



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 24 2018

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

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

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 19, 2018 and July 20, 2018, 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:

PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 7/19/18, there was no lock or latch to ensure privacy for the common bathroom door in the Forest Hills 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.

See pages 2A and 2B of 10

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

Printed Name and Title of Legal Entity Representative *Lori Grant Executive Director* Date *8/21/18*
(Required on EVERY Page)

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

The above plan of correction is approved as of 10/19/18
(Date)

Plan of correction implementation status as of 10/19/18
(Date)

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

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

Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 19th and July 20th, 2018

Date of Submission: August 21, 2018

1. **Violation Review:** 2600.42(s) – A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2. **Violation Interpretative Statement:** On 7/19/18, there was no lock or latch to ensure privacy for the common bathroom door in the Forest Hills common area (Secured Dementia Care Unit).

3. **Review the benefit of the Regulation, per RCG:** Residents have the right to privacy when it comes to bathing, dressing, toileting, and medical procedures in a personal care home and/or Secured Dementia Care Unit setting.

4. **Description of the Repair of the Immediate Problem:** After conducting an audit in our Secured Dementia Care Unit on July 19th, 2018, it was confirmed that all restrooms, as well as all bathrooms located in each Resident apartment, had a lock present for privacy purposes. The bathroom in the Family and Friends room was found to be the only bathroom found in which a lock was not present.

5. **Determine / document the Root Cause of the Violation:** The bathroom located in the Family and Friends room is not used as a public restroom for guests and/or Residents. The public restroom for Residents and guests is located by the laundry room in the Secured Dementia Care Unit. A door lock has not been placed and/or needed on this bathroom door due to the restroom not being in use by Residents or families.

Page 1/2

Authorized Signature _____ 

Date: 8/21/18

6. Detail Action Steps / System Developed to prevent future occurrence:

- a. Changing practice? No change in practice needed for this violation – corrective measures only.
- b. Teaching or Training? The Life Stories Director and Director of Environmental Services was re-educated by the Executive Director about regulation 2600.42 (s) on July 19, 2018.
- c. On-going Monitoring? Doors will be monitored quarterly and/or as needed to ensure that locks are present for privacy purposes as well as to ensure the locks are in working order.

7. Designated position responsible and specify target date for correction.

The Director of Environmental Services and Life Stories Director will ensure that locks are present on all bathrooms and public bathrooms in the SDCU. The Director of Environmental Services is responsible for ensuring that all doors are in working order and all locking devices are present and in working order. The lock will be placed on the bathroom door by August 24, 2018, by the Director of Environmental Services. At this time, verification of the lock will be sent to the Department of Human Services.

Immediately: A lock or latch shall be placed on the bathroom door or the bathroom will be made inaccessible to residents, visitors, family, and the public. 10/19/18 *4*

Authorized Signature _____ *SM*

Date: 8/21/18

Violation Report:

PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 7/9/18, none of the required telephone numbers were posted on or by the telephone with an outside telephone line in bedroom #204 of the Magnolia living 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.

See pages 3A and 3B of 10

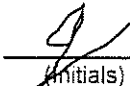
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Joli Grant, Executive Director Date 8/21/18

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The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 10/19/18 (Date)

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

Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 19th and July 20th, 2018

Date of Submission: August 21, 2018

1. **Violation Review: 2600.91 (91)** – Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2. **Violation Interpretative Statement:** On July 19, 2018, none of the required telephone numbers were posted on or by the telephone with an outside telephone line in bedroom #204 of the Magnolia living area.

3. **Review the benefit of the Regulation, per RCG:** Due to most Residents having a telephone in their apartment, the emergency phone list is kept by each telephone should the Resident have an emergency in which they need to call local emergency authorities such as the hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline.

4. **Description of the Repair of the Immediate Problem:** An audit was completed by the Director of Environmental Services on July 19, 2018, during the survey, to ensure that all telephones in Resident apartments, had an emergency phone list available. The emergency phone list for Magnolia 204 was immediately replaced on July 19, 2018, by the Director of Environmental Services.

5. **Determine / document the Root Cause of the Violation:** The Housekeeping department does monthly apartment checks to ensure the emergency phone lists are present by each telephone in all Resident apartments. The checks are done when the Housekeeping Assistants do their weekly apartment cleanings. We learned that the Resident discarded the emergency phone list which was present by the phone on the morning of July 19, 2018 (please see attached verification).

