and in compliance.
- 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.
- The Executive Director to monitor tickler tool for progress and adherence to the plan, immediately and on-going.

Authorized Signature Gay D [Signature]

Date: 8-26-16

SEP 20 2016

Violation Report: 42346 - 02/18/2016 - McConnell, Deb
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 #2's support plan, dated 12/14/15, indicates the resident has a regular diet. However, the resident was ordered a mechanical soft diet on 9/23/15. The resident's support plan does not include the care and services the home will provide related to the resident's decline in communication of needs, short and long term memory loss, understanding instructions. Additionally, the resident's support plan indicates the resident requires extensive supervision both inside and outside of the home; however, the resident's support plan does not indicate the frequency of supervision or monitoring.

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 4A of 4

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 Renwick, Executive Director Date 8-26-16

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(Date)

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Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 2/18/16
Date of Submission: 8/26/16

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 #2's support plan, date 12/14/15, indicates the resident has a regular diet. However, the resident was ordered a mechanical soft diet on 9/23/15. The resident's support plan does not include the care and services the home will provide related to the resident's decline in communication of needs, short and long term memory loss, understanding instructions. Additionally, the resident's support plan indicates the resident requires extensive supervision both inside and outside the home; however, the resident's support plan does not indicate the frequency of supervision or monitoring.

3. Description of the Repair of the Immediate Problem:

- Resident #2 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 diet changes.
- All new orders (orders, 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 orders, treatments, and services such as diet changes.
- The Charge Nurse on all shifts will verify and ensure that all new orders, treatments and 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:

8-26-16