



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APRIL 23, 2024

[REDACTED]
Tithonus Butler LP
[REDACTED]
[REDACTED]

RE: Newhaven Court at Clearview
100 Newhaven Lane
Butler, PA 16001
License/ COC: # 42346

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection on September 25, 2023, October 5, 2023, October 12, 2023, February 28, 2024, February 29, 2024, March 4, d2024, March 11, 2024, and March 26, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (42346) dated April 25, 2023, to April 25, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) ;(5) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 23, 2024 to October 23, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *NEWHAVEN COURT AT CLEARVIEW* License #: *42346* License Expiration: *04/25/2024*
Address: *100 NEWHAVEN LANE, BUTLER, PA 16001*
County: *BUTLER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *TITHONUS BUTLER LP*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *128* Waking Staff: *96*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *11/01/2023*

Inspection Dates and Department Representative

09/25/2023 - On-Site: [REDACTED]
10/05/2023 - Off-Site: [REDACTED]
10/12/2023 - Off-Site: [REDACTED]
11/01/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: *Yes* Area: *SDCU* Capacity: *18* Residents Served: *18*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *37* Have Physical Disability: *0*

Inspections / Reviews

09/25/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/27/2023*

12/13/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/02/2024*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/27/2023*

01/12/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/02/2024*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/01/2024*

04/16/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: *02/02/2024*
Reviewer: [REDACTED] Follow-Up Type: *Exception*

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

Resident #1 was admitted to the home on [REDACTED]/23 with diagnoses of Alzheimer's, hypertension, obstructive sleep apnea, and hyperlipidemia.

From 3/16/23 to 9/25/23, the resident had 38 falls in the home, some multiple falls per day, to include the following 10 falls which resulted in an injury:

On [REDACTED] 25/23, at 11:45 a.m., the resident had an unwitnessed fall. The resident was found front of [REDACTED] bedroom door, which [REDACTED] r pants around their ankles, and appears to have hit their head. Redness was noted on back of their neck, and resident complained of right shoulder and right-hand pain. The resident was sent to Butler Memorial Hospital for evaluation.

On [REDACTED] /23, at 11:10 p.m., the resident had an unwitnessed fall. The resident was found lying face down on floor of [REDACTED] room. The resident stated [REDACTED] hit their head. The resident had a bump in middle of their forehead, and redness on both knees.

On [REDACTED] 9/23, at 9:53 p.m., the resident had an unwitnessed fall. The resident was found by the home's staff lying face down in hallway near [REDACTED] bedroom. The resident had a small cut to the left elbow area.

On [REDACTED] 23, at 12:50 p.m., the resident had an unwitnessed fall. The resident was found in hallway by [REDACTED] room. The home's staff heard a loud bang and found the resident to have a red area to right side of [REDACTED] head above the forehead. The resident also had redness to the right forearm, and a small skin tear to right elbow. The resident was transport to Butler Memorial Hospital for evaluation.

On [REDACTED] 3/23, at 5:55 p.m., the resident had a witnessed fall. The resident had fallen in the dining room in the Life stories area of the home. The resident attempted to turn and fell onto right side. The resident complained of soreness to right hip and had a bruise and hard bump on right hip.

On [REDACTED] 5/23, at 5:00 a.m., the resident had an unwitnessed fall. The resident was found lying in front of the shut door of [REDACTED] bedroom. The resident was lying on [REDACTED] stomach and face down. The resident's face was red, swollen, and right eye was swollen. Also, both resident's knees were red.

On [REDACTED] /23, at 7:45 a.m., the resident had an unwitnessed fall. The resident had fallen in [REDACTED] in bedroom and had a small skin tear to the right elbow.

On [REDACTED] /23, at 6:42 a.m., the resident had an unwitnessed fall. The resident was found lying supine on floor in [REDACTED] room, and had skin tears to the right hand, and a small bump.

On [REDACTED] /23, at 7:45 p.m., the resident had an unwitnessed fall. The resident was found on [REDACTED] left side on the floor with [REDACTED] r head lying against the wall heater. The resident had an indent on top of [REDACTED] head.

42b - Abuse (continued)

From 4/24/23 to 5/15/23 and 6/20/23 to 7/26/23, the resident received physical therapy services.

On 7/6/23, physical therapy visited the resident in the home and indicated, "(home's) staff noted (resident) to have worsening cognitive impairments." "Due to dementia and history of repeated falls, (resident) currently requires assistance for all ADLs mobility. Unable to perform alone due high fall risk."

On 7/18/23, physical therapy visited the resident in the home and indicated, "Educated (home's) staff on having pt (resident) ambulate without the AD (assisted device) and if () demonstrates worsening balance, then use the rollator."

On 7/26/23, physical therapy was discontinued with the following note, "(had) lengthy discussion with MC (memory care of the home) director over the pt's (resident's) safety and use of rollator which is dependent on () cognitive presentation. When () is more alert, () does not require the use of the AD ... When is () is more confused...then () needs the AD for support."

The home has no fall precautions in place for resident #1, and staff have indicated they were told by physical therapy the resident is not to use the available rollator (assisted device) for ambulating, despite the resident continuing to have multiple falls with injuries due to worsening balance and confusion. The resident is not receiving assistance in ambulating in the home.

Resident #1's assessment and support plan (RASP), dated 3/13/23, indicates the resident is independent, preforms the task safely for ambulating, and the resident requires extensive supervision in the home. However, the RASP does not accurately indicate the resident is assessed as a fall risk, nor indicates how the home will meet this need.

Resident #2 was admitted to the home on ()/2021 with diagnoses of history of mitral valve replacement, protein caloric malnutrition, and memory loss.

