

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

June 14, 2023

[REDACTED]
TITHONUS GREENSBURG LP
[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 05/31/2023, 06/01/2023, 06/02/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *NEWHAVEN COURT AT LINDWOOD* License #: *42936* License Expiration: *06/10/2024*
 Address: *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

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *121* Waking Staff: *91*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *06/02/2023*

Inspection Dates and Department Representative

05/31/2023 On Site [REDACTED]
 06/01/2023 On Site [REDACTED]
 06/02/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *131* Residents Served: *92*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Forest Hills* Capacity: *19* Residents Served: *16*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *92*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *29* Have Physical Disability: *1*

Inspections / Reviews

05/31/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/15/2023*

Inspections / Reviews *(continued)*

06/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/20/2023

06/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/31/23 at approximately 12:50 a.m., there was a strong, pervasive odor of urine in the bedroom on the bathroom side of the shared resident room [REDACTED] belonging to resident #1 and resident #2.

Plan of Correction

Accept [REDACTED] - 06/13/2023)

Violation Review: 2600.85.a. Sanitary conditions shall be maintained.

Violation Interpretative Statement: On 5/31/23 at approximately 12:50 p.m., there was a strong, pervasive odor of urine in the bedroom on the bathroom side of the shared resident room [REDACTED] belonging to resident #1 and resident #2.

Review the benefit of the Regulation, per RCG: The benefit of the Regulation, per the RCG, is to ensure the home is free of odor, any damage caused by water, and that the home and clean and healthy.

Description of the Repair of the Immediate Problem: The Safety and Maintenance Engineer immediately corrected the odor by redoing the caulking on May 31, 2023. New caulking was placed around the bottom of the toilet to prevent further water from leaking, additional floor damage, and odors from surfacing (please see picture attached for verification).

Determine / document the Root Cause of the Violation: Some of the caulking around the toilet was deteriorated/rotted, which was causing water to surface around the bottom of the toilet. In addition, the water was also causing water damage under the bathroom flooring as well. The urine odor as described was due to the lack of caulking around the toilet, which creates a seal. Once the old caulking was removed and resealed, the urine odor diminished. However, the bathroom floor will need replaced due to the water damage created underneath from the toilet.

Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice? The Safety and Maintenance Engineer will add an auditing task in TELs to ensure toilets and bathroom flooring are added to the preventative maintenance measures.

b. Teaching or Training? All staff (including the Safety and Maintenance Associate) will be re-educated on this regulation in the June Team Member Quarterly Meeting by the Executive Operations Officer and Safety and Maintenance Engineer about work orders and the importance for putting them in timely if they see discolored or rotted caulking to prevent odors and water damage under the flooring. Training is scheduled for June 15th, and June 22nd, 2023. Verification of the training, as well as signatures, will be attached.

c. On-going Monitoring?

85a - Sanitary Conditions (continued)

The Safety and Maintenance Engineer and/or designee will set up a task/check every quarter (unless an apartment is scheduled for turnover). The Safety and Maintenance Engineer and/or designee will be responsible for the checks. Any concerns found during the audit will be immediately corrected. The checks, that will occur quarterly, will include all 5 public bathroom toilets as well as 10 randomized apartment toilets. A check sheet was created to monitor trends/patterns as well (see attached) in addition to TELs. The check sheet will be kept in the Safety and Maintenance office in a binder for tracking.

Designated position responsible and specify target date for correction: The bathroom flooring in [redacted] will be replaced by July 14th, 2023. At that time, the seal around the toilet, will be redone. Pictures, verifying that the floor was replaced and the bottom of the toilet was resealed, will be attached to our plan of correction at that time.

Licensee's Proposed Overall Completion Date: 07/14/2023

Implemented [redacted] - 06/14/2023)

88a Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 5/31/23 at approximately 12:50 p.m., there was a leak inside the toilet in the shared bathroom of resident room [redacted] belonging to resident #1 and resident #2 that damaged the caulking in multiple sections that measured approximately two inches each around the entire base of the toilet, as well as the laminate flooring, which turned black with water damage that measured approximately one inch wide and three inches long against the base of the toilet on it's front-left side that faced the shower stall.

