November 12, 2019

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

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

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 28, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Received BHSL
10/10/19

Violation Report

Facility Information

Name: *NEWHAVEN COURT AT CLEARVIEW*
License Number: *42346*
Address: *100 NEWHAVEN LANE,, BUTLER, PA 16001*
County: *BUTLER*
Region: *WESTERN*

Administrator

Name: *Gary Renwick*
Phone: *7244778713*
Email: *grenwick@integracare.com*

Legal Entity

Name: *TITHONUS BUTLER LP*
Address: *6600 BROOKTREE COURT,SUITE 1000, C/O INTEGRACARE CORP, WEXFORD, PA, 15090*

Certificate(s) of Occupancy

Type: *C-2 LP*
Date: *05/05/1996*
Issued By: *Dept of L&I*

Staffing Hours

Resident Support Staff: *0*
Total Daily Staff: *142*
Waking Staff: *107*

Inspection

Type: *Full*
BHA Docket #:
Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

08/28/2019 - On-Site: Scott Klein, Barbara Barone

08/29/2019 - On-Site: Scott Klein, Barbara Barone

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115*
Residents Served: *105*

Secured Dementia Care Unit

In Home: *Yes*
Area: *MEMORY CARE*
Capacity: 18
Residents Served: *16*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *105*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *37*
Have Physical Disability: *0*

141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's annual medical evaluation, dated 2/8/19, does not include an assessment of the resident's special health or dietary needs. This section of the form was left blank, however, the needs addendum indicates "No Concentrated Sweets."

Repeat Violation - 9/5/18 et al

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 Attached.

See Pages 2A and 2B of 6

Legal Entity Representative

Signature

Gary Renwick, Executive Operations Officer
Printed Name and Title

Date 10-10-19

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The above plan of correction is approved as of 10/11/19 (Date)

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

Plan of correction implementation status as of 10/11/19 (Date)

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

Community Name: Newhaven Court at Clearview

License Number: 42346

Date of Visit: August 28 & 29, 2019

Date of Submission: October 11, 2019

1. Violation Review: 2600.141.b.1. A resident shall have a medical evaluation: At least annually.

2. Violation Interpretative Statement:
   Resident #1's annual medical evaluation, dated 2/8/19, does not include an assessment of the resident's special health or dietary needs. This section of the form was left blank, however, the needs addendum indicates "No Concentrated Sweets."

3. Review the benefit of the Regulation, per RCG:
   Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans and ensures that resident's needs will be met.

4. Description of the Repair of the Immediate Problem:
   The physician was contacted and the DME was corrected to reflect "Other – SEE NEEDS ADDENDUM BELOW" status of the Resident's Dietary needs. See attached.

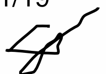
5. Determine / document the Root Cause of the Violation:
   Lack of process to ensure compliance with 2600.141.b.1 (primarily monitoring)

6. Detail Action Steps / System Developed to prevent future occurrence:
   a. Teaching or Training
      The Director Sales & Marketing and Director of Wellness will receive re-education on the requirements of 2600.141.b.1. The LPN Charge Nurse will also receive training in the requirement. Documentation of training will be maintained. Target date is 11/11/19.

   b. On-going Monitoring
      To establish the extent of compliance, all DME's will be audited for completeness and for the condition identified on the visit relating to 2600.141.b.1. Any discrepancies will be documented, and those which are correctable, will be corrected. Target date is 11/11/19.

      Once the status of DME completeness is established, the Director of Wellness will review Annual DME's and DME's for new admissions and change of condition daily during the business week. The Executive Operations Officer will set a daily tickler to verify that any DME's newly introduced to the community are complete, and compliant with 2600.141.b.1. Target date is 11/11/19 and on-going.

Authorized Signature Date: 10-10-19

10/11/19 

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PLAN OF CORRECTION

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

The Director of Wellness & LPN Supervisor will develop and conduct training on or before 11/11/19.

The Director of Wellness will oversee an audit of the resident medical records for compliance with 2600.141.b.1. A record of the audit will be maintained.

