Department of Human Services
Bureau of Human Service Licensing

August 17, 2022

[redacted]
TITHONUS GREENSBURG LP
[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 06/28/2022 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
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *NEWHAVEN COURT AT LINDWOOD* **License #**: *42936* **License Expiration**: *06/10/2023*

Addre : *100 FREEDOM WAY, GREENSBURG, PA 15601*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *TITHONUS GREENSBURG LP*

Address [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *109* **Waking Staff**: *82*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *06/28/2022*

Inspection Dates and Department Representative

06/28/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *128* **Residents Served**: *82*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *16* **Residents Served**: *15*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *82*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *27* **Have Physical Disability**: *1*

Inspections / Reviews

06/28/2022 - Partial

Lead In pector [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *07/14/2022*

07/06/2022 POC Submi ion

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/12/2022*

Inspections / Reviews *(continued)*

07/27/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/26/2022*

08/12/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/26/2022*

08/17/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

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

On [redacted]/22 at approximately [redacted]am, staff member A witnessed staff member B punch resident #1 in the right side of [redacted] abdomen with a closed fist while providing care to resident #1 in the resident's bed. Staff member B was immediately removed from resident #1's bedroom and taken to staff member C's office, who is the Director of Wellness. Staff member C asked staff member B why [redacted] punched resident #1, and staff member B responded, "I lost my cool."

Plan of Correction ***Directed***

Violation Review: 2600.42.b *A Resident may not be neglected, intimidated, physically or verbally abused, subjected to corporal punishment or disciplined in any way.*

Violation Interpretative Statement: *On [redacted] 2022 at approximately [redacted] am, staff member A witnessed staff member B punch Resident #1 in the right side of [redacted] abdomen with a closed fist while providing care to Resident #1 in the Resident's bed. Staff Member b was immediately removed from Resident #1's bedroom and taken to staff member C's office, who is the Director of Wellness. Staff member C asked staff member B why [redacted] punched Resident #1, and staff member B responded, "I lost my cool."*

Review the benefit of the Regulation, per RCG: *The benefit of the regulation is to ensure the protection of all Residents living in long-term care and to ensure reporting policies and procedures are in place. Residents have the right to be free from all forms of abuse while living in our communities. Not only abuse from staff, but from volunteers, other Residents, family members, or anyone entering and in our community.*

Description of the Repair of the Immediate Problem: *Staff member A immediately removed Staff member B from the apartment. Staff member B was escorted to the Wellness Center, by Staff member A, where Staff member C was present. Staff member B was immediately terminated from the community. Staff member A and C immediately contacted Adult Protective Services and reported what was witnessed. Although there was no bodily harm, bruising, injury, or complaints of pain from Resident #1, Staff member A and C contacted the local police department following the report to Adult Protective Services. Department of Human Services was also immediately notified of the allegation. All necessary paperwork was completed and submitted to both departments immediately. All reporting procedures were followed per our regulations and guidelines.*

Determine / document the Root Cause of the Violation: *Resident #1 was giving Staff member B a hard time during their a.m. care; however, and regardless, Staff member B should have walked away from the situation as trained. Staff member B should have removed themselves from the apartment and contacted their supervisor or another aide to provide the care or attempted care for the Resident at a later time.*

Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice?

42b - Abuse (continued)

Staff member B's background check was clear prior to hire. Staff member B had Resident Abuse and Resident Rights training during General Orientation. Staff member B also had Resident Abuse training during the live handbook review on day #2 of General Orientation by the Executive Operations Officer. Staff member B was liked and appreciated by both family members and Residents. There were no warning signs that this type of behavior would be a concern in our community or would occur.

b. Teaching or Training? *All staff were re-educated on Resident Abuse as a reminder and refresher. (Per provider on 7/13/22, staff training was completed with all current staff members on 6/16/22, 6/17/22 and 6/20/22. LM 7/13/22)*

c. On-going Monitoring? *Staff will continue to be trained on Resident Abuse and Resident Right regulations and policies in General Orientation (upon hire) and during annual trainings. Staff will continue to report suspicious behavior or concerns with Team Members, family members, etc. Staff will also continue to follow all reporting policies and measures immediately and ongoing.*

DIRECTED: Beginning on 8/1/22: A designated staff person shall interview at least 5 residents, in private, per month for 6 months to ensure residents are free from abuse/neglect. Documentation of the interviews shall be kept.

DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4

Designated position responsible and specify target date for correction. *All staff immediately and ongoing.*
Completion Date: *07/06/2022*

Document Submission ***Implemented***

Violation Review: 2600.42.b *A Resident may not be neglected, intimidated, physically or verbally abused, subjected to corporal punishment or disciplined in any way.*

Violation Interpretative Statement: *On [redacted]/2022 at approximately [redacted] am, staff member A witnessed staff member B punch Resident #1 in the right side of [redacted] abdomen with a closed fist while providing care to Resident #1 in the Resident's bed. Staff Member b was immediately removed from Resident #1's bedroom and taken to staff member C's office, who is the Director of Wellness. Staff member C asked staff member B why [redacted] punched Resident #1, and staff member B responded, "I lost my cool."*

Review the benefit of the Regulation, per RCG: *The benefit of the regulation is to ensure the protection of all Residents living in long-term care and to ensure reporting policies and procedures are in place. Residents have the right to be free from all forms of abuse while living in our communities. Not only abuse from staff, but from volunteers, other Residents, family members, or anyone entering and in our community.*

Description of the Repair of the Immediate Problem:

42b - Abuse (continued)

Staff member A immediately removed Staff member B from the apartment. Staff member B was escorted to the Wellness Center, by Staff member A, where Staff member C was present. Staff member B was immediately terminated from the community. Staff member A and C immediately contacted Adult Protective Services and reported what was witnessed. Although there was no bodily harm, bruising, injury, or complaints of pain from Resident #1, Staff member A and C contacted the local police department following the report to Adult Protective Services. Department of Human Services was also immediately notified of the allegation. All necessary paperwork was completed and submitted to both departments immediately. All reporting procedures were followed per our regulations and guidelines.

Determine / document the Root Cause of the Violation: *Resident #1 was giving Staff member B a hard time during their a.m. care; however, and regardless, Staff member B should have walked away from the situation as trained. Staff member B should have removed themselves from the apartment and contacted their supervisor or another aide to provide the care or attempted care for the Resident at a later time.*

Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice? *Staff member B's background check was clear prior to hire. Staff member B had Resident Abuse and Resident Rights training during General Orientation. Staff member B also had Resident Abuse training during the live handbook review on day #2 of General Orientation by the Executive Operations Officer. Staff member B was liked and appreciated by both family members and Residents. There were no warning signs that this type of behavior would be a concern in our community or would occur.*

b. Teaching or Training? *All staff were re-educated on Resident Abuse as a reminder and refresher. (Per provider on 7/13/22, staff training was completed with all current staff members on 6/16/22, 6/17/22, and 6/20/22. [redacted] 7/13/22). The staff training materials used and staff completion sheets for the 6/16/22, 6/17/22, and 6/20/22 trainings will be kept with the Executive Operations Officer office for verification. Re-education was completed on 6/20/22.*

c. On-going Monitoring? *Staff will continue to be trained on Resident Abuse and Resident Right regulations and policies in General Orientation (upon hire) and during quarterly trainings. Staff will continue to report suspicious behavior or concerns with Team Members, family members, etc. Staff will also continue to follow all reporting policies and measures immediately and ongoing.*

Beginning on 8/1/22, a designated staff person shall interview at least 5 residents, in private, per month for 6 months to ensure residents are free from abuse/neglect. Documentation of the interviews shall be kept. Resident interview questions were created on a word document and will be kept in a binder with the Executive Operations Officer for erification and for confirmation of the Resident interviews.

42b - Abuse (continued)

Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). An additional sign-off sheet and training material was created to show additional emphasis on Resident Rights and Resident abuse for newly hired staff. Sign-off sheets and training materials will be kept in a binder with the Executive Operations Officer for verification and confirmation.

n regard to the quality management plan that is already conducted and held monthly at the community, an addendum was created, which will be part of our monthly quality assurance management meeting for moving, that will outline our plan of correction concerning this violation as well as will review the Resident interviews and the emphasis on new hire trainings and then annually. Any concerns, issues, or feedback will be reviewed and documented at that time. A full quality assurance management meeting, with the review of the new addendum, will be completed by August 17, 2022, and ongoing.

Designated position responsible and specify target date for correction. *The Administrator/Designee will conduct 5 random Resident interviews per month for the next six months. Results of the interviews shall be kept in a binder in the Administrator's office and reviewed at each quality assurance management meeting each month. The Administrator will also conduct an additional Resident Right and Resident Abuse training, for all new hires, during their first week of General Orientation immediately and ongoing. The additional trainings will also be reviewed each month at the quality assurance management meeting and shall also be kept in a binder, in the Administrator's office, for verification. All additional efforts and emphasis on Resident Rights and Resident Abuse will be discussed monthly during the quality management meeting starting on August 17th, 2022, and ongoing.*