



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 03 2018

Ms. Loriann Putzier
President & COO
Tithonus Greensburg, LP
C/O Integracare Corporation
6600 Brooktree Court, Suite 100
Wexford, Pennsylvania 15090

RE: Newhaven Court at Lindwood
100 Freedom Way
Greensburg, Pennsylvania 15601
License # 429360

Dear Ms. Putzier:

As a result of the Department of Human Services' annual licensing inspection on July 17, 2017 and July 18, 2017, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: NEWHAVEN COURT AT LINDWOOD		License Number: 42936
Address: 100 FREEDOM WAY, GREENSBURG, PA 15601		County: Westmoreland
Administrator: Lori Grant		Region: WEST
Legal Entity Name: TITHONUS GREENSBURG LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 100, WEXFORD, PA 15090		
Certificate(s) of Occupancy C-2 LP 06/02/2006 L & I		RECEIVED FEB 20 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 112	Working Staff: 84
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/17/2017: Summers, Vicky; Cutter, Jan 07/18/2017: Summers, Vicky; Cutter, Jan		
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: 128	Number of Residents who:	
Number of Residents Served: 80	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 80	
Area: 1st Floor	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable: 16	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable: 15	Have a Mobility Need: 32	
Number of Current Hospice Residents: 4	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 15		

Violation Report: 42936 - 07/17/2017 - Summers, Vicky
PCH Name: NEWHAVEN COURT AT LINDWOOD

FEB 20 2018

WEST VIRGINIA 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 7/22/14, and direct care staff person B, hired 6/10/14, did not receive training in the following topics during the January - December 2016 training year:

- * Medication self-administration training
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Safe management techniques

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 2A and 2B

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)

Lori Grant, Executive Director

Date

2/12/18

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

The above plan of correction is approved as of 3/23/18
(Date)

Plan of correction implementation status as of 3/23/18
(Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 7/17/2017 and 7/18/2017

Response Date: 2/12/2018

Page

Plan of Correction

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 screen form, assessment tool, medication 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.

Description of Violation:

- Direct care staff person A, hired 7/22/14, and direct care staff person B, hired 6/10/14, did not receive training in the following topics during the January – December 2016 training year:
 - Medication self-administration training
 - Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
 - Safe management techniques

Cause of Violation:

- On the 2016 Adult Residential Licensing Staff Training Plan, medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medication evaluation and support plan, and safe management techniques were accidentally missed on the training plan.

Benefit of the Regulation:

- The benefit of the regulation is to ensure that we are providing all of the necessary trainings/requirements to the staff each year per DHS requirements. The staff is required to receive several mandated trainings, throughout the year, which provide re-educational opportunities and refreshers on tactics that improve the care with the Residents.

SM 2/12/18

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Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 7/17/2017 and 7/18/2017

Response Date: 2/12/2018

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WEST REGION FIELD OFFICE
Human Services Licensing**Prevention:**

- For the 2017 Adult Residential Licensing Staff Training Plan, we had 2 out of the 3 trainings present on the plan. Safe Management Techniques was already present on the training plan in April of 2017.
- Medication Self-Administration and Meeting the Needs of the Residents were both added and completed on September 5, and September 19, 2017.
- No other concerns were found on the training plan.
- Full compliance was met with all trainings in 2017 (please see attached form).
- After reviewing the following trainings plans for 2013, 2014, and 2015, all necessary trainings were present and compliance was met.

Responsibility:

- Once we receive the 2018 Adult Resident Licensing Staff Training Plan, the Business Office Manager will be responsible to ensure that all trainings present on the plan match the requirements with the Department of Human Services so that no training is missed. If a training is found to not be present, the Business Office Manager will add the training to the plan for compliance purposes.
- The Executive Director and Business Office Manager will both review the training plan together to ensure that all trainings are present before distributing the training plan.

Date for correction to be completed:

- September 5, and September 19, 2017, and immediately and ongoing.

Mo 2/12/18

Violation Report: 42936 - 07/17/2017 - Summers, Vicky
PCH Name: NEWHAVEN COURT AT LINDWOOD

FEB 20 2018

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 7/17/17, there were approximately 10 cigarette butts and an empty cigarette pack on the ground in the first floor resident smoking area, located in the courtyard.