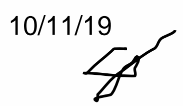
The Director of Wellness will work with the MD as necessary to bring the DME's into compliance, as necessary, by 11/11/19.

The Director of Wellness will monitor the DME's of new admissions, annual renewals, and significant changes for compliance, daily as needed based on circumstance.

The Executive Operations Officer will verify that the verification is daily and will be reminded by Outlook calendar Tickler for next 60 days to establish the habit and routine of the DoW.

Authorized Signature __________ Date: 10-10-19

10/11/19



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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2's August 2019 medication administration record indicates ABHR Lipoderm Gel, apply .5mL topically to wrist every eight hours as needed for nausea or vomiting x14 days then discontinue. However, the pharmacy label indicates ABHR – apply 0.5mL topically on the neck behind the ear every eight hours as needed for nausea or vomiting x14 days then discontinue.

Resident #2's August 2019 medication administration record indicates Lorazepam 2MG/ML oral concentrate – Give 1Mg (0.5mL) sublingual every four hours as needed for agitation/anxiety x14 days then discontinue. However, the pharmacy label indicates Lorazepam 2MG/ML oral concentrate – Give 1Mg (0.5mL) sublingual every four hours as needed for agitation/anxiety x30 days then discontinue.

Repeat Violation - 9/5/18 et al

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 6

Legal Entity Representative

Signature

Gary Renwick, Executive Operations Officer

Printed Name and Title

Date 10-10-19

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The above plan of correction is approved as of 10/11/19 (Date)

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

Plan of correction implementation status as of 10/11/19 (Date)

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

PLAN OF CORRECTION

Community Name: Newhaven Court at Clearview

License Number: 42346

Date of Visit: August 28 & 29, 2019

Date of Submission: October 11, 2019

1. Violation Review: 2600.184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
   4. The prescribed dosage and instructions for administration.

2. Violation Interpretative Statement:
   Resident #2's August 2019 medication administration record indicates ABHR Lipoderm Gel, apply .5mL topically to wrist every eight hours as needed for nausea or vomiting x14 days then discontinue. However, the pharmacy label indicates ABHR – apply 0.5mL topically on the neck behind the ear every eight hours as needed for nausea or vomiting x14 days then discontinue.

   Resident #2's August 2019 medication administration record indicates Lorazepam 2MG/ML oral concentrate – Give 1Mg (0.5mL) sublingual every four hours as needed for agitation/anxiety x14 days then discontinue. However, the pharmacy label indicates Lorazepam 2MG/ML oral concentrate – Give 1Mg (0.5mL) sublingual every four hours as needed for agitation/anxiety x30 days then discontinue.

3. Review the benefit of the Regulation, per RCG:
   Reduces the possibility that medication will be administered to the wrong resident or improperly administered.

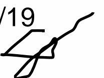
4. Description of the Repair of the Immediate Problem:
   The hospice pharmacy was contacted and requested that both medications be delivered to the home with labels that match the most current orders. Resident CTB at the home on ██/19.

5. Determine / document the Root Cause of the Violation:
   Lack of process to ensure compliance with 2600.184.a. (primarily verification)

6. Detail Action Steps / System Developed to prevent future occurrence:
   a. Teaching or Training
      Director of Wellness will provide re-education on the requirements of 2600.184.a. to all LPN's & Medication Associates. Documentation of training will be maintained. Target date is 11/1/19.

   b. On-going Monitoring
      To establish the extent of compliance, all medications will be audited for completeness and for the condition identified on the visit relating to 2600.184.a. Any discrepancies will be documented and corrected. Target date is 11/1/19.

Authorized Signature Date: 10-10-19

10/11/19 

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The midnight LPN Supervisor will implement use of the Triple Check Physician Order Transcription form to ensure all physician orders are transcribed accurately. Form attached.

Once label accuracy is established, the Director of Wellness will review current orders and medication labels daily during the business week. The Director of Wellness will set a daily tickler to verify that any new orders introduced to the community are complete, and compliant with 2600.184.a. Target date is 11/1/19 and on-going.