Page 1/2

Authorized Signature _____



Date: _____

8/21/18

6. Detail Action Steps / System Developed to prevent future occurrence:

- a. **Changing practice?** No change in practice needed for this violation – corrective measures only and continued Resident education.
- b. **Teaching or Training?** The Resident was re-educated on July 19, 2018, by the Director of Environmental Services about the importance of the emergency phone lists being present and/or near the telephones, in the apartments, should an emergency occur.
- c. **On-going Monitoring?** The Housekeeping Department will continue to monitor the emergency phone lists on their check sheets weekly during weekly housekeeping cleaning services. Should an emergency phone list be missing, the Housekeeping Assistant will provide education to the Resident regarding this regulation. Please see attached check sheet that the housekeeping department uses when tracking these audits.

7. Designated position responsible and specify target date for correction.

The Housekeeping Department is responsible for ensuring that each Resident apartment has an emergency phone list present by each phone. This will be monitored weekly and tracked on the check sheet that is already implemented. The emergency phone list was immediately replaced on July 19, 2018, by the Director of Environmental Services in Magnolias 204.

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Authorized Signature _____ 

Date: 8/21/18

Violation Report:

PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 7/19/18, the temperature in refrigerator in the Forest Hill resident area measured 42 degrees Fahrenheit at 11:33 a.m. At 11:52 a.m. the temperature measure 50 degrees Fahrenheit.

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 \$A and 4B of 10

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) *Lori Grant Executive Director* Date *8/21/18*

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

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 19th and July 20th, 2018

Date of Submission: August 21, 2018

1. **Violation Review:** 2600.103 (f) – Food requiring refrigeration shall be stored at or below 40 degrees. Frozen food shall be kept at or below 0 degrees. Thermometers are required in refrigerators and freezers.

2. **Violation Interpretative Statement:** On 7/19/18, the temperature in refrigerator in the Forest Hills reside area (Secured Dementia Care Unit) measured 42 degrees Fahrenheit at 11:33 a.m. At 11:52 a.m., the temperature measured 50 degrees Fahrenheit.

3. **Review the benefit of the Regulation, per RCG:** Food temperatures are critical to ensure that frozen foods and refrigerated foods are kept at the appropriate temperatures for safety purposes and to prevent illness.

4. **Description of the Repair of the Immediate Problem:** During our survey, the Department of Human Services surveyors checked the refrigerator in the kitchen of the Secured Dementia Care Unit. However, the surveyors had a difficult time locating the thermometer in the refrigerator; therefore, resulting in the refrigerator door being opened for some time. This caused the temperature in the refrigerator to increase.

5. **Determine / document the Root Cause of the Violation:** The Department of Human Services surveyors had a difficult time locating the thermometer in the refrigerator, resulting in the refrigerator door to be opened for a period of time. This caused the temperatures in the refrigerator to increase. During the exit with the surveyors, the Director of Environmental Services and LifeStyles Director did bring this concern to the attention of the surveyors. Since this time, we have had no concerns or issues with the refrigerator and/or the temperatures. (Please see attached temperature checks/audits).

Page 1/2

Authorized Signature _____



Date: _____

8/21/18

6. Detail Action Steps / System Developed to prevent future occurrence:

- a. Changing practice? No change in practice needed for this violation. Checks/audits already in place.
- b. Teaching or Training? No additional training needed.
- c. On-going Monitoring? The Resident Care Assistants in the Secured Dementia Care Unit do daily temperature checks, on each shift, to ensure the temperatures in the refrigerator are kept on or below 40 degrees and the temperatures in the freezers are kept on or below 0 degrees for safety purposes.

7. Designated position responsible and specify target date for correction.

The Resident Care Assistants in the Secured Dementia Care Unit do daily temperature checks, on each shift, to ensure the temperatures in the refrigerator are kept on or below 40 degrees and the temperatures in the freezer are kept on or below 0 degrees for safety purposes. We have not had any concerns and/or issues with the temperatures regarding the refrigerator since this time. Please see attached refrigerator and freezer temperature checks for July and August of 2018, for verification.

Authorized Signature 

Date: 8/21/18

Violation Report:
PCH Name: NEWHAVEN COURT AT LINDWOOD

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 had an annual medical evaluation completed on 8/3/17. However, the resident's medical evaluation did not include an assessment of the resident's ability to self-administer medication. This section was blank.