Plan of Correction

Accept [redacted] - 06/13/2023)

Violation Review: 2600.88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Violation Interpretative Statement: On 5/31/23 at approximately 12:50 p.m., there was a leak inside the toilet in the shared bathroom of resident room [redacted] belonging to resident #1 and resident #2 that damaged the caulking in multiple sections that measured approximately two inches each around the entire base of the toilet, as well as the laminate flooring, which turned black with water damage that measured approximately one inch wide and three inches long against the base of the toilet on it's front-left side that faced the shower stall.

Review the benefit of the Regulation, per RCG: The benefit of the Regulation, per the RCG, is to ensure that all floors, walls, ceilings, windows, doors, and other surfaces are in good condition and free of hazards by having preventative measures in place for safety.

Description of the Repair of the Immediate Problem: The Safety and Maintenance Engineer immediately corrected the problem on May 31, 2023, by removing the old caulking and replacing it with new caulking around the bottom of the toilet to prevent further water from leaking, additional floor damage, and odors from surfacing (please see picture attached for verification).

88a - Surfaces (continued)

Determine / document the Root Cause of the Violation: Some of the caulking around the toilet was deteriorated/rotted, which was causing water to surface around the bottom of the toilet. In addition, the water was also causing water damage to the bathroom flooring as well. The urine odor as described was due to the lack of caulking around the toilet, which creates a seal. Once the old caulking was removed and resealed, the urine odor diminished. However, the bathroom floor will need replaced due to the water damage created underneath from the toilet.

Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice? The Safety and Maintenance Engineer will add an auditing task in TELs to ensure toilets and bathroom floorings are added to their preventative maintenance measures.

b. Teaching or Training? All staff (including the Safety and Maintenance Associate) will be re-educated on this regulation in the June Team Member Quarterly Meeting by the Executive Operations Officer and Safety and Maintenance Engineer about work orders and the importance for putting them in timely if they see discolored or rotted caulking to prevent odors and water damage under the flooring. Training is scheduled for June 15th, and June 22nd, 2023. Verification of the training, as well as signatures, will be attached.

c. On-going Monitoring? The Safety and Maintenance Engineer and/or designee will set up a task/check every quarter (unless an apartment is scheduled for turnover). The Safety and Maintenance Engineer and/or designee will be responsible for the checks. Any concerns found during the audit will be immediately corrected. The checks, that will occur quarterly, will include all 5 public bathroom toilets as well as 10 randomized apartment toilets. A check sheet was created to monitor trends/patterns as well (see attached) in addition to TELs. The check sheet will be kept in the Safety and Maintenance office in a binder for tracking.

Designated position responsible and specify target date for correction: The bathroom flooring in [redacted] will be replaced by July 14th, 2023. At that time, the seal around the toilet, will be redone. Pictures, verifying that the floor was replaced and the bottom of the toilet was resealed, will be attached to our plan of correction at that time.

Licensee's Proposed Overall Completion Date: 07/14/2023

Implemented [redacted] 06/14/2023)

141b1 Annual Medical Evaluation

3. Requirements

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

Description of Violation

Resident #3's annual medical evaluation is dated [redacted]/23. However, resident #3's previous medical evaluation was completed on [redacted]/22.

Plan of Correction Accept [redacted] - 06/13/2023)

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

Violation Interpretative Statement:

141b1 - Annual Medical Evaluation (continued)

Resident #3's annual medical evaluation is dated [REDACTED] 23. However, resident #3's previous medical evaluation was completed on [REDACTED]/22.

Review the benefit of the Regulation, per RCG: The benefit of the Regulation, per the RCG, is to ensure every Resident sees their primary care physician at least annually (especially if no significant changes take place during the year). The medical evaluation is completed and signed by the primary care physician (and/or designee) and will reflect any changes that the home needs to be aware of for implementation.

Description of the Repair of the Immediate Problem: The annual medical evaluation for Resident #3 is unable to be immediately corrected since it is dated. However, please see the attached annual medical evaluations to verify that compliance is being met.

Determine / document the Root Cause of the Violation: An annual medical evaluation audit took place on May 17th, 2023, to ensure each Resident had a current medical evaluation in their chart. During the audit, Resident #3's medical evaluation was identified as past due and was immediately obtained on May 25, 2023, during their scheduled physician's visit.