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 3A and 3B

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Eric Grant* Date *2/12/18*

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

The above plan of correction is approved as of 3/23/18 (Date)

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

Plan of correction implementation status as of 3/23/18 (Date)

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

Facility Name: Newhaven Court at Lindwood
License Number: 429360
Inspection Date: 7/17/2017 and 7/18/2017
Response Date: 2/12/2018

Plan of Correction

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Violation Review:

- 2600.85(a) – Sanitary conditions shall be maintained.

Description of Violation:

- On 7/17/17, there were approximately 10 cigarette butts and an empty cigarette pack on the ground in the first floor resident smoking area, located in the courtyard.

Cause of Violation:

- A Resident, who resided in the community, did not dispose cigarette butts properly in the receptacle that is available outside in the Resident smoking area. The Resident would also leave trash outside without disposing it properly as well.
- A family member, who also used this area, did not dispose cigarette butts properly in the receptacle.

Benefit of the Regulation:

- The benefit of the regulation is to ensure that safety strategies as well as sanitary conditions are occurring on the outside grounds. The regulation is to also ensure that families and Residents, who smoke, use the appropriate cigarette butt and trash receptacles that are present.

Prevention:

- Once the surveyors brought the concern to the Executive Director during the survey, the Executive Director immediately discarded the cigarette butts in the appropriate receptacle.
- The Executive Director created a sign for families and Residents, reminding them to please pick up their trash as well as dispose of cigarette butts properly. The Executive Director communicated to the surveyors what steps were completed outside during survey.
- One of the Residents, who smoked during this time, is no longer at the community.
- We currently do not have any Residents residing in our community who smoke.

Responsibility:

- When doing weekly rounds, it is the responsibility of the Director of Environmental Services to ensure that smoking areas are free of trash and cigarette butts.
- The Executive Director monitors this area monthly and provides education to staff and families as needed. Since our annual survey, we have not had any further issues/concerns in this area.
- The Executive Director randomly sends out letters/reminders to the Residents and families when concerns arise (please see the attached sample letter that was sent to families/Residents in April of 2017).

AM 2/12/18

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 7/17/2017 and 7/18/2017

Response Date: 2/12/2018

Date for correction to be completed:

- Corrected and shown to the Department of Human Service surveyors, by the Executive Director, on July 18, 2017.
- Immediately and ongoing.

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WEST REGION FIELD OFFICE
Human Services Licensing

No 2/12/18

Violation Report: 42936 - 07/17/2017 - Summers, Vicky
 PCH Name: NEWHAVEN COURT AT LINDWOOD

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION

On 7/17/17, resident #2 did not have a bedside table or shelf in his/her room. The resident's table was located across the room and could not be reached from bedside.

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

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lori Grant</i>	Date <i>2/12/2018</i>
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The above plan of correction is approved as of <u>3/23/18</u> (Date)	Plan of correction implementation status as of <u>3/23/18</u> (Date)
The above plan of correction was approved by <u>BS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 7/17/2017 and 7/18/2017

Response Date: 2/12/2018

PLG

Plan of Correction

Violation Overview:

- 2600101(j)(5) – Each resident shall have the following in the bedroom: A bedside table or a shelf.

Description of Violation:

- On 7/17/17, resident #2 did not have a bedside table or shelf in his/her room. The resident's table was located across the room and could not be reached from bedside.

Cause of Violation:

- Resident #2 resides in our Secured Dementia Care Unit. A bedside table was present in Resident #2's apartment; however, the Resident moved the table across the room.

Benefit of the Regulation:

- The benefit of the regulation is to ensure that Residents have the standard requirements when it comes to bedroom furniture: a light source and table by bedside, a bed, chair, and dresser.
- The bedside table and/or shelf are for a light source for safety purposes.

Prevention:

- The Life Stories Director immediately corrected the violation by moving the table beside the bed on July 18, 2017. Although the Resident continues to move furniture in his apartment, the Life Stories Director checks the apartment daily.
- The Life Stories Director performed a furniture audit on July 18, 2017, during the survey. No further violations/concerns were found in the Secured Dementia Care Unit.
- The correction was also shared with the Department of Human Services surveyors during the inspection.