 Resident #2 had an annual medical evaluation completed on 3/5/18. However, the resident's medical evaluation did not include the resident's height, weight, pulse rate, and blood pressure. These sections were blank.

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

See pages 5A and 5B of 10

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lori Grant Executive Director</i>	Date <i>8/21/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/19/18</u> (Date) The above plan of correction was approved by <u><i>J</i></u> (Initials)	Plan of correction implementation status as of <u>10/19/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 19th and July 20th, 2018

Date of Submission: August 21, 2018

1. **Violation Review: 2600.141 (b) (1)** – A Resident shall have a medical evaluation at least annually.

2. **Violation Interpretative Statement:** Resident #1 had an annual medical evaluation completed on 8/3/17. However, the resident’s medical evaluation did not include an assessment of the resident’s ability to self-administer medication. This section was blank.

 Resident #2 had an annual medical evaluation completed on 3/5/18. However, the resident’s medical evaluation did not include the resident’s height weight, pulse rate, blood pressure. These sections were blank.

3. **Review the benefit of the Regulation, per RCG:** It is important that all regulatory paperwork is filled out to its entirety per state standards and per our standards as well. By doing so, it reflects the detail of the paperwork as well as demonstrates that all sections were reviewed and filled out properly.

4. **Description of the Repair of the Immediate Problem:** An audit was conducted on all medical evaluations for both Senior Living and Secured Dementia Care Unit Residents by the Executive Director on July 25, 2018. During the audit, it was found, in addition to Resident #1 and Resident #2, that two more Residents had a medical evaluation that had missing sections not filled out to its entirety. Please see attached audit.

5. **Determine / document the Root Cause of the Violation:** The medical evaluation for both Resident # 1 and Resident # 2 were current, dated properly, and available in the Resident charts per our regulations; however, the medical evaluations were not checked after completion to ensure that no items were blank.

Page ½

Authorized Signature _____ 

Date: 8/21/18

6. Detail Action Steps / System Developed to prevent future occurrence:

- a. **Changing practice?** The Director of Resident Care Services and/or designee will need to check all medical evaluations to ensure that all items are filled out to its entirety and that no sections are left blank.
- b. **Teaching or Training?** The Director of Resident Care Services was re-educated on July 20, 2018, about the importance of ensuring that all paperwork is filled out to its entirety by the Executive Director
- c. **On-going Monitoring?** The Director of Resident Care Services and/or designee will check all medical evaluations before placing them into the chart for total completion. Any sections that are blank will be corrected at that time.

7. Designated position responsible and specify target date for correction.

The Director of Resident Care Services and/or designee is responsible for ensuring that all medical evaluations are filled out completely before placing the forms in the Resident charts. The medical evaluations for both Resident #1 and Resident #2 were immediately corrected by the Director of Resident Care Services once it was brought to her attention. The corrected medical evaluations were also shown to the surveyors as well. Please see attached medical evaluations for both Resident #1 and Resident #2.

Authorized Signature _____



Date: _____

8/21/18

Violation Report:

PCH Name: NEWHAVEN COURT AT LINDWOOD

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

On 7/20/18, the medication cart for Forest Hill resident living area contained twelve tablets of Norco 5mg/325mg for resident #2. However, this medication was discontinued on 6/9/18.

On 7/20/18, the A-C medication cart contained fourteen tablets of Ciprofloxacin 250mg for Resident #4. However, the medication was discontinued on 2/10/18.

On 7/20/18, the A-C medication cart contained a multiple boxes of 0.083% Albuterol 3mg/3ml unit dose vials for resident #5 and the prescription order was indicated on the resident's July 2018 medication administration record (MAR). However, the medication was discontinued on 4/5/18.

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

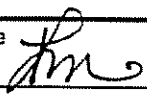
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See pages 6A and 6B of 10

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Lori Grant Executive Director


Date

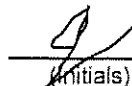
8/21/18

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

The above plan of correction is approved as of 10/19/18
(Date)

Plan of correction implementation status as of 10/19/18
(Date)

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

The above plan of correction was approved by 
(Initials)

Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 19th and July 20th, 2018

Date of Submission: August 21, 2018

1. **Violation Review:** 2600.183 (d) – Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.
2. **Violation Interpretative Statement:** On 7/20/18, the medication cart for Forest Hills resident living area (Secured Dementia Care Unit) contained twelve tablets of Norco 5 mg/325 mg for resident #2. However, this medication was discontinued on 6/9/18.

