

Department of Human Services
Bureau of Human Service Licensing

December 23, 2020

LORIANN PUTZIER, PRESIDENT/COO
TITHONUS BUTLER LP
6600 BROOKTREE COURT,SUITE 1000
C/O INTEGRACARE CORP
WEXFORD, PA 15090

RE: NEWHAVEN COURT AT CLEARVIEW
100 NEWHAVEN LANE
BUTLER, PA, 16001
LICENSE/COC#: 42346

Dear Ms. Putzier,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/23/2020, 11/24/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *NEWHAVEN COURT AT CLEARVIEW* License #: *42346* License Expiration Date: *04/25/2021*
 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*
 Phone: *7244778713* Email: *LPUTZIER@INTEGRACARE.COM*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *133* Waking Staff: *100*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint,Incident* Exit Conference Date: *11/24/2020*

Inspection Dates and Department Representative

11/23/2020 - On-Site: Amy Duncan, Michael Marini
11/24/2020 - Off-Site: Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* Residents Served: *91*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *18* Residents Served: *17*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *91*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *42* Have Physical Disability: *0*

Inspections / Reviews

11/23/2020 - Partial

Lead Inspector: *Amy Duncan*Follow-Up Type: *POC Submission*Follow-Up Date: *12/09/2020*

12/15/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *12/21/2020*

12/18/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *12/18/2020*

12/23/2020 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

15a - Resident Abuse Report**1. Requirements**

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Between 11/5/20 and 11/17/20, direct care staff person A was overheard by numerous other staff persons speaking to and about multiple residents in a verbally abusive manner; however, the home did not report the allegation of verbal abuse to the local Area Agency on Aging until 11/19/20.

REPEAT VIOLATION: 1/8/2020

15a - Resident Abuse Report (continued)

Plan of Correction**Directed***Violation Review:*

2600.15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation:

Between 11/5/20 and 11/17/20, direct care staff person A was overheard by numerous other staff persons speaking to and about multiple residents in a verbally abusive manner; however, the home did not report the allegation of verbal abuse to the local Area Agency on Aging until 11/19/20.

Description of the Repair of the Immediate Problem:

Allegations of inappropriate comments and language used by staff person A were reported to Gary Renwick, Executive Operations Officer (EOO) and Krystle Pry, Resident Wellness Director (RWD) on 11/19/20. Immediately upon being informed of these incidents, an investigation was completed by the EOO & RWD to include obtaining verbal and written statements from witnesses and interviewing the residents involved. The investigation revealed that the comments used by staff person A were considered verbal abuse, although the residents cannot recollect the events. All residents involved in the incidents verbalize that they felt safe in staff person A's presence. Staff person A's employment with the facility was immediately terminated 11/19/20. Responsible Parties & PCP's for all residents contacted by EOO to inform them of incidents immediately upon determination of investigation. Verbal report to local AAA on 11/19/20 and mandatory abuse report and DHS reportable incident completed and sent to both offices on 11/20/20.

Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:

1. EOO reviewed regulation 2600.15(a-d) & 2600.16(b-f) as defined in the Regulatory Compliance Guide to ensure full understanding of the regulation.
2. Staff Training on Resident Abuse – Reporting & Investigation completed on 12/4/20. Verification of training attached, and documentation will be kept on file.
3. Resident Rights, Resident Abuse, and Mandatory Abuse Reporting training conducted at monthly staff meetings for each discipline in the facility to ensure staff understanding and compliance with the regulation. Documentation kept on file.
4. Resident Rights, Resident Abuse, and Mandatory Abuse Reporting reinforced during General Orientation for new hires as it relates to the regulation and company standard.
5. The EOO will continue to monitor this training is completed monthly, annually and as part of the new hire orientation for new staff persons.

Upon receipt of the plan of correction: A designated staff person shall review all internal incidents daily to ensure all allegations of abuse/neglect are immediately reported to the Area Agency on Aging. LM 12/15/20

Completion Date: 12/15/2020

Document Submission**Implemented**

Documentation of staff education attached

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

Between 11/5/20 and 11/17/20, direct care staff person A was overheard by numerous other staff persons speaking to and about multiple residents in a verbally abusive manner; however, direct care staff person A continued to work unsupervised in the home, to include from 7:00 am-3:00 pm on 11/7/20, 11/12/20, 11/13/20, 11/16/20 and 11/17/20.