Responsibility:

- It is the responsibility of both the Life Stories Director, who oversees the Secured Dementia Care Unit, and Executive Housekeeper to ensure that all furniture requirements are present in each Resident apartment as well as placed in its appropriate location. This is checked monthly.
- The Executive Director, when performing a random apartment audit, is responsible for ensuring that all necessary furniture is present and in the right location monthly.

Date Compliance will be met:

- Violation was immediately corrected by the Life Stories Director on July 18, 2017.
- Immediately and ongoing.

Mo 2/12/18

Violation Report: 42936 - 07/17/2017 - Summers, Vicky
 PCH Name: NEWHAVEN COURT AT LINDWOOD

FEB 20 2018

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 7/17/17, resident #2 did not have an operable source of light that can be turned on/off at bedside. The resident's lamp was located across the room and could not be reached from bedside.

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

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Solid Grant</i>	2/12/18

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The above plan of correction is approved as of 3/23/18
 (Date)

Plan of correction implementation status as of 3/23/18
 (Date)

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

- 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: 7/17/2017 and 7/18/2017

Response Date: 2/12/2018

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EG

Plan of Correction

Violation Review:

- 2600.101(j)(7) – Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation:

- On 7/17/17, resident #2 did not have an operable source of light that can be turned on/off at bedside. The resident's lamp was located across the room and could not be reached from bedside.

Cause of Violation:

- Resident #2 resides in our Secured Dementia Care Unit. A light source was present in Resident #2's apartment; however, the Resident moved both the table and light source across the room.

Benefit of Regulation:

- The benefit of the regulation is to ensure that Residents have the standard requirements when it comes to bedroom furniture: a light source by bedside, table, bed, chair, and dresser.
- The light source is for safety purposes to help the Resident see.

Prevention:

- The Life Stories Director immediately corrected the violation by moving the table and light source beside the bed on July 18, 2017. Although the Resident continues to move furniture in his apartment throughout the day, the Life Stories Director checks the apartment daily.
- The Life Stories Director performed a furniture audit on July 18, 2017. No further violations/concerns were found in the Secured Dementia Care Unit.
- The correction was also shared with the Department of Human Services surveyors.

Responsibility:

- It is the responsibility of both the Life Stories Director, who oversees the Secured Dementia Care Unit, and Executive Housekeeper to ensure that all furniture requirements are present in each Resident apartment as well as placed in its appropriate location. This is checked monthly.
- The Executive Director, when performing an apartment audit, will be responsible for ensuring that all necessary furniture is present and in the right location monthly by checking random apartments.

M. 2/12/18

Facility Name: Newhaven Court at Lindwood
License Number: 429360
Inspection Date: 7/17/2017 and 7/18/2017
Response Date: 2/12/2018

SB

Date for correction to be completed:

- Violation was immediately corrected by the Life Stories Director on July 18, 2017.
- Immediately and ongoing.

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FEB 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing

No 2/12/18

Violation Report: 42936 - 07/17/2017 - Summers, Vicky
 PCH Name: NEWHAVEN COURT AT LINDWOOD

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #1's Systane gel eye drops were opened on 6/13/17. According to the manufacture's instructions, this medication expires 28 days after opening. However, resident #1 was administered Systane gel eye drops at 8:00 AM and 7:00 PM 7/12/17 through 7/17/17 and at 8:00 AM on 7/18/17.

Resident #3's Levimer flexpen was opened on 5/29/17. According to the manufacture's instructions, the Levimer flexpen should be discarded 28 days after opening. However, resident #3 was administered 10 units of Levemir at 9:00 PM from 7/1/17 - 7/16/17.

Resident #8's Lantus insulin was opened 6/18/17. According to manufactures instructions, the Lantus should be discarded 28 days after opening. However, resident #8 was administered 18 units of Lantus at 8:00 AM on 7/17/17.

Resident #8's Novolog 100U/ml insulin vial was opened 6/18/17. According to the manufactures instructions, the Novolog should be discarded 28 days after opening. However, resident #8 was administered 8 units of Novolog at 12:00 PM on 7/17/17.

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 6A and 6B

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Lori Grant Date 2/12/18

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

The above plan of correction is approved as of <u>3/23/18</u> (Date)	Plan of correction implementation status as of <u>3/23/18</u> (Date)
The above plan of correction was approved by <u>BS</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

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Facility Name: Newhaven Court at Lindwood
License Number: 429360
Inspection Date: 7/17/2017 and 7/18/2017
Response Date: 2/12/2018

FEB 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing

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Plan of Correction

Violation Review:

- 2600.183(e) – Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer’s instructions.