On 7/20/2018, the A-C medication cart contained fourteen tables of Ciprofloxacin 250mg for Resident #4. However, the medication was discontinued on 2/10/18.

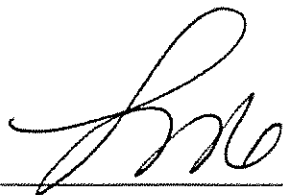
On 7/20/18, the A-C medication cart contained multiple boxes of 0.083% Albuterol 3mg/3ml unit does vials for resident #5 and the prescription order was indicated on the resident’s July 2018 medication administration record (MAR). However, the medication was discontinued on 4/5/18.

3. **Review the benefit of the Regulation, per RCG:** The benefit of the regulation is to ensure that only current medications are present in the medication carts prescribed by the physician. The regulation helps avoid giving a Resident a discontinued medication that is no longer needed and/or prescribed by the physician.
4. **Description of the Repair of the Immediate Problem:** Resident #2’s Norco was immediately removed from the medication cart and destroyed per policies. Resident #4’s Ciprofloxacin was immediately removed from the medication cart and destroyed per policies. Resident #5’s Albuterol was immediately removed from the medication cart and destroyed per policies.
5. **Determine / document the Root Cause of the Violation:** Medication Assistants failed to remove the discontinued medications from the medication carts as ordered by the physician. The medication administration record reflects if a medication is discontinued per physician’s order. At that time, the medication should be immediately removed from the cart by the Medication Assistant.
6. **Detail Action Steps / System Developed to prevent future occurrence:**

- a. **Changing practice?** Medication Assistants will be re-educated/retrained on the procedure when it comes to discontinued medications by the Director of Resident Care Services.

Page1/2

Authorized Signature _____



Date: _____

8/21/18

Violation Report:

PCH Name: NEWHAVEN COURT AT LINDWOOD

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 #1 is prescribed two tablespoons of Tussin DM Syrup by mouth four times daily as needed for cough. However, the medications label indicates one tablespoon by mouth three times daily as needed.

Resident #4 is prescribed Ibuprofen 400mg by mouth every 4 hours as needed for pain/fever. However, the medication's label indicates one tablet three times per day.

Resident #6 is prescribed three tablets of Calcium Antacid three times daily. However, the medications label indicates two tablets three times per day.

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 of 10

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/17/2017	
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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 Executive Director Date 8/21/18

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(Date)

Plan of correction implementation status as of 10/19/18
(Date)

The above plan of correction was approved by 
(Initials)

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

Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 19th and July 20th, 2018

Date of Submission: August 21, 2018

1. **Violation Review: 2600.184 (a)** – The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 - a. The resident’s name
 - b. The name of the medication
 - c. The date the prescription was issued
 - d. The prescribed dosage and instructions for administration
 - e. The name and title of the prescriber

2. **Violation Interpretative Statement:** Resident #1 is prescribed two tablespoons of Tussin DM Syrup by mouth four times daily as needed for cough. However, the medication’s label indicates one tablespoon by mouth three times daily as needed.

Resident #4 is prescribed Ibuprofen 400mg by mouth every 4 hours as needed for pain/fever. However, the medication’s label indicates one tablet three times per day.

Resident #6 is prescribed three tablets of Calcium Antacid three times daily. However, the medications label indicates two tablets three times per day.

3. **Review the benefit of the Regulation, per RCG:** The benefit of this regulation is to ensure that the medication label matches the physicians’ orders to alleviate any confusion when administering medication. It also ensures that we are following the physician’s orders to prevent medication errors when administering medications.

4. **Description of the Repair of the Immediate Problem:** A label for Resident #1 was immediately added to redirect the Medication Assistants to see MAR for directions regarding the Tussin DM Syrup. A label for Resident #4 was immediately added to redirect the Medication Assistants to see MAR for directions regarding Ibuprofen 400mg. A label for Resident #6 was immediately added to redirect Medication Assistants to see MAR for directions regarding Calcium Antacid.

Page 1/2

Authorized Signature _____



Date: 8/21/18

5. **Determine / document the Root Cause of the Violation:** Due to the needs of the Residents when it comes to illness, the orders from the physician may change pending on the severity of the illness (cough, colds, fevers, etc.) as well as the frequency the medication needs to be administered. However, the order on the actual medication does not change; only on the MAR. Therefore, Medication Assistants should be adding a label to the packaging of the medication to redirect all Medication Assistants to the MAR for the most recent orders and/or direction from the physician.

