

Department of Human Services
Bureau of Human Service Licensing

March 30, 2022

[REDACTED], PRESIDENT/COO
[REDACTED]
[REDACTED]
[REDACTED]

RE: NEWHAVEN COURT AT LINDWOOD
100 FREEDOM WAY
GREENSBURG, PA, 15601
LICENSE/COC#: 42936

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/07/2022, 03/08/2022, 03/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

March 30, 2022

[REDACTED], PRESIDENT/COO
[REDACTED]
[REDACTED]
[REDACTED]

RE: NEWHAVEN COURT AT LINDWOOD
100 FREEDOM WAY
GREENSBURG, PA, 15601
LICENSE/COC#: 42936

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/07/2022, 03/08/2022, 03/09/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

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 LINDWOOD* License #: *42936* License Expiration: *06/10/2022*
Address: *100 FREEDOM WAY, GREENSBURG, PA 15601*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/02/2006* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *116* Waking Staff: *87*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *03/09/2022*

Inspection Dates and Department Representative

03/07/2022 - On-Site: [REDACTED]
03/08/2022 - On-Site: [REDACTED]
03/09/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *128* Residents Served: *83*

Secured Dementia Care Unit

In Home: *Yes* Area: *Forest Hills* Capacity: *16* Residents Served: *15*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *83*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *33* Have Physical Disability: *0*

Inspections / Reviews

03/07/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/03/2022*

Inspections / Reviews (*continued*)

03/30/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/31/2022*

03/30/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The metal mesh screen in the lint trap was ripped in the following dryers in the home:

- * *Dryer B in the laundry room in the Forest Hills Unit was ripped approximately 10 inches across the front.*
- * *Dryer A in the laundry room near the Juniper Village Unit was ripped approximately 6 inches across the front and approximately 6 inches along the side.*
- * *Dryer A in the laundry room across from the Redwood Forest Unit was ripped around the plastic tab in the middle of the lint trap.*

Plan of Correction**Accept**

1. Violation Review: 2600.95 *Furniture and Equipment must be in good repair, clean, and free of hazards.*

2. Violation Interpretative Statement: *The metal mesh screen in the lint trap was ripped in the following dryers in the home:*

- a.** *Dryer B in the laundry room in the Forest Hills Unit was ripped approximately 10 inches across the front*
- b.** *Dryer A in the laundry room near the Juniper Village Unit was ripped approximately 6 inches across the front and approximately 6 inches along the side*
- c.** *Dryer A in the laundry room across from the Redwood Forest Unit was ripped around the plastic tab in the middle of the lint trap*

3. Review the benefit of the Regulation, per RCG: *The benefit of this regulation is to ensure that all equipment in the home is safe to use and in working order. The benefit is to also help prevent equipment failures, emergencies, and safety concerns before they occur.*

4. Description of the Repair of the Immediate Problem: *The Safety and Maintenance Engineer immediately ordered new lint trap replacements on March 7th, 2022, for the Forest Hills, Juniper Village, and Redwood Forest dryers. The replacement lint traps were delivered on March 10th, 2022, and were immediately replaced. An additional audit was conducted on March 7th, 2022, on the remaining dryers and no other concerns were found with the lint traps such as tears, rips, lint, or debris.*

5. Determine / document the Root Cause of the Violation: *The lint traps were cleaned and free of debris in the home; however, additional audits for tears, rips, or breakage of the lint traps were not conducted by the Safety and Maintenance Engineer.*

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

- a. Changing practice?** *The Safety and Maintenance Department will inspect all dryers monthly to ensure the lint traps are in good repair, clean, and free of any hazardous.*

95 - Furniture and Equipment (continued)

b. Teaching or Training? The Safety and Maintenance Engineer was re-educated immediately by the Executive Operations Officer on the importance of checking each lint trap monthly on March 7th, 2022.

c. On-going Monitoring? The monthly auditing of the lint traps was added to a tickler called TELS. The Safety and Maintenance Engineer and/or Safety and Maintenance Associate are responsible for conducting monthly checks on the lint traps to ensure they are clean, in good condition, and free of any hazard. The monthly audit will be documented in TELS for verification. The Executive Operations Officer will do random checks monthly to ensure systems and processes are in place. Any concerns found will be reported to the Safety and Maintenance Engineer for repair.