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

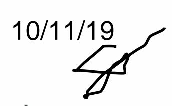
The Director of Wellness & LPN Supervisor will develop and conduct training on or before 11/1/19.

The Director of Wellness will oversee an audit of the medications for compliance with 2600.184.a. A record of the audit will be maintained.

The Director of Wellness will work with the home's pharmacy as necessary to bring the medication labels and orders into compliance, as necessary, by 11/1/19.

The Executive Operations Officer will verify that the verification is on-going and will be reminded by Outlook calendar Tickler for next 60 days to establish the habit and routine of the DoW.

Authorized Signature Date: 10-10-19

10/11/19 

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185a - Implement Storage Procedures

Regulations

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

Resident#3 is ordered Haloperidol LAC 2MG/ML Concentrate – Take 1MG(0.5mL) by mouth or under the tongue every 6 hours as needed for agitation. However, on 8/29/19 the medication is not available in the home for administration.

Resident#3 is ordered Hyoscyamine 0.125MG Tablets – Place one tablet under the tongue every four hours as needed for secretions. However, on 8/29/19 the medication is not available in the home for administration.

Resident #4 is ordered Atropine – Inject 0.2-0.6MG hourly as needed for increased secretions/congestion. However, on 8/29/19 the medication is not available in the home for administration.

Repeat Violation 9/5/18 et al

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 Attached.

See Pages 4A and 4B of 6

Legal Entity Representative

Signature

Gary Renwick, Executive Operations Officer

Printed Name and Title

Date 10-10-19

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The above plan of correction is approved as of 10/11/19 (Date)

Plan of correction implementation status as of 10/11/19 (Date)

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

The above plan of correction was approved by (Initials)

PLAN OF CORRECTION

Community Name: Newhaven Court at Clearview

License Number: 42346

Date of Visit: August 28 & 29, 2019

Date of Submission: October 11, 2019

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#3 is ordered Haloperidol LAC 2MG/ML Concentrate – Take 1MG(0.5mL) by mouth or under the tongue every 6 hours as needed for agitation. However, on 8/29/19 the medication is not available in the home for administration. Resident#3 is ordered Hyoscyamine 0.125MG Tablets – Place one tablet under the tongue every four hours as needed for secretions. However, on 8/29/19 the medication is not available in the home for administration. Resident #4 is ordered Atropine – Inject 0.2-0.6MG hourly as needed for increased secretions/congestion. However, on 8/29/19 the medication is not available in the home for administration.

3. Review the benefit of the Regulation, per RCG:
Reduces the risk that medications and medical equipment will be misplaced, lost or misused.

4. Description of the Repair of the Immediate Problem:
These medications were ordered from the home's pharmacy on 8/29/19 to have on-site at the home.

5. Determine / document the Root Cause of the Violation:
Lack of process to ensure compliance with 2600.185.a. (primarily verification)

6. Detail Action Steps / System Developed to prevent future occurrence:
   a. Teaching or Training
   Director of Wellness will provide re-education on the requirements of 2600.185.a. to all LPN's & Medication Associates. Documentation of training will be maintained. Target date is 11/1/19.

   b. On-going Monitoring
   To establish the extent of compliance, all medications provided by hospice pharmacies will be audited for completeness and for the condition identified on the visit relating to 2600.185.a. Any discrepancies will be documented and corrected. Target date is 11/1/19.

   The midnight LPN Supervisor will implement use of the Triple Check Physician Order Transcription form to ensure all physician orders related to hospice mediations are current and available in the home. Form attached.

Authorized Signature Date: 10-10-19

10/11/19

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Once label accuracy is established, the Director of Wellness will review current orders and medication labels for new hospice admissions and change of medication orders daily during the business week. The Director of Wellness will set a daily tickler to verify that any new orders for hospice medications introduced to the community are complete, and compliant with 2600.185.a. Target date is 11/1/19 and on-going.

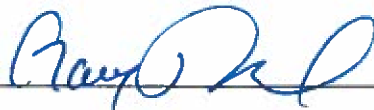
7. Designated position responsible and specify target date for correction.

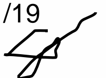
The Director of Wellness & LPN Supervisor will develop and conduct training on or before 11/1/19.