6. **Detail Action Steps / System Developed to prevent future occurrence:**

- a. **Changing practice?** The Charge Person or Medication Assistant will place labels on all necessary medication should the physician's orders be different than what was on the original packaging.
- b. **Teaching or Training?** All Medication Assistants will be re-trained on policies and procedures regarding medications during the September 2018 monthly department meeting. The training will be conducted by the Director of Resident Care Services. Verification of this training will be sent to the Department of Human Services after the completion of the training.
- c. **On-going Monitoring?** When a changed order occurs, the LPN or Medication Assistant that redlines the medication will check the original packaging and add a label to redirect the Medication Assistants to the MAR.

7. **Designated position responsible and specify target date for correction.**

The Director of Services or designee will do a random monthly check of 20 new orders to ensure that the direction change label has been applied. A medication cart audit will be completed by the Director of Resident Care Services and/or designee by October 31, 2018, on all medication carts in the community to ensure that compliance is being met. Any discrepancies will be corrected at that time. Verification of the audit will be sent to the Department of Human Services once completed.

Authorized Signature _____



Date: _____

8/21/18

Violation Report:
PCH Name: NEWHAVEN COURT AT LINDWOOD

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
 Resident #2's Prodigy Auto-code glucometer was not calibrated with the current date and time. On 7/20/18 at 3:29 p.m., the resident's glucometer indicated 3/12 at 4:57 p.m.

 Resident #4's Prodigy Auto-code glucometer was not calibrated with the current date and time. On 7/20/18 at 3:34 p.m. the resident's glucometer indicated 5/22 at 10:30 p.m.

 On 7/20/18, resident #7 was prescribed Lorazepam 0.5mg every four hours as needed for anxiety. However, the medication was not available in the home for administration.

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 of 10

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/17/2017		
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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
Lori Grant Executive Director	8/21/18

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

The above plan of correction is approved as of <u>10/19/18</u> (Date)	Plan of correction implementation status as of <u>10/19/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Community Name: Newhaven Court at Lindwood

License Number: 429360

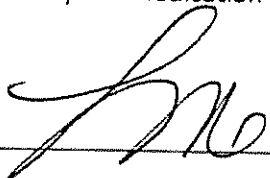
Date of Visit: July 19th and July 20th, 2018

Date of Submission: August 21, 2018

1. **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.
2. **Violation Interpretative Statement:** Resident #2 Prodigy Auto-code glucometer was not calibrated with the current date and time. On 7/20/18 at 3:29 p.m., the resident’s glucometer indicated 3/12 at 4:57 p.m.

Resident #4’s Prodigy Auto-code glucometer was not calibrated with the current date and time. On 7/20/18 at 3:34 p.m. the resident’s glucometer indicated 5/22 at 10:30 p.m.

On 7/20/18, resident #7 was prescribed Lorazepam 0.5 mg every four hours as needed for anxiety. However, the medication was not available in the home for administration.
3. **Review the benefit of the Regulation, per RCG:** The benefit of this regulation is to ensure that all glucometers are calibrated to the current date and current time for review. This helps ensure that blood sugars are being done timely and accurately per physicians’ orders. It also helps when conducting audits to ensure that the blood sugar recorded in the Medication Administration Record (MAR) matches the blood sugar number on the glucometer.
4. **Description of the Repair of the Immediate Problem:** Prodigy Auto-Code glucometers were immediately calibrated for Resident #2 and Resident #4 so that they reflect the correct date and time. We received an order from the physician to discontinue the Lorazepam for Resident #7 due to non-use. Please see attached order for verification, which was discontinued on July 20, 2018. The order to discontinue the Lorazepam was also shown to the surveyors on July 20, 2018.
5. **Determine / document the Root Cause of the Violation:** During our last annual inspection, we were instructed by the surveyors to not calibrate the glucometers since it presented a risk of erasing the history on the glucometer. It was communicated to us that the surveyors would be able to match the numbers on the glucometer with the numbers recorded on the MAR. However, this year, we were instructed that the glucometers must be calibrated to assist with accurate readings when it comes to the date and time. By doing what was previously instructed, the dates and times would be incorrect as to when the actual blood sugar check occurred by the Medication Assistant.

