pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 2 1 2018

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 16001
Certificate #: 423460

Dear Ms. Putzier:

As a result of the Department of Human Services' annual licensing inspection on September 13, 2017 and September 14, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: NEWHAVEN COURT AT CLEARVIEW	License Number: 42346
Address: 100 NEWHAVEN LANE, BUTLER, PA 16001	County: Butler
Administrator: Gary Renwick	Region: WEST

Legal Entity Name: TITHONUS BUTLER LP

Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090

Certificate(s) of Occupancy

C2 LP
05/05/1996
L&I

Staffing Hours

Resident Support: 0	Total Daily Staff: 128	Waking Staff: 96
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

09/13/2017: Marini, Michael; Grace, Desmond; Flinner-Alman, Lisa
09/14/2017: Marini, Michael; Grace, Desmond; Flinner-Alman, Lisa

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers:

Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 115

Number of Residents Served: 97

Secured Dementia Care Unit in Home: Yes

Area: Memory Care

Secured Dementia Unit Capacity, if Applicable: 18

Number of Residents Served in Secured Dementia Care Unit, if applicable: 14

Number of Current Hospice Residents: 9

Number of Hospice Residents in past year: 25

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 96

Have Mental Illness: 0

Have an Intellectual Disability: 1

Have a Mobility Need: 31

Have a Physical Disability: 0

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NOV 14 2017

Violation Report: 42346 - 09/13/2017 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9-13-17 at 11:47 AM, an assignment sheet that included residents' names, allergies, and diets was unlocked, unattended and accessible in a hutch drawer in the Birch Neighborhood common area.

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.

Description of the Repair of the Immediate Problem:
- The assignment sheet found in the hutch drawer was immediately removed and the staff were reminded that this information cannot be left unlocked and unattended in common areas.

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

- A lock has been placed on the hutch drawer to confirm that all Resident records/information is confidential as well as to ensure that only authorized personnel have access to the drawer per the regulation and policies. See attached picture.

- Staff training was conducted on 10/25/17 by the Director of Resident Care Services. The training included the re-education of keeping Resident records/information confidential and secure at all times as well as the new procedure regarding the lock on the hutch drawer. Please see attached training signature sheet.

- All citations found in this violation to include Regulation 2600.17 were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.

- A reminder note has been added to the bottom of the Assignment sheets to serve as a reminder to the staff to ensure Resident information is kept secure and confidential at all times. Please see attached Assignment sheet as an example.

- The Director of Resident Care Services is responsible to ensure this system and protocol stays in place by ensuring that the hutch drawer is locked when storing Resident confidential information.

- The Executive Director and Director of Resident Care Services will monitor regularly.

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) Gary Renwick, Executive Director

Date 11-13-17

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

The above plan of correction is approved as of 1/10/18 (Date)

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

Plan of correction implementation status as of 1/10/18 (Date)

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

RECEIVED

Violation Report: 42346 - 09/13/2017 - Marini, Michael NOV 14 2017
PCH Name: NEWHAVEN COURT AT CLEARVIEW

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.

2a. DESCRIPTION OF VIOLATION
On 9-14-17, the bed in bedroom #A104 did not have a source of light that could be turned on or off 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.

Description of the Repair of the Immediate Problem:
• The resident in A104 is receiving supportive services with hospice care and the bed side lamp and night stand was moved a few feet from the bed to provide additional seating space for loved ones. The night stand and lamp was immediately placed within reach of the resident and in compliance with the regulation.

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

• Complete audit of all resident units within the facility was finalized on 11/3/17 to ensure that each resident has an operable bedside lamp within reach and can be turned on at bedside.

• Staff training was conducted on 10/25/17 by the Director of Resident Care Services. The training included ensuring Resident's have an operable light that can be reached and turned on at bedside. Please see attached training signature sheet.

• All citations found in this violation to include Regulation 2600.101(j)(7) were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.

• Each unit will be checked on a weekly basis as part of the housekeeper's cleaning duties as identified on the attached Cleaning Checklist to ensure compliance with this regulation.

• Units found not in compliance with the regulation will be communicated to the Executive Housekeeper and Executive Director to be immediately rectified.