7. Designated position responsible and specify target date for correction. Lint traps were replaced and corrected on March 10th, 2022, by the Safety and Maintenance Engineer.

Completion Date: 03/10/2022

Document Submission

Implemented

Document submitted 3/29/2022

, PCHA
Executive Operations Officer

103i - Outdated Food

1. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 3/7/2022, at approximately 10:00 am, there was an open, and undated bag of carrots inside of the box in the commercial freezer in the kitchen.

Plan of Correction

Accept

1. **Violation Review: 2600.103i** Outdated or spoiled food or dented cans may not be used.
2. **Violation Interpretative Statement:** On 3/7/22, at approximately 10am, there was an open, undated bag of carrots inside of the box in the commercial freezer in the kitchen.
3. **Review the benefit of the Regulation, per RCG:** The benefit of this regulation is to ensure that foods are served timely as well as within their shelf life, foods are fresh and safe to consume, and foods are free from damage upon delivery.
4. **Description of the Repair of the Immediate Problem:** It was confirmed by the Dining Services Director that the bag of carrots, inside of the box in the freezer, was dated February 22, 2022; however, the bag, inside of the box, was not sealed. The Dining Services Director immediately placed a twist tie on the bag of carrots on March 7th, 2022.
5. **Determine / document the Root Cause of the Violation:**

103i - Outdated Food (continued)

The company, from where the carrots were purchased and delivered from, packed the carrots in a plastic bag, inside of a box. The box was dated upon arrival to the community by the Dining Services Department. The box was opened to ensure the carrots were in good condition before placing them in the freezer. However, the bag was not sealed before closing the box.

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

a. **Changing practice?** Upon receiving food items, all boxes will be opened, and the items will be removed and placed inside a freezer-safe zip lock bag that will reflect the date, name of the item, and time received.

b. **Teaching or Training?** The Dining Services Director will re-educate the cooks about this regulation and the change of practice on March 29th, 2022, during a department meeting.

c. **On-going Monitoring?** The Dining Services Director will do weekly checks after the food order is received and put away to ensure all items are sealed, identified, dated, and time stamped.

7. **Designated position responsible and specify target date for correction.** The bag of carrots was immediately sealed on March 7th, 2022, by the Dining Services Director. No other concerns were found. All cooks will be re-educated on March 29th, 2022, regarding this regulation and process. The Executive Operations Officer will do random monthly checks to ensure systems and processes are in place.

Completion Date: 03/29/2022

Document Submission

Implemented

Document submitted 3/29/2022

, PCHA
Executive Operations Officer

132a - Monthly Fire Drill

1. Requirements

- 2600.
- 132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not conducted during the month of January 2022.

Plan of Correction

Accept

1. **Violation Review: 2600.132a** Monthly Fire Drill
2. **Violation Interpretative Statement:** An unannounced fire drill shall be held at least once a month.
3. **Review the benefit of the Regulation, per RCG:** An unannounced fire drill was not conducted during the month of January 2022.
4. **Description of the Repair of the Immediate Problem:** Immediately and moving forward.

132a - Monthly Fire Drill (continued)

5. Determine / document the Root Cause of the Violation: In 2020 and in 2021, conducting a monthly fire drill was suspended by the department due to Covid concerns in the homes. Homes were not required to do fire drills during this time in efforts to prevent an outbreak or further spread of the virus. However, our home continued doing monthly fire drills in 2020 and in 2021 to ensure staff and Residents were prepared in case of an emergency when it was deemed safe to do so. In January of 2022, the home had an outbreak in Senior Living and in the Secured Dementia Care Unit. It was deemed unsafe to conduct a fire drill. The home suspended the fire drill in January of 2022; however, and per the reinstated regulation and guidance that was communicated in November of 2021, the home failed to reach out to the department's Regional Director for guidance when a home is in the midst of an outbreak. The Safety and Maintenance Engineer did realize the error in February of 2022; however, it was too late.

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

a. Changing practice? If/when the home is in the midst of an outbreak, the home will reach out to the department's Regional Director for guidance should the home be in the midst of an outbreak.

b. Teaching or Training? The Safety and Maintenance Engineer and Executive Operations Officer were re-educated on the updated guidance in February of 2022, when the error was discovered.

c. On-going Monitoring? If/when the home has an outbreak, the Executive Operations Officer will be responsible for reaching out to the department's Regional Director for guidance should the home be in the midst of an outbreak.