Authorized Signature  Page 1/2

Date: 8/21/18

6. Detail Action Steps / System Developed to prevent future occurrence:

a. **Changing practice?** On July 25, 2018, all Residents that have orders for glucose checks will have their meters checked weekly to verify that the time and date are accurate and will be calibrated for high and low readings. This weekly check has been placed on Quick MAR (MAR). Medication Assistants are responsible to verify accuracy of glucometers and that all orders are available on the medication carts.

LPN or Medication Assistant will run re-order sent report from Quick MAR and verify against pharmacy manifest that ordered medications are received.

b. **Teaching or Training?** Training for calibrating time and date on all glucometers was completed on July 25, 2018, by the Director of Resident Care Services. Training will also take place during the September 2018, monthly meeting to re-educate Medication Assistants that current medication orders from the physician must be present and available in the medication carts to the Resident.

c. **On-going Monitoring?** The Director of Resident Care Services and/or designee will do a monthly check of Residents with blood sugar checks to ensure meters are calibrated correctly per the direction on the MAR. The Director of Resident Care Services and/or designee will do a random check of 10 Residents monthly to ensure all ordered medications are available in the medication cart.

7. Designated position responsible and specify target date for correction.

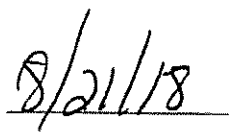
The Director of Services and/or designee will complete a full medication cart audit by October 30, 2018, on all medication carts in the community to ensure that compliance is being met. Any discrepancies will be corrected at that time. Verification of the audit will be sent to the Department of Human Services once completed.

The Director of Resident Care Services and/or designee completed an audit on July 25th, 2018, on all meters. All Prodigy meters were calibrated for high-low readings. Full cart audit matching orders with actual meds will be completed by September 30, 2018. Any issues found will be corrected at this time by the Director of Resident Care Services and/or designee.

Authorized Signature _____



Date: _____



Violation Report:

PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Vitamin A and D ointment to coccyx/buttocks three time per day and as needed. However, the medication prescription was not indicated on the resident July 2018 medication administration record (MAR).

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 of 10

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) *Lori Grant Executive Director* Date *8/21/18*

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The above plan of correction is approved as of 10/19/18
(Date)

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

Plan of correction implementation status as of 10/19/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *[Signature]*

Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 19th and July 20th, 2018

Date of Submission: August 21, 2018

1. **Violation Review: 2600.187 (a)** – A medication record shall be kept to include the following for each resident for whom medications are administered:
 - a. Resident’s name
 - b. Drug allergies
 - c. Name of medication
 - d. Strength
 - e. Dosage form
 - f. Dose
 - g. Route of administration
 - h. Frequency of administration
 - i. Administration times
 - j. Duration of therapy, if applicable
 - k. Diagnosis or purpose for the medication, including PRN
 - l. Date and time of medication administration
 - m. Name and initials of the staff person administering the medication

2. **Violation Interpretative Statement:** Resident #4 is prescribed Vitamin A and D ointment to coccyx/buttocks three times per day and as needed. However, the medication prescription was not indicated on the resident July 2018 medication administration record (MAR).

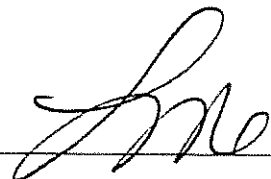
3. **Review the benefit of the Regulation, per RCG:** The benefit of this regulation is to ensure that prescribed medications are reflected on the medication administration record (MAR) so that the needs of the Residents are met. The regulation ensures that the Residents receive the medication per physician’s orders.

4. **Description of the Repair of the Immediate Problem:** For Resident #4, Hospice orders were obtained and sent to pharmacy for profiling on July 23, 2018 including Vitamin A & D ointment. Also, for Resident #4, audit of all Hospice standing orders was completed and all orders were obtained. Please see attached fax to physician for verification.

5. **Determine / document the Root Cause of the Violation:** Resident #4 readily had available the medication as prescribed by the physician. However, the order was not profiled on Quick MAR for the medication assistants to administer. The community did not have a copy of the Hospice standing orders on the pharmacy profile. The medication was ordered from the Hospice pharmacy and placed on the cart. However, the Hospice agency failed to ensure that we had an order.