The Director of Wellness will oversee an audit of the medications relating to residents on hospice for compliance with 2600.185.a. A record of the audit will be maintained.

The Director of Wellness will work with the hospice agencies as necessary to bring the medication labels and orders into compliance, as necessary, by 11/1/19.

The Executive Operations Officer will verify that the verification is on-going and will be reminded by Outlook calendar Tickler for next 60 days to establish the habit and routine of the DoW.

Authorized Signature  Date: 10-10-19

10/11/19 

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is ordered Humalog 100U/ML Kwikpen – Administer at meals and bedtime on a sliding scale as follows: 0-150 3U; 151-180 7U; 181-200 8U; 201-220 9U; 221-260 11U; 261-300 13U; 301-340 15U; >341 17U and call MD. However, the medication administration record indicates a sliding scale of: 0-150 3U; 151-180 6U; 181-200 9U; 201-220 12U; 221-260 15U; 261-300 18U; 301-340 21U; >341 24U. The home administered the incorrect dosage of Humalog from 8/1/19 to 8/29/2019 to include:

Date	Time	Reading	Per Sliding Scale	Units Administered
8/1/19	7:00 a.m.	217	9 Units	6 Units
8/1/19	11:00 a.m.	348	17 Units	14 Units
8/1/19	4:00 p.m.	218	9 Units	6 Units
8/1/19	7:00 p.m.	171	7 Units	4 Units
8/7/19	7:00 a.m.	197	8 Units	5 Units
8/7/19	11:00 a.m.	285	13 Units	10 Units
8/7/19	4:00 p.m.	243	11 Units	8 Units
8/7/19	7:00 p.m.	289	13 Units	10 Units
8/11/19	7:00 a.m.	188	8 Units	5 Units
8/11/19	11:00 a.m.	413	17 Units	14 Units
8/11/19	4:00 p.m.	230	9 Units	8 Units
8/11/19	7:00 p.m.	274	13 Units	10 Units
8/20/19	7:00 a.m.	186	8 Units	9 Units
8/20/19	11:00 a.m.	315	15 Units	21 Units
8/20/19	4:00 p.m.	199	8 Units	5 Units
8/20/19	7:00 p.m.	240	11 Units	8 Units
8/28/19	7:00 a.m.	181	8 Units	5 Units
8/28/19	11:00 a.m.	359	17 Units	14 Units
8/28/19	4:00 p.m.	236	11 Units	15 Units
8/28/19	7:00 p.m.	214	9 Units	6 Units

Repeat Violation 9/5/18 et al

187d - Follow Prescriber's Orders *(continued)*

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 Attached.

See Pages 6A and 6B of 6

Legal Entity Representative

Signature [signature]

Gary Renwick, Executive Operations Officer
Printed Name and Title

Date 10-10-19

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The above plan of correction is approved as of 10/11/19 (Date)

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

Plan of correction implementation status as of 10/11/19 (Date)

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

PLAN OF CORRECTION

Community Name: Newhaven Court at Clearview

License Number: 42346

Date of Visit: August 28 & 29, 2019

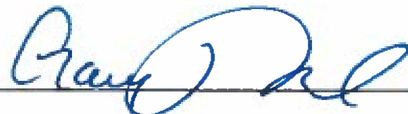
Date of Submission: October 11, 2019

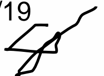
1. Violation Review: 187.d. The home shall follow the directions of the prescriber.