Detail Action Steps / System Developed to prevent future occurrence:

- a. Changing practice?** The Resident Wellness Director did a complete annual medical evaluation audit on May 31st, 2023, to ensure medical evaluations were in place and current (see attached). Any annual medical evaluations that were found to be passed due were corrected. The Resident Wellness Director has a new tickler/system in place so that annual medical evaluations are obtained a month prior to the expiration date.
- b. Teaching or Training?** The Resident Wellness Director was educated by the inspector on June 1, 2023, that all annual medical evaluations must be obtained annually and before the 15-day window/grace expires.
- c. On-going Monitoring?** The Resident Wellness Director will check the medical evaluation tickler, daily, as part of her daily routine, to see which medical evaluations are due prior to the annual due date. In addition, all annual medical evaluations will show a due date of 1-month prior to the actual due date to allow time in obtaining the annual medical evaluation from the Resident's primary care physician. The Resident Wellness Director placed all due dates in a planner (reflecting a due date of month prior and housed in the Wellness Department) and will check the planner daily for any upcoming medical evaluations. The planner will also be updated as needed. The Executive Operations Officer will also check the planner and will follow up with the Resident Wellness Director at the beginning of each week to ensure annual medical evaluations are obtained before the annual due date for compliance. Once full compliance is demonstrated and a routine is in place by the Resident Wellness Director, the Executive Operations Officer will then pull 5 random annual medical evaluations monthly to ensure compliance is met.

Designated position responsible and specify target date for correction: The Resident Wellness Director is responsible for obtaining annual medical evaluations timely for compliance. Please see attached annual medical evaluations to verify that compliance is met. Immediately and ongoing.

Licensee's Proposed Overall Completion Date: 06/13/2023

Implemented ([REDACTED]) - 06/14/2023)

234a - Admission Support Plan

4. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #4 was admitted to the home's secured dementia care unit on [REDACTED]/23. However, the resident's support plan that was not completed until [REDACTED] 23.

Plan of Correction

Accept [REDACTED] - 06/13/2023)

Violation Review: 2600.234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Violation Interpretative Statement: Resident #4 was admitted to the home's secured dementia care unit on [REDACTED]/23. However, the resident's support plan that was not completed until [REDACTED]/23.

Review the benefit of the Regulation, per RCG: The benefit of the Regulation, per the RCG, is to ensure Residents, who move into a secured dementia care unit, have a completed assessment and support plan so that their needs can be met.

Description of the Repair of the Immediate Problem: The support plan for Resident #4 is unable to be immediately corrected since it is dated.

Determine / document the Root Cause of the Violation: Resident #4 moved into our secured dementia care unit on [REDACTED]/2023. The assessment and support plan were both completed on [REDACTED]/2023; however, the RASP was not printed until [REDACTED] 2023 in which, at that time, it was signed by the assessor.

Detail Action Steps / System Developed to prevent future occurrence:

- a. Changing practice?** The Resident Wellness Director will be sure to print all RASPs at the time of completion so that the completion date, and print date, both match.
- b. Teaching or Training?** The Resident Wellness Director was educated by the inspector on June 1, 2023, that all support plans need to be completed within 72 hours after a Resident moves into our secured dementia care unit.
- c. On going Monitoring?** The Resident Wellness Director is responsible for completing all assessments and support plans. When a Resident moves into our secured dementia care unit, the Resident Wellness Director will set a reminder in Outlook to ensure the RASP is completed within 72 hours as well as immediately printed, and signed, once completed. The Executive Operations Officer will also set a reminder in Outlook to ensure the RASP is completed within 72 hours by the Resident Wellness Director. Once full compliance is demonstrated and a solid routine is in, the Executive Operations Officer will pull random RASPs monthly for any Resident who moved into the secured dementia care unit to ensure compliance is met.

Designated position responsible and specify target date for correction:

234a - Admission Support Plan (continued)

The Resident Wellness Director is responsible for all RASPs as well as the timeliness of completion. Please see the attached RASP for verification of completion within 72 hours of a Senior Living Resident who transferred to our SDCU on 6/7/2023.

Licensee's Proposed Overall Completion Date: 06/13/2023

Implemented (█) - 06/14/2023)