Plan of Correction**Accept***Violation Review:*

2600.15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation:

Between 11/5/20 and 11/17/20, direct care staff person A was overheard by numerous other staff persons speaking to and about multiple residents in a verbally abusive manner; however, direct care staff person A continued to work unsupervised in the home, to include from 7:00 am-3:00 pm on 11/7/20, 11/12/20, 11/13/20, 11/16/20 and 11/17/20.

Description of the Repair of the Immediate Problem:

Allegations of inappropriate comments and language used by staff person A, were reported to Gary Renwick, Executive Operations Officer (EOO) and Krystle Pry, Resident Wellness Director (RWD) on 11/19/20. Immediately upon being informed of these incidents, an investigation was completed by the EOO & RWD to include obtaining verbal and written statements from witnesses and interviewing the residents involved. The investigation revealed that the comments used by staff person A were considered verbal abuse, although the residents cannot recollect the events. All residents involved in the incidents verbalize that they felt safe in staff person A's presence. Staff person A's employment with the facility was immediately terminated 11/19/20.

Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:

- 1. EOO reviewed regulation 2600.15(a-d) & 2600.16(b-f) as defined in the Regulatory Compliance Guide to ensure full understanding of the regulation.*
- 2. Staff Training on Resident Abuse – Reporting & Investigation completed on 12/4/20. Verification of training attached, and documentation will be kept on file.*
- 3. Regulation and company policy relating to 15.b reinforced with Staff that alleged perpetrator be immediately supervised and suspended pending investigation of alleged abuse.*
- 4. Resident Rights, Resident Abuse, and Mandatory Abuse Reporting training conducted at monthly staff meetings for each discipline in the facility to ensure staff understanding and compliance with the regulation. Documentation kept on file.*
- 5. Resident Rights, Resident Abuse, and Mandatory Abuse Reporting reinforced during General Orientation for new hires as it relates to the regulation and company standard.*
- 6. The EOO will continue to monitor this training is completed monthly, annually and as part of the new hire orientation for new staff persons.*

Completion Date: 12/15/2020

15b - Supervisor Plan (continued)**Document Submission****Implemented***Documentation of staff education attached***15d - Resident Abuse-Notification****1. Requirements**

2600.

- 15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

Between 11/5/20 and 11/17/20, direct care staff person A was overheard by numerous other staff persons speaking to and about multiple residents, including residents #1, #2, and #3, in a verbally abusive manner; however, the home did not report the allegation of abuse to the residents' designated persons until 11/19/20.

15d - Resident Abuse-Notification (continued)

Plan of Correction

Accept

Violation Review:

2600.15.d. The home shall immediately notify the resident and the resident’s designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation:

Between 11/5/20 and 11/17/20, direct care staff person A was overheard by numerous other staff persons speaking to and about multiple residents, including residents #1, #2, and #3, in a verbally abusive manner; however, the home did not report the allegation of abuse to the residents' designated persons until 11/19/20.

Description of the Repair of the Immediate Problem:

Allegations of inappropriate comments and language used by staff person A, were reported to Gary Renwick, Executive Operations Officer (EOO) and Krystle Pry, Resident Wellness Director (RWD) on 11/19/20. Immediately upon being informed of these incidents, an investigation was completed by the EOO & RWD to include obtaining verbal and written statements from witnesses and interviewing the residents involved. The investigation revealed that the comments used by staff person A were considered verbal abuse, although the residents cannot recollect the events. All residents involved in the incidents verbalize that they felt safe in staff person A’s presence. Staff person A’s employment with the facility was immediately terminated 11/19/20. Responsible Parties & PCP's for all residents contacted by EOO to inform them of incidents immediately upon determination of investigation.

Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:

1. EOO reviewed regulation 2600.15(a-d) & 2600.16(b-f) as defined in the Regulatory Compliance Guide to ensure full understanding of the regulation.
2. Staff Training on Resident Abuse – Reporting & Investigation completed on 12/4/20. Verification of training attached, and documentation will be kept on file.
3. Regulation and company policy relating to 15.d reinforced with Staff that the resident’s designated persons must be immediately notified when there is an allegation of abuse.
4. Resident Rights, Resident Abuse, and Mandatory Abuse Reporting training conducted at monthly staff meetings for each discipline in the facility to ensure staff understanding and compliance with the regulation. Documentation kept on file.
5. Resident Rights, Resident Abuse, and Mandatory Abuse Reporting reinforced during General Orientation for new hires as it relates to the regulation and company standard.
6. The EOO will continue to monitor this training is completed monthly, annually and as part of the new hire orientation for new staff persons.

Completion Date: 12/15/2020

Document Submission

Implemented

Documentation of staff education attached

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

16c - Written Incident Report (continued)**Description of Violation**

Between 11/5/20 and 11/17/20, direct care staff person A was overheard by numerous other staff persons speaking to and about multiple residents in a verbally abusive manner; however, the home did not report the allegations of verbal abuse to the Department until 11/20/20.

REPEAT VIOLATION: 1/8/2020

16c - Written Incident Report (continued)

Plan of Correction**Directed***Violation Review:*

2600.16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation:

Between 11/5/20 and 11/17/20, direct care staff person A was overheard by numerous other staff persons speaking to and about multiple residents in a verbally abusive manner; however, the home did not report the allegations of verbal abuse to the Department until 11/20/20.

Description of the Repair of the Immediate Problem:

Allegations of inappropriate comments and language used by staff person A, were reported to Gary Renwick, Executive Operations Officer (EOO) and Krystle Pry, Resident Wellness Director (RWD) on 11/19/20. Immediately upon being informed of these incidents, an investigation was completed by the EOO & RWD to include obtaining verbal and written statements from witnesses and interviewing the residents involved. The investigation revealed that the comments used by staff person A were considered verbal abuse, although the residents cannot recollect the events. All residents involved in the incidents verbalize that they felt safe in staff person A's presence. Staff person A's employment with the facility was immediately terminated 11/19/20. Responsible Parties & PCP's for all residents contacted by EOO to inform them of incidents immediately upon determination of investigation. Verbal report to local AAA on 11/19/20 immediately upon be informed of the allegations and mandatory abuse report and DHS reportable incident completed and sent to both offices on 11/20/20.

Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:

1. EOO reviewed regulation 2600.15(a-d) & 2600.16(b-f) as defined in the Regulatory Compliance Guide to ensure full understanding of the regulation.
2. Staff Training on Resident Abuse – Reporting & Investigation completed on 12/4/20. Verification of training attached, and documentation will be kept on file.
3. Regulation and company policy relating to 16.c reinforced with Staff that abuse allegations must be reported to DHS with 24 hours.
4. Resident Rights, Resident Abuse, and Mandatory Abuse Reporting training conducted at monthly staff meetings for each discipline in the facility to ensure staff understanding and compliance with the regulation. Documentation kept on file.
5. Resident Rights, Resident Abuse, and Mandatory Abuse Reporting reinforced during General Orientation for new hires as it relates to the regulation and company standard.
6. The EOO will continue to monitor this training is completed monthly, annually and as part of the new hire orientation for new staff persons.

Upon receipt of the plan of correction: A designated staff person shall review all internal incidents daily to ensure all incidents indicated in 2600.16a, to include allegations of abuse/neglect, are reported to the Department within 24 hours. LM 12/15/20

Completion Date: 12/15/2020

16c - Written Incident Report *(continued)***Document Submission****Implemented***Documentation of staff education attached*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Between 11/5/20 and 11/17/20, direct care staff person A was overheard by numerous other staff persons speaking to and about multiple residents in a verbally abusive manner, to include:

- *On 11/5/20 at approximately 11:30 am, resident #1 was incontinent of urine in a common area of the home. Direct care staff person A pointed at resident #1 and stated to direct care staff person B, "She just fucking pissed all over the fucking floor."*
- *On 11/5/20, direct care staff person A and direct care staff person C were providing toileting assistance to resident #2 when direct care staff person A directly referred to the resident as "Large [REDACTED]" 2 to 3 times during the care.*
- *On 11/5/20, direct care staff person A and direct care staff person C were providing toileting assistance for resident #4 when direct care staff person A referred to the resident as "Clit".*
- *On 11/16/20, direct care staff person A and direct care staff person D were providing ADL assistance to resident #3 with direct care staff A said, "She shouldn't need our assistance because she is just too lazy."*
- *On 11/17/20, direct care staff person A, direct care staff person E and resident #5 were having a conversation when direct care staff person A remarked that he thought it was a "staring contest because of her (resident #5's) bulging eyes."*

42b - Abuse (continued)

Plan of Correction**Directed***Violation Review:*

2600.42b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in any way.

Description of Violation:

Between 11/5/20 and 11/17/20, direct care staff person A was overheard by numerous other staff persons speaking to and about multiple residents in a verbally abusive manner, to include:

- On 11/5/20 at approximately 11:30 am, resident #1 was incontinent of urine in a common area of the home.
- Direct care staff person A pointed at resident #1 and stated to direct care staff person B, "She just fucking pissed all over the fucking floor."
- On 11/5/20, direct care staff person A and direct care staff person C were providing toileting assistance to resident #2 when direct care staff person A directly referred to the resident as "Large [REDACTED]" 2 to 3 times during the care.
- On 11/5/20, direct care staff person A and direct care staff person C were providing toileting assistance for resident #4 when direct care staff person A referred to the resident as "Clit".
- On 11/16/20, direct care staff person A and direct care staff person D were providing ADL assistance to resident #3 with direct care staff A said, "She shouldn't need our assistance because she is just too lazy."
- On 11/17/20, direct care staff person A, direct care staff person E and resident #5 were having a conversation when direct care staff person A remarked that he thought it was a "staring contest because of her (resident #5's) bulging eyes."

Description of the Repair of the Immediate Problem:

Allegations of inappropriate comments and language used by staff person A, were reported to Gary Renwick, Executive Operations Officer (EOO) and Krystle Pry, Resident Wellness Director (RWD) on 11/19/20. Immediately upon being informed of these incidents, an investigation was completed by the EOO & RWD to include obtaining verbal and written statements from witnesses and interviewing the residents involved. The investigation revealed that the comments used by [REDACTED] were considered verbal abuse, although the residents cannot recollect the events. All residents involved in the incidents verbalize that they felt safe in staff person A's presence. Staff person A's employment with the facility was immediately terminated 11/19/20. Responsible Parties & PCP's for all residents contacted by EOO to inform them of incidents immediately upon determination of investigation. Verbal report to local AAA on 11/19/20 and mandatory abuse report and DHS reportable incident completed and sent to both offices on 11/20/20.

Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:

1. EOO reviewed regulation 2600.42(a-y) as defined in the Regulatory Compliance Guide to ensure full understanding of the regulation.
2. Staff Training on Resident Abuse – Reporting & Investigation completed on 12/4/20. Verification of training attached, and documentation will be kept on file.
3. Regulation and company policy on Regulation 42 reinforced with Staff relating to Resident Rights and the importance of treating every resident with the utmost respect.
4. Resident Rights, Resident Abuse, and Mandatory Abuse Reporting training conducted at monthly staff meetings for each discipline in the facility to ensure staff understanding and compliance with the regulation. Documentation kept on file.
5. Resident Rights, Resident Abuse, and Mandatory Abuse Reporting reinforced during General Orientation for new

hires as it relates to the regulation and company standard.

6. The EOO will continue to monitor this training is completed monthly, annually and as part of the new hire orientation for new staff persons.

Upon receipt of the plan of correction: A designated staff person shall interview at least 4 residents monthly to

42b - Abuse (*continued*)**Document Submission****Implemented**

Documentation of staff education attached. The EOO will interview 4 residents monthly effective 1/1/21 to ensure all residents are free from abuse and neglect. Documentation to be kept on file.