2. Violation Interpretative Statement:
   Resident #3 is ordered Humalog 100U/ML Kwikpen – Administer at meals and bedtime on a sliding scale as follows: 0-150 3U; 151-180 7U; 181-200 8U; 201-220 9U; 221-260 11U; 261-300 13U; 301-340 15U; >341 17U and call MD. However, the medication administration record indicates a sliding scale of: 0-150 3U; 151-180 6U; 181-200 9U; 201-220 12U; 221-260 15U; 261-300 18U; 301-340 21U; >341 24U. The home administered the incorrect dosage of Humalog from 8/1/19 to 8/29/2019 to include:
   Date/Time/Reading/Per Sliding Scale/Units Administered
   8/1/19 7:00 a.m. 217 9 Units 6 Units
   8/1/19 11:00 a.m. 348 17 Units 14 Units
   8/1/19 4:00 p.m. 218 9 Units 6 Units
   8/1/19 7:00 p.m. 171 7 Units 4 Units
   8/7/19 7:00 a.m. 197 8 Units 5 Units
   8/7/19 11:00 a.m. 285 13 Units 10 Units
   8/7/19 4:00 p.m. 243 11 Units 8 Units
   8/7/19 7:00 p.m. 289 13 Units 10 Units
   8/11/19 7:00 a.m. 188 8 Units 5 Units
   8/11/19 11:00 a.m. 413 17 Units 14 Units
   8/11/19 4:00 p.m. 230 9 Units 8 Units
   8/11/19 7:00 p.m. 274 13 Units 10 Units
   8/20/19 7:00 a.m. 186 8 Units 9 Units
   8/20/19 11:00 a.m. 315 15 Units 21 Units
   8/20/19 4:00 p.m. 199 8 Units 5 Units
   8/20/19 7:00 p.m. 240 11 Units 8 Units
   8/28/19 7:00 a.m. 181 8 Units 5 Units
   8/28/19 11:00 a.m. 359 17 Units 14 Units
   8/28/19 4:00 p.m. 236 11 Units 15 Units
   8/28/19 7:00 p.m. 214 9 Units 6 Units

3. Review the benefit of the Regulation, per RCG:
   Ensures that residents receive medications and treatments as ordered by a physician.

4. Description of the Repair of the Immediate Problem:
   The home received clarification of Humalog sliding scale order from physician and the clarified sliding scale order was sent to the home's pharmacy to be profiled. The DoW verified order transcription for accuracy.

Authorized Signature  Date: 10-10-19

10/11/19 

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PLAN OF CORRECTION

5. Determine / document the Root Cause of the Violation:
   Lack of process to ensure compliance with 2600.187.d. on several levels to include: 1) Transcription error by home's pharmacy, 2) lack of approval process by the home for new orders, 3) home did not follow prescriber instructions.

6. Detail Action Steps / System Developed to prevent future occurrence:
   a. Teaching or Training
      Medication Associates involved in incorrect administration received remedial Diabetic Education by approved Diabetic Educator on 9/10/19. See attached. Annual Diabetic Education for all Medication Associates conducted on 10/1/19 and 10/16/19. See 10/1/19 training attached. Director of Wellness will provide re-education on the requirements of 2600.187.d. to all LPN's and Medication Associates and proper transcription of orders. Target date is 11/1/19. Documentation of all trainings to be kept on file.

   b. On-going Monitoring
      To establish the extent of compliance, all sliding scale orders will be audited for completeness and accuracy for the condition identified on the visit relating to 2600.187.d. Any discrepancies will be documented and corrected. Target date is 11/1/19.

      The midnight LPN Supervisor will implement use of the Triple Check Physician Order Transcription form to ensure all physician orders related to sliding scale insulin are transcribed accurately. Form attached.

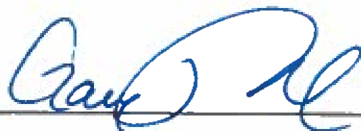
      Once sliding scale accuracy is established, the Director of Wellness will review sliding scale orders monthly. The LPN Supervisor will verify accuracy of transcription for all new sliding scale orders daily and communicate discrepancies to the DoW. The Director of Wellness will set a monthly tickler to verify that all sliding scale orders are complete, and compliant with 2600.187.d. Target date is 11/1/19 and on-going.

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

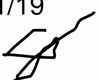
   The Director of Wellness will develop and conduct training on or before 11/1/19.

   The Director of Wellness will oversee an audit of the of sliding scale orders for compliance with 2600.187.d. A record of the audit will be maintained.

   The Executive Operations Officer will verify that the verification is on-going and will be reminded by Outlook calendar Tickler for next 60 days to establish the habit and routine of the DoW.

Authorized Signature  Date: 10-10-19

10/11/19



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