• The Executive Housekeeper is responsible to ensure this system and protocol stays in place by ensuring that all resident units have an operable lamp that can be turned on from the bedside.

• The Executive Director or designee will monitor this checklist for progress and adherence to the plan, immediately and on-going.

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) Gary Renwick, Executive Director — Date 11-13-17

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Violation Report: 42346 - 09/13/2017 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1's last medical evaluation was conducted on 7-17-17 and the previous medical evaluation was conducted on 5-23-16.

Resident #2's last medical evaluation was conducted on 4-18-17 and the previous medical evaluation was conducted on 2-8-16.

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.

Description of the Repair of the Immediate Problem:
• Annual medical evaluations for 2017 for Resident #1 and #2 are complete as indicated above but are identified as out of compliance - Resident #1's annual medical evaluation was completed 55 days late and Resident #2's was completed 69 days late.

• Resident #1 and Resident #2's annual medical evaluation dates have been identified and integrated into an already established tickler tool for this function.

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

• A monitoring system and tickler tool is currently in place to monitor compliance with this regulation as part of previous POC's with DHS. Resident medical evaluations are being entered into a spreadsheet and audited for completion and timeliness.

• All citations found in this violation to include Regulation 2600.141(b)(1)were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.

• From the audit, a set of priorities for follow up and completion of medical evaluations are developed and worked on by the Executive Director and Director of Resident Care Services and continues to be priority.

• As resident medical evaluations are completed, the data is entered into a tickler tool for tracking annual due dates. All resident medical evaluations are up to date and in compliance.

• The Director of Resident Care will ensure that medical evaluations are completed in a timely manner as specified in the regulation set by DHS.

• The Executive Director will perform periodic checks weekly on resident medical evaluations.

• The Executive Director to monitor tickler tool for progress and adherence to the plan, immediately and on-going.

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) Gary Renwick, Executive Director

Date 11/23/17

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NOV 14 2017

Violation Report: 42346 - 09/13/2017 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 9-14-17 at 11:30 AM, a bottle of Acetaminophen 500mg was unlocked and unattended in resident #2's bedroom.

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.

Description of the Repair of the Immediate Problem:

- The prescribed medication for Resident #2 was immediately removed from resident's bedroom and placed in the locked medication cart.

- Complete audit of all resident units to check for unlocked & unsecured medications immediately followed the licensing inspection.

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

- The Resident and family were immediately educated on this regulation regarding the storing of medications and the importance of securing all medications in a locked area or container.

- All citations found in this violation to include Regulation 2600.183(b) were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.

- Each unit will be checked on a weekly basis as part of the housekeeper's cleaning duties as identified on the attached Cleaning Checklist to ensure compliance with this regulation.

- The Executive Housekeeper and Director of Resident Care Services are responsible to ensure this system and protocol stays in place by ensuring that all medications are properly secured.

- The Executive Director or designee will monitor this checklist for progress and adherence to the plan, immediately and on-going.

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) Gary Renwick, Executive Director

Date 11-13-17

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Violation Report: 42346 - 09/13/2017 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident #3 was prescribed Ondansetron HCl. 8mg-1/2 tablet every 6 hours as needed for nausea. This medication was discontinued on 2-21-17. However, this medication was still in the medication cart on 9-14-17.

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.

Description of the Repair of the Immediate Problem:
• The prescribed medication for Resident #3 was immediately removed from the medication cart and returned to the pharmacy

• Complete audit of all medication carts to check for discontinued or expired medications immediately followed the licensing inspection.

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

• A current audit was completed of medication carts by 11/3/17 to determine compliance with 2600.183(d).

• All citations found in this violation to include Regulation 2600.183(d) were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.

• Staff training was conducted on 10/25/17 by the Director of Resident Care Services. The training included the re-education of current medications and the procedure for identifying and discarding of D/C medications. Please see attached training.

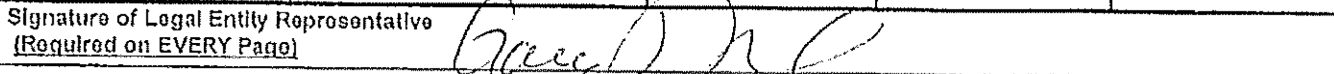
• A tool will be utilized (amended RCS068, attached) to assist with weekly monitoring of medication administration systems and this tool will be assigned to the Director of Resident Care Services for compliance.