Description of Violation:

- Resident #1’s Systane gel eye drops were opened on 6/13/17. According to the manufacturer’s instructions, this medication expires 28 days after opening. However, resident #1 was administered Systane gel eye drops at 8 am and 7 pm 7/12/17 through 7/17/17 and at 8 am on 7/18/17.
- Resident #3’s Levimer flexpen was opened on 5/29/17. According to the manufacturer’s instructions, the Levimer flexpen should be discarded 28 days after opening. However, resident #3 was administered 10 units of Levemir at 9 pm from 7/1/17 – 7/7/17.
- Resident #8’s Lantus insulin was opened 6/18/17. According to manufactures instructions, the Lantus should be discarded 28 days after opening. However, resident #8 was administered 18 units at 8 am on 7/17/17.
- Resident #8’s Novolog 100U/ml insulin vial was opened 6/18/17. According to the manufactures instructions, the Novolog should be discarded 28 days after opening. However, resident #8 was administered 8 units of Novolog at 12 pm on 7/17/17.

Cause of Violation:

- Staff, who administer medications, were not discarding eye drops and insulin in the medication cart after 28 days.

Benefit of Violation:

- The benefit of the regulation is to ensure we are following regulations and procedures when it comes to discarding medications before they expire and are removed from the medication cart. This ensures that we are administering medications that are current and not expired.
- When opening eye drops and insulin, staff are trained to label the bottle as to when it was opened so that they are aware when the medication hits the 28 day expiration mark.

Prevention:

- The Director of Resident Care Services performed an audit on all medication carts to ensure that eye drops and insulin are being discarded after 28 days on October 2, 2017 (please see attached audit). Any concerns were corrected at this time.
- The Resident Care Department was re-educated by the Director of Resident Care Services on July 31, 2017, in regard to this regulation and is also ongoing.
- The Resident Care Director did another audit on February 9, 2018. Any concerns were immediately corrected at this time (please see attached audit).

[Handwritten Signature]
2/12/18

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 7/17/2017 and 7/18/2017

Response Date: 2/12/2018

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Responsibility:

- Director of Resident Care Services and/or designee is responsible for ensuring that all medications are current and that any expired medications are removed from the cart.
- The Director of Resident Care Services and/or designee will perform an audit monthly by doing random checks to ensure compliance is met. The audits will be documented for review and verification purposes.

Date for correction to be completed:

- October 2, 2017, and ongoing.

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WEST REGION FIELD OFFICE
Human Services Licensing

Mo 2/12/18

Violation Report: 42936 - 07/17/2017 - Summers, Vicky
 PCH Name: NEWHAVEN COURT AT LINDWOOD

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed Levemir flextouch 100 units/ml - Inject 8 units subcutaneously daily in the morning and 18 units daily at bedtime. However, the pharmacy label indicates - Inject 8 units subcutaneously daily in the morning and 16 units daily at bedtime.

Resident # 7 is prescribed Novolog flexpen - Inject 2 units subcutaneously 3 times daily. However, the pharmacy label does not include the prescribed dosage and instructions for administration.

Resident # 8 is prescribed Lantus insulin U-100 - Inject 18 units subcutaneously daily. However, the pharmacy label indicates - Inject 15 units subcutaneously daily.

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 7A and 7B

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>[Handwritten Signature]</i>	2/12/18

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

The above plan of correction is approved as of <u>3/23/18</u> (Date)	Plan of correction implementation status as of <u>3/23/18</u> (Date)
The above plan of correction was approved by <u>BB</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

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 7/17/2017 and 7/18/2017

Response Date: 2/12/2018

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Plan of Correction**Violation Review:**

- 2600.184.(a) – The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 - (1) The resident's name.
 - (2) The name of the medication.
 - (3) The date the prescription was issued.
 - (4) The prescription dosage and instructions for administration.
 - (5) The name and title of the prescriber.