7. Designated position responsible and specify target date for correction. Moving forward, if it is deemed unsafe to conduct a monthly fire drill due to a Covid outbreak, the Executive Operations Officer will be responsible for reaching out to the department's Regional Director for further guidance and direction.

Completion Date: 03/15/2022

Document Submission

Implemented

Document submitted 3/29/2022

Fire Drill successfully completed on 3/15/2022

, PCHA
Executive Operations Officer

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

A fire safety inspection and fire drill has not been conducted by a fire safety expert since 2020. The regulatory

132b - Safety Inspection/Fire Drill (continued)

suspension expired on 12/6/21.

Plan of Correction**Accept****1. Violation Review: 2600.132b – Safety Inspection/Fire Drill**

2. Violation Interpretative Statement: A fire safety inspection and fire drill has not been conducted by a fire safety expert since 2020. The regulatory suspension expired on 12/6/21.

3. Review the benefit of the Regulation, per RCG: The benefit of this regulation is to ensure a home is conducting fire drills correctly, safely, and timely. The regulation is to also ensure that a fire and life safety expert is inspecting the home to ensure everything is in working order and/or to identify concerns found.

4. Description of the Repair of the Immediate Problem: On March 15, 2022, the home had a safety inspection and fire drill with a life and safety and is in compliance.

5. Determine / document the Root Cause of the Violation: In 2020, through December 6, 2021, the department suspended this regulation in which a safety inspection and fire drill by a life and safety expert was not required at the time due to outbreaks in the homes. The regulation was reinstated on December 6th, 2021; however, the home was overlooked, and a safety inspection/fire drill did not occur. The life and safety expert reached out to the home on February 14th, 2022, to schedule a yearly safety inspection and fire drill; however, the had an outbreak. Due to having a neighborhood with a Red Zone, it would have restricted a full inspection of the community resulting in the safety inspection/fire drill being postpone until the home cleared the outbreak.

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

a. Changing practice? Moving forward, the Safety and Maintenance Engineer will set a reminder/tickler each January to schedule the annual safety inspection and fire drill before the current letter expires. A reminder/tickler was placed in TELS.

b. Teaching or Training? The Safety and Maintenance Engineer was re-educated by the Executive Operations Officer on this regulation on March 7th, 2022.

c. On-going Monitoring? The Safety and Maintenance Engineer is responsible for scheduling the annual safety inspection/fire drills with the life and safety expert each year for compliance.

7. Designated position responsible and specify target date for correction. Moving forward, the Safety and Maintenance Engineer will ensure the annual safety inspection and fire drill is scheduled before the current letter expires. The reminder is set for January of each year. The Executive Operations Officer placed a tickler in Outlook, as a reminder, to reoccur every third week in January as a follow-up to ensure the safety inspection/fire drill is scheduled.

Completion Date: 03/15/2022

Document Submission**Implemented**

Document submitted 3/29/2022

132b - Safety Inspection/Fire Drill (continued)

[REDACTED], PCHA
Executive Operations Officer

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted on [REDACTED]; however, the resident's assessment was completed on 1 [REDACTED] prior to admission to the home.

Resident #2 was admitted on [REDACTED] however, the resident's assessment was completed on [REDACTED] prior to admission to the home.

Resident #3 was admitted on [REDACTED] however, the resident's assessment was completed on [REDACTED], prior to admission to the home.

Plan of Correction

Accept

1. Violation Review: 2600.225.a A Resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2. Violation Interpretative Statement: Resident #1 was admitted on [REDACTED] however, the Resident's assessment was completed on [REDACTED], prior to the admission to the home.

Resident #2 was admitted on [REDACTED] however, the Resident's assessment was completed on [REDACTED], prior to the admission to the home.

Resident #3 was admitted on [REDACTED] however, the Resident's assessment was completed on [REDACTED], prior to the home.

3. Review the benefit of the Regulation, per RCG: The benefit of this regulation is to ensure a Resident has an initial assessment that is documented on the Department's assessment form within 15 days of admission. This allows the home to create a comprehensive profile of a Resident's needs and services as the basis for the plan to meet those needs.