• The Director of Resident Care Services will monitor progress on compliance and tools.

• Executive Director to monitor at least weekly for compliance with using the tool until such time that a routine for compliance has been successfully established.

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

Signature of Legal Entity Representative
(Required on EVERY Page)



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(Required on EVERY Page) Gary Renwick, Executive Director

Date 11-13-17

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NOV 14 2017

Violation Report: 42346 - 09/13/2017 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

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 #4 has a prescription for Alprazolam 0.5mg-take one tablet at bedtime. However, the label on resident #4's Alprazolam 0.5mg inaccurately indicates Alprazolam 0.5mg-1 tablet as needed for sleeplessness.

Resident #4 is also prescribed Alprazolam 0.25mg-1 tablet every 8 hours as needed for anxiety. Resident #4 has 2 single dose blister cards of Alprazolam 0.25mg. The label on one card inaccurately indicates Alprazolam 0.25mg-1 tablet at bedtime as needed for sleeplessness and the label on the other card inaccurately indicates Alprazolam 0.25mg-1 tablet every morning.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Description of the Repair of the Immediate Problem:
• The prescribed medication for Resident #4 was immediately corrected and labeled with a pharmacy provided sticker that indicates "Direction Changed" in the presence of the licensing inspector to include accurate details of the medication as prescribed.

• Resident #4 is no longer a resident at this facility.

• Complete audit of all medication carts to check for pharmacy labels that accurately depicts all information as prescribed immediately followed the licensing inspection.

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

• A current audit was completed of medication carts by 11/3/17 to determine compliance with 2600.184(a).

• Staff training was conducted on 10/25/17 by the Director of Resident Care Services. The training included the importance of the regulation and ensuring medications are properly labeled with accurate information as prescribed and the procedure moving foward. Please see attached training signature sheet.

• All citations found in this violation to include Regulation 2600.184(a) were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.

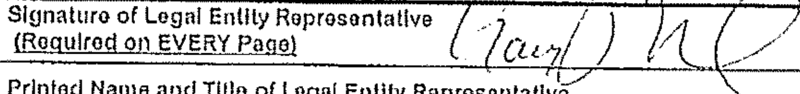
• A tool will be utilized (amended RCS068, attached) to assist with weekly monitoring of medication administration systems and this tool will be assigned to the Director of Resident Care Services for compliance.

• The Director of Resident Care Services will monitor progress on compliance and tools.

• Executive Director to monitor at weekly for compliance with using the tool until such time that a routine for compliance has been successfully established.

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) Gary Renwick, Executive Director

Date 11-13-17

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Violation Report: 42346 - 09/13/2017 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

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
A physician ordered float heels, hipsters, and a knee immobilizer for resident #3. These devices have not been available since 8-23-17.

Resident #5, resident #6, resident #7, and resident #8's glucometers are not set to the current date and time.

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.

Description of the Repair of the Immediate Problem:
- The prescribed medical equipment (float heels, hipsters, knee immobilizer) for Resident #3 were discontinued and removed from the resident's current orders as the resident no longer required these treatments. See attached verification.
- Glucometers for Resident #5, #6, #7, and #8 were immediately set with the current date and time.
- Complete audit of all glucometers in the facility to check for current date and time immediately followed the licensing inspection.

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

- A current audit was completed of all glucometer meters on 9/15/17 to determine compliance with 2600.185(a).
- Staff training was conducted on 10/25/17 by the Director of Resident Care Services. The training included the importance of the regulation and ensuring that medical equipment is used as prescribed and discontinued when the resident no longer requires the treatment. Also, a training was completed on 9/25/17 on new procedures for weekly checks on glucometers to ensure current date and time. This has been added as a weekly check on resident MARS. Please see attached training signature sheet and example of a resident MAR.
- All citations found in this violation to include Regulation 2600.185(a) were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.
- A tool will be utilized (amended RCS068, attached) to assist with weekly monitoring of medication and physician orders and this tool will be assigned to the Director of Resident Care Services for compliance.
- The Director of Resident Care Services will monitor progress on compliance and tools.
- Executive Director to monitor at least weekly for compliance with using the tool until such time that a routine for compliance has been successfully established.