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FEB 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing**Description of Violation:**

- Resident #7 is prescribed Levemir flextouch 100 units/ml – Inject 8 units subcutaneously daily in the morning and 18 units daily at bedtime. However, the pharmacy label indicates – Inject 8 units subcutaneously daily in the morning and 16 units daily at bedtime.
- Resident #7 is prescribed Novolog flexpen – Inject 2 units subcutaneously 3 times daily. However, the pharmacy label does not include the prescribed dosage and instructions for medication.
- Resident #8 is prescribed Lantus insulin U-100 – Inject 18 units subcutaneously daily. However, the pharmacy label indicates – Inject 15 units subcutaneously daily.

Cause of Violation:

- This violation was not discussed during the survey or exit interview.
- After reviewing, the initial prescribed order is reflected on the original packaging from the pharmacy; however, if the initial order changed from the physician overtime, due to the medical need of the Resident, the medication assistants would then follow the MAR for the current orders. However, the initial pharmacy label was still reflecting the initial prescribed order.
- Even though the medication assistants were administering the correct units of insulin per the physician's order, we were not using labels on the opened medications that stated to see the MAR for current orders.

Benefit of the Regulation:

- The benefit of the regulation is to ensure that all medications match what is being prescribed per the physician's orders to eliminate medication errors.

Prevention:

- The Director of Resident Care Services will re-educate the Resident Care department by February 28, 2018, so that they are aware to use a label to reference that we are administering the current order prescribed by the physician on the MAR.

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- The Director of Resident Care Services conducted an audit on February 8, 2018. Labels were added to the insulin pens and insulin bottles for any physician's order that has changed from the initial order depending on the medical need of the Resident. The label will help identify that the medication assistants are referring to the MAR for the most current order.

Responsibility:

- Moving forward the Director of Resident Care Services and/or designee will do a random monthly audit to ensure that compliance is met in regard to the use of labels on opened medications when the order has changed. The audits will be documented for review and verification purposes.

Date for correction to be completed:

- Audit completed on February 8, 2018.
- Immediately and ongoing.

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Violation Report: 42936 - 07/17/2017 - Summers, Vicky
 PCH Name: NEWHAVEN COURT AT LINDWOOD

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On the following dates, resident #3's blood sugar readings on his/her glucometer do not match the number recorded on the July medication administration record (MAR):

Date & time	Glucometer reading	MAR
7/12/17 at 4:55 p.m.	206	213
7/15/17 at 8:03 a.m.	101	125

On the following date, resident #4's blood sugar reading on his/her glucometer does not match the number recorded on the July (MAR):

Date & time	Glucometer reading	MAR
7/11/17 at 4:56 p.m.	128	234

Resident #4 is prescribed the following medications that were not available in the home;

- * Ipratropium-Albuterol 0.5-3(2.5) mg/3 ml - inhale one unit dose vial via nebulizer every 6 hours as needed for shortness of breath

On the following dates, resident #8's blood sugar readings on their glucometer do not match the number recorded on the July MAR. The MAR indicates to call doctor if any reading is over 400:

Date & time	Glucometer reading	MAR
7/12/17 at 8:29 a.m.	440	400
7/13/17 at 8:07 a.m.	488	400
7/14/17 at 12:01 p.m.	423	400

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 8A and 8B

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Loli Grant Date 2/12/18

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The above plan of correction is approved as of 3/23/18 (Date)

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

Plan of correction implementation status as of 3/23/18 (Date)

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

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Facility Name: Newhaven Court at Lindwood

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Inspection Date: 7/17/2017 and 7/18/2017

Response Date: 2/12/2018

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Plan of Correction

Violation Review:

- 2600.185(a) – The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation:

- On the following dates, resident #3's blood sugar readings on his/her glucometer do not match the number recorded on the July medication administration record (MAR):
 - 7/12/17 at 4:55 pm, reading was 206; MAR was 213
 - 7/15/17 at 8:03 am, reading was 101; MAR was 125
- On the following date, resident #4's blood sugar reading on his/her glucometer does not match the number on the July (MAR):
 - 7/11/17 at 4:56 pm, reading was 128; MAR was 234
- Resident #4 is prescribed the following medications that were not available in the home;
 - Lpratriptium-Albuterol 0.5-3(2.5) mg/3 ml – inhale one unit does vial via nebulizer every 6 hours as needed for shortness of breath
- On the following dates, resident #8's blood sugar readings on their glucometer do not match the number recorded on the July MAR. The MAR indicates to call doctor if any reading is over 400:
 - 7/12/17 at 8:29 am, reading was 440; MAR was 400
 - 7/13/17 at 8:07 am, reading was 488; MAR was 400
 - 7/14/17 at 12:01 pm, reading was 423; MAR was 400

Cause of Violation:

- There were discrepancies in regard to what was on the glucometer readings versus what was actually recording on the MAR for Resident #3, Resident #4, and Resident #8.