4. Description of the Repair of the Immediate Problem: Because the assessments for Resident #1, Resident #2, and Resident #3 have already been completed, there is not an immediate repair for the existing assessments or any audits that can be done.

5. Determine / document the Root Cause of the Violation:

225a - Assessment 15 Days (continued)

The assessment and support plan was completed timely on all three Residents; the Resident Wellness Director was using the date of the pre-admission assessment that is completed by the home prior to the Resident moving into the community. The needs of the Resident are planned at this time in conjunction with the Resident and their family instead of conducting another assessment within 15 days of admission.

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

a. Changing practice? The Resident Wellness Director will ensure that the date on the initial assessment occurs after the physical move in date and not use the pre-admission assessment date moving forward.

b. Teaching or Training? The Resident Wellness Director was re-educated on March 9th, 2022.

c. On-going Monitoring? The Resident Wellness Director and/or designee is responsible for completing all assessments and support plans in the home. After the completion of a Resident Assessment and Support Plan on a new admission, the Resident Wellness Director will provide the form to the Executive Operations Officer weekly for auditing and monitoring.

7. Designated position responsible and specify target date for correction. Moving forward, the Resident Wellness Director will give the Executive Operations Officer completed Resident Assessment and Support Plans on new admissions weekly for auditing. If no additional issues are noted, the Resident Assessment and Support Plan will be given to the Executive Operations Officer monthly for continued monitoring and to ensure systems and processes are in place.

Completion Date: 03/07/2022

Document Submission

Implemented

Document submitted 3/29/2022

[Redacted], PCHA
Executive Operations Officer

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1 was admitted on [Redacted]; however, the resident's initial support plan was completed on [Redacted], prior to admission to the home.

Resident #2 was admitted on [Redacted] however, the resident's initial support plan was completed on [Redacted] prior to admission to the home.

Resident #3 was admitted on [Redacted] however, the resident's initial support plan was completed on [Redacted] prior to admission to the home.

227a - Support Plan 30 Days (continued)

Plan of Correction

Accept

1. Violation Review: 2600.225.a A Resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2. Violation Interpretative Statement: Resident #1 was admitted on [REDACTED] however, the Resident's assessment was completed on [REDACTED], prior to the admission to the home.

Resident #2 was admitted on [REDACTED]; however, the Resident's assessment was completed on [REDACTED], prior to the admission to the home.

Resident #3 was admitted on [REDACTED]; however, the Resident's assessment was completed on [REDACTED], prior to the home.

3. Review the benefit of the Regulation, per RCG: The benefit of this regulation is to ensure a Resident has an initial assessment that is documented on the Department's assessment form within 15 days of admission. This allows the home to create a comprehensive profile of a Resident's needs and services as the basis for the plan to meet those needs.

4. Description of the Repair of the Immediate Problem: Because the assessments for Resident #1, Resident #2, and Resident #3 have already been completed, there is not an immediate repair for the existing assessments or any audits that can be done.

5. Determine / document the Root Cause of the Violation: The assessment and support plan was completed timely on all three Residents; the Resident Wellness Director was using the date of the pre-admission assessment that is completed by the home prior to the Resident moving into the community. The needs of the Resident are planned at this time in conjunction with the Resident and their family instead of conducting another assessment within 15 days of admission.

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

a. Changing practice? The Resident Wellness Director will ensure that the date on the initial assessment occurs after the physical move in date and not use the pre-admission assessment date moving forward.

b. Teaching or Training? The Resident Wellness Director was re-educated on March 9th, 2022.

c. On-going Monitoring? The Resident Wellness Director and/or designee is responsible for completing all assessments and support plans in the home. After the completion of a Resident Assessment and Support Plan on a new admission, the Resident Wellness Director will provide the form to the Executive Operations Officer weekly for auditing and monitoring.

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

227a - Support Plan 30 Days (continued)

Moving forward, the Resident Wellness Director will give the Executive Operations Officer completed Resident Assessment and Support Plans on new admissions weekly for auditing. If no additional issues are noted, the Resident Assessment and Support Plan will be given to the Executive Operations Officer monthly for continued monitoring and to ensure systems and processes are in place.

Completion Date: 03/07/2022

Document Submission

Implemented

Document submitted 3/29/2022

██████████, PCHA
Executive Operations Officer