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) Gary Renwick, Executive Director — Date 11-13-17

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Violation Report: 42346 - 09/13/2017 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Artificial Tears 1.4%-Instill 2 drops in each eye twice daily. However, resident #4's September 2017 medication administration record does not include the initials of the staff person who administered the Artificial Tears on 9-7-17 at 8:00 PM.

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.

Description of the Repair of the Immediate Problem:

• The prescribed medication for Resident #4 from 9/7/17 at 8:00pm was verified and immediately reconciled on the MAR.

• Resident #4 is no longer a resident at this facility.

• Complete audit of all medications in QuickMar (electronic medication record) to check for discrepencies immediately followed the licensing inspection.

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

• A current audit was completed of medication carts by 11/3/17 to determine compliance with 2600.187(b).

• Staff training was conducted on 10/25/17 by the Director of Resident Care Services. The training included the importance of the regulation and ensuring medications are properly recorded at the time of administration. Please see attached training signature sheet.

• All citations found in this violation to include Regulation 2600.187(b) were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.

• A tool will be utilized (QuickMar Daily Audit, attached) to assist with daily monitoring of medication administration systems and this tool will be assigned to the Director of Resident Care Services for compliance.

• The Director of Resident Care Services will monitor progress on compliance and tools.

• Executive Director to monitor at weekly for compliance with using the tool until such time that a routine for compliance has been successfully established.

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) Gary Renwick, Executive Director — Date 11-13-17

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RECEIVED
NOV 14 2017

Violation Report: 42346 - 09/13/2017 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600
2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION
Staff person A administered 2 units of Novolog to resident #9 on 3-6-17 and administered 9 units of Novolog to the resident on 3-7-17, 3-16-17, and 3-21-17. Staff person A last completed a Department-approved diabetes patient education program on 10-12-15.

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.

Description of the Repair of the Immediate Problem:
• Staff person A was immediately removed from the insulin injection assignment pending the successful completion and re-training of the Department-approved Insulin and Diabetes Education program.

• Complete audit of all staff persons approved to administer insulin injections immediately followed the licensing inspection.

• Department-approved insulin injection and diabetes patient education program was immediately scheduled with [redacted]

•The course was scheduled on 10/25/17 & 10/30/17.

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

• All staff persons administering insulin injections were retrained on the entire Department approved insulin injection and diabetes patient eduction program on 10/25/17 & 10/30/17.

• Staff person A completed the initial training on 10/25/17 (attached).

• All citations found in this violation to include Regulation 2600.190(b) were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.

• An Outlook Calendar reminder and tickler was put in place by the Executive Director to commence on the annual date resulting from the internal audit immediately following the licensing inspection.

• Director of Resident Care Services is responsible for ensuring that annual trainings will be completed timely and within the timeframe set by DHS.

• Executive Director to monitor for progress and adherence to the plan, immediately and on-going.

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) Gary Renwick, Executive Director — Date 11-13-17

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Violation Report: 42346 - 09/13/2017 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

NOV 14 2017

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 #3 uses a wheeled walker and a wheelchair to ambulate. Resident #3 also uses hipster pads, sage boots, and a knee immobilizer and the use of these other devices is not documented on resident #3's assessment, dated 11-23-16, which indicates the resident is independent with ambulation.

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.

Description of the Repair of the Immediate Problem:

• Resident #3's assessment was updated on 9/22/17 and reflects the correct mobility needs (attached).

• Resident #3 no longer requires the use of hipster pads, sage boots, and knee immobilizer and was discontinued per physician orders (attached).

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

• An audit of all Resident assessments was completed in an effort to identify inaccurate information immediately following the licensing inspection.

• From the audit, a set of priorities for follow up and completion of accurate assessments was developed and worked on by the Executive Director and Director of Resident Care Services and continues to be priority.

• All citations found in this violation to include Regulation 2600.225(c) were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.

• The Director of Resident Care Services is responsible for completing every new and updated assessment to ensure compliance and accuracy of the information provided.

• The Executive Director will review every new and updated assessment for compliance and accuracy of the information provided until a routine is established.