Benefit of the Regulation:

- The benefit of the regulation is to ensure that each Resident has their own glucometer available to them and to ensure that glucometers and/or equipment are not being used on other Residents.

Prevention:

- The Director of Resident Care Services re-educated all Medication Assistants and LPN's on August 13, 2017 (please see attached training).
- An audit of all glucometers was completed on July 24th, 2017, October 20, 2017, and on February 9, 2018, by the Director of Resident Care Services to ensure that the glucometer readings matched what was documented on the MAR (please see attached audit).

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- Medication Assistants and LPN's are required to have a second person check the numbers to ensure the MAR documentation matches the reading on the glucometer.

Responsibility:

- It is the responsibility of the Director of Resident Care Services and/or designee to ensure that each Resident has their own glucometer (which was confirmed during the audit) as well as to ensure that Medication Assistants have a system in place when it comes to documenting the reading on the glucometer accurately on the MAR.
- The Director of Resident Care Services will do monthly random audits to ensure that systems are in place. Any concerns will be brought to the attention of the Medication Assistants. Verification of these audits will be kept for review.

Date for correction to be completed:

- Audit completed on February 9, 2018, and ongoing.

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Violation Report: 42936 - 07/17/2017 - Summers, Vicky
PCH Name: NEWHAVEN COURT AT LINDWOOD

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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's initial assessment, dated [redacted] 17, does not include the diagnosis of dementia that is indicated on the medical evaluation, dated 2/23/17.

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 9A and 9B

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lodi Grant* Date *2/12/18*

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

The above plan of correction is approved as of 3/23/18
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

Facility Name: Newhaven Court at Lindwood

License Number: 429360

Inspection Date: 7/17/2017 and 7/18/2017

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Plan of Correction

Violation Review:

- 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.

Description of Violation:

- Resident #1’s initial assessment, dated [redacted] 17, does not include the diagnosis of dementia that is indicated on the medication evaluation.

Cause of Violation:

- Resident #1 was a Resident in our Secured Dementia Care Unit and is no longer in our community. The diagnosis of Dementia was overlooked and not reflected on the Resident Assessment Support Plan.

Benefit of the Regulation:

- The benefit of the regulation is to ensure that all diagnoses listed on the Medical Evaluation, from the physician, are carried over to the Resident Assessment Support Plan.
- Since the Resident Assessment Support Plan (RASP) is a working document and used to provide individualized care to the Residents, all necessary information such as diagnoses, mobility needs, diet, etc., should be present and match the orders on the Medical Evaluations.

Prevention:

- The Director of Resident Care Services immediately corrected this error on July 18, 2017, once it was brought to her attention.
- The Director of Resident Care Services and/or designee will ensure that all necessary information, documented on the Medical Evaluation, is present on the RASP after completing the document.
- A random audit was completed by the Executive Director on February 8, 2018, for Residents, residing in the Secured Dementia Care Unit, to ensure that all diagnoses from the Medical Evaluation were present on the RASP (please see the 2 RASPs and 2 Medical Evaluations attached).
- A full audit will be completed by the Director of Resident Care Services and/or designee by March 15, 2018, to ensure that all diagnoses are reflected on the RASP. Any concerns will be corrected at this time.

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Responsibility:

- It is the responsibility of the Director of Resident Care Services and/or designee to ensure that all necessary information is carried over from the Medical Evaluation to the RASP. Both forms need to match. The Director of Resident Care Services and/or designee will do a random chart audit monthly to ensure compliance is met. Any RASP found to be missing information will be corrected immediately at this time.
- The Executive Director will do a random chart audit monthly when performing a Resident Chart audit to ensure compliance is met.

Date for correction to be completed:

- February 8, 2018, and ongoing.

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