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Authorized Signature _____



Date: _____

8/21/18

6. Detail Action Steps / System Developed to prevent future occurrence:

- a. **Changing practice?** Signed Hospice orders will be received by Newhaven on admission to Hospice and sent to the pharmacy for profiling. LPN or Medication Assistant will ensure order is profiled on Quick MAR before medication is placed in cart.
- b. **Teaching or Training?** Training in reference to this regulation will be conducted by the Director of Resident Care Services during the September 2018 monthly meeting. All Medication Assistants will be retrained at this time. Verification will be sent to the Department of Human Services once the training is completed.
- c. **On-going Monitoring?** Director of Resident Care Services and/or designee will do random checks of 10% of Hospice Residents monthly to ensure all medications are listed on the Resident Medication Administration Record (MAR).

7. Designated position responsible and specify target date for correction.

The Director of Resident Care Services and/or designee will complete an audit on all Hospice Residents by October 31, 2018, to verify that all medications are profiled in Quick MAR for medication administration.

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Authorized Signature _____



Date: _____

8/21/18

Violation Report:

PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #4's annual assessment was completed on 4/15/18. However, the resident was not assessed for care needs as related to dementia as indicated on the resident's medical evaluation completed on 12/27/17. The resident's need for mechanical soft diet and nectar thickened liquid as prescribed on 3/1/18 is not indicated in the resident's assessment.

Resident #5's annual assessment was completed on 6/14/18. However, the residents care needs for a bed enabler/ bed cane were not indicated on the resident's assessment.

Resident #6's annual assessment was completed on 5/28/18. However, the resident's care needs for muscle weakness, difficulty walking, Gastroesophageal reflux (GERD), hyperlipidemia, bradycardia, asthma, and hypoxia were not indicated on the resident's assessment.

Resident #4's support plan was completed on 4/15/18. However, the resident does not have a support plan to address the resident's need for mechanical soft diet and nectar thickened liquid as prescribed on 3/1/18.

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 10A and 10B of 10

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

Printed Name and Title of Legal Entity Representative *Loli Grant Executive Director* Date *8/21/18*
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(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 19th and July 20th, 2018

Date of Submission: August 21, 2018

1. **Violation Review: 2600.225 (c)** – The resident shall have additional assessment as follows:
 - a. Annually
 - b. If the condition of the resident significantly changes prior to the annual assessment
 - c. At the request of the Department upon cause to believe that an update is required

2. **Violation Interpretative Statement:** Resident #4's annual assessment was completed on 4/15/2018. However, the resident was not assessed for care needs as related to dementia as indicated on the resident's medical evaluation completed on 12/27/2017. The resident's need for mechanical soft diet and nectar thickened liquid as prescribed on 3/1/18 is not indicated in the resident's assessment.

Resident #5's annual assessment was completed on 6/14/18. However, the residents care needs for a bed enabler/bed cane were not indicated on the resident's assessment.

Resident #5's annual assessment was completed on 5/28/18. However, the resident's care needs for muscle weakness, difficulty walking, Gastroesophageal reflux (GERD), hyperlipidemia, bradycardia, asthma, and hypoxia were not indicated on the resident's assessment.

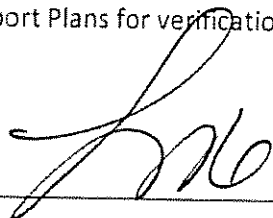
Resident #4's support plan was completed on 4/15/18. However, the resident does not have a support plan to address the resident's need for mechanical soft diet and nectar thickened liquid as prescribed on 3/1/18.

3. **Review the benefit of the Regulation, per RCG:** The benefit of this regulation is to ensure that staff understand and know the care needs of each Resident. A Resident Assessment and Support Plan (RASP) should be detailed with what is needed for each Resident such as ambulation, diets, needs, activities of daily living, any changes, updates, supportive services, etc. By ensuring that these items are present on the RASP and up-to-date, any staff person should be able to provide exactly what is needed to each Resident residing in the community.

4. **Description of the Repair of the Immediate Problem:** For Resident #4, care needs for Dementia were immediately added to the assessment. Mechanical soft diet and nectar thickened liquids were immediately added to the assessment. For Resident #5, the use of a bed enabler was immediately added to the Resident assessment. For Resident #6, care needs for muscle weakness, difficulty walking, GERD, hyperlipidemia, bradycardia, asthma, and hypoxia were immediately added to the assessment. Please see attached Resident Assessment Support Plans for verification.

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Authorized Signature _____



Date: _____

8/21/18