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): Gary Renwick, Executive Director — Date 11-13-17

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

The above plan of correction is approved as of 1/10/18 (Date)

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

Plan of correction implementation status as of 1/10/18 (Date)

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

RECEIVED

NOV 14 2017

Violation Report: 42346 - 09/13/2017 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

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
The home uses its own support plan form. However, the home's support plan form does not include the date the support plan was completed. Resident #2's support plan for the assessment dated 2-17-17 and resident #3's support plan for the assessment dated 11-23-16 did not indicate completion dates.

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.

Description of the Repair of the Immediate Problem:

• The electronic RASP was re-programmed on 10/19/17 to clearly reflect the date the support plan is finalized.

• The section "Date Signed/Date Finalized" was added to the electronic program.

• Resident #2's RASP (dated 11/2/17, attached) and Resident #3's RASP (dated 9/22/17, attached) now include "Date Signed/Date Finalized".

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

• As RASPs are updated for quarterly, annual or change of condition, the dates finalized will be documented.

• All citations found in this violation to include Regulation 2600.227(a) were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.

• The Director of Resident Care Services is responsible for completing all RASPs per the regulation set forth by DHS.

• The Executive Director will monitor the completion tickler and verify that RASPs are printed and these dates are added prior to filing.

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) Gary Renwick, Executive Director — Date 11-13-17

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

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RECEIVED
NOV 14 2017

Violation Report: 42346 - 09/13/2017 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Staff person B participated in developing resident #2's undated support plan for the assessment, dated 2-17-17, and staff person B did not sign the support plan.

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.

Description of the Repair of the Immediate Problem:

- Resident #2's most current assessment and support plan (dated 11/2/17, attached) is dated, signed and finalized by the assessor, [redacted] current Director of Resident Care Services. Awaiting return phone call from POA to set up meeting for review and signature of RASP.
- Staff person B is no longer employed by the facility.
- Audit completed of all resident assessments to check for signatures immediately followed the licensing inspection.

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

- Complete audit of resident assessements finalized on 10/30/17.
- From the audit, a set of priorities for follow up and completion of signatures was developed and corrected by the Director of Resident Care Services.
- As new RASPs are completed or updated for quarterly, annual or change of condition, the assessor's signature will be documented.
- All citations found in this violation to include Regulation 2600.227(g) were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.
- The Director of Resident Care Services is responsible for completing all RASPs per the regulation set forth by DHS.
- The Executive Director will monitor the completion tickler and verify that RASPs are printed, signed, and finalized prior to filing.

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) Gary Renwick, Executive Director

Date 11-13-17

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Plan of correction Implementation status as of 1/10/18 (Date)

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RECEIVED
NOV 14 2017

Violation Report: 42346 - 09/13/2017 - Marini, Michael
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600
2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
The home's training year is 1-1 to 12-31. Staff person C was hired on 3-12-12 and provides direct care to residents on the secure dementia care unit as needed when they participate in activities. Staff person C received 5.5 hours of dementia training in training year 2016.

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.

Description of the Repair of the Immediate Problem: By 12/31/18 - staff person C will receive at least 6.25 hours of annual training relating to dementia care to make up for the time not received in 2016. BB 1/10/18

- To date, Staff person C has received 4.25 hours of dementia training in the the training year 2017 (attached).
- Staff person C is scheduled for 1.0 hours of dementia training in Nov 2017 and 1.0 hours in Dec 2017.
- Audit completed of training records for the 2017 training year immediately followed the licensing inspection.

Detail Action Steps & System Developed to prevent future occurrence. Include Designated person responsible with Target dates for completion:

- Complete audit of staff trainings was finalized on 10/2/17.
- All staff person trainings to include dementia trainings are documented and recorded and will be monitored electronically, using the operations software program designed for such.
- All citations found in this violation to include Regulation 2600.236 were reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 11/7/17. See attached minutes.
- The Asst. Executive Director/Business Office Manager will educate all staff in Dec. 2017 on the importance of attending required trainings as it relates to job expectations and compliance with DHS. Documentation of the training will be kept on file.
- The ED and AED will monitor the training plan on a monthly basis to ensure that all trainings are properly communicated and attended for compliance as set by DHS.

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) Gary Renwick, Executive Director — Date 11-13-17

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Plan of correction implementation status as of 1/10/18 (Date)

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