Resident #2's assessment and support plan, dated ()/23, indicated the home's "staff will assist () to and from the restroom every two hours and as needed." In addition, the resident was assessed for extensive supervision needs, and the "community staff will provide (the resident) with supervision with use of frequent checks while in the community."

On ()/23 at 5:20 a.m., the resident had an unwitnessed fall and was found sitting on the floor in () room and was unable to state how or why () was on the floor.

On 9/18/23, at approximately 6:00 a.m., the resident was found on () bathroom floor by staff after an unwitnessed fall while attempting to use the bathroom unassisted. The resident complained of right hip pain. At approximately 7:00 a.m., the resident was transported to the hospital. The resident was admitted to the hospital at approximately 11:30 a.m., with a diagnosed right femoral neck fracture of the hip and recommended for surgery to repair () hip.

On (DOD), at approximately 9:00 am, hospital nursing staff found the resident had ceased to breath in () bed.

Resident #2's death certificate indicated that the resident was pronounced dead on (DOD) at 9:20 a.m., from an

42b - Abuse (continued)

accidental injury occurring at Newhaven Court of Clearview on 9/18/23. The cause of death was complication of blunt force trauma to the right hip from a ground level fall.

Plan of Correction

Accept [REDACTED] - 01/12/2024)

Description of the Repair of the Immediate Problem

Resident #1's [REDACTED] refused transport to Emergency Department post-fall on the following dates: 4/11/2023, 7/15/2023, and 9/15/2023.

Fall Prevention Precautions put in place for Resident #1 prior to 9/25/2023 survey:

1. Resident #1's [REDACTED] requested orders for physical therapy on 4/18/2023 from Certified Nurse Practitioner, [REDACTED]

Therapy Services provided by Fox Rehabilitation: 4/24/2023-5/15/2023 and 6/20/2023-7/26/2023.

EmpowerMe Wellness (in-home Rehab service) screened [REDACTED] for services post-fall on the following dates: 8/15/2023, 8/23/2023, and 9/25/2023 prior to survey.

2. Resident #1 admitted to supportive services with Medi Home Health on [REDACTED]/2023.

3. Medication changes 6/2/2023 due to concerns about hallucinations and increased confusion. Family working with physician to rule out Lewy Body Dementia.

4. Parameter's set for Lisinopril/HCTZ due to episodes of postural hypotension found during therapy visits.

5. Evaluation and continued treatments to abscesses to buttocks. Resident was followed by home health and Butler Wound Center for treatment. Multiple falls throughout course of treatment for abscesses due to discomfort to buttocks and area.

6. Resident Assessment and Support Plan indicates that Resident #1 will receive Extensive Supervision in the home with use of frequent checks. Community staff will continue frequent checks to best assure safety. Extensive Supervision identifies the highest level of supervision offered in the home as the home does not offer 24-hour supervision.

Detail Action Steps / System Developed to prevent future occurrence:

42b - Abuse (continued)

1. Family of Resident #1 will be provided a 30-day notice to terminate residency agreement and request discharge by [REDACTED] 2024 as the home cannot prevent [REDACTED] from having falls or a fall-related injury. Verbal notification provided to [REDACTED] on [REDACTED] 1/2023. Written notice to be reviewed with Resident #1's family on 12/7/2023. Documentation of the 30-day notice will be kept on file.
2. Executive Operations Officer and/or Resident Wellness Director will complete assessment prior to admission, annually, and quarterly as per community policy unless otherwise necessary due to changes in needs or condition. Findings of assessments will be discussed with families immediately following assessment to confirm family understanding and support of resident needs.
3. LPN Supervisor/Charge Medication Associate will notify resident physician and family of any fall/incident that occurs in the community. Physician will be notified via fax; signature will be requested to confirm physician received information. Document will be kept in resident file.
4. Referral to therapy services will be placed for changes in resident need, falls, or change in status. EmpowerMe Wellness will screen resident's post-fall and follow up with RWD and physician with any recommendations.
5. LPN Supervisors/RWD/EOO will communicate with resident/POA to identify appropriate interventions for individual resident with use of fall prevention devices such as chair/bed alarm, low bed, fall mats, and/or bed bolsters. Documentation of these communications will be kept in resident file.

1/5/2024 - POC Cont. Detail Action/Steps/System Developed to prevent future occurrence:

1. All Resident Assessment and Support Plans will be audited by Executive Operations Officer by 1/7/2024 to ensure that all residents who with risk of falls has been identified as a 'Fall Risk" in the Focus Area of their support plan.
 - Risk for falls identified by history of falls, medical diagnosis, medication regimen, cognition, and sensory deficits.
2. Fall interventions based on individual needs of resident will be identified in the corresponding service area of the Resident Assessment and Support Plan (example - use of walker identified in ambulation service area; use of chair alarm identified in supervision area).
 - Documentation of audit attached identifying all residents identified as fall risk. Individual intervention not listed on audit report but identified in RASP.
3. Fall Training to be completed with community team by 1/31/2024. Documentation of training will be provided on 2/1/24.
 - Training to include:
 - Identifying Fall Risk Resident
 - Appropriate fall precautions/interventions
 - Documentation of fall risk and interventions

Licensee's Proposed Overall Completion Date: 01/31/2024

NOT IMPLEMENTED 4/16/24 [REDACTED]

Facility Information

Name: *NEWHAVEN COURT AT CLEARVIEW* License #: *42346* License Expiration: *04/25/2025*
 Address: *100 NEWHAVEN LANE, BUTLER, PA 16001*
 County: *BUTLER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *TITHONUS BUTLER LP*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *120* Waking Staff: *90*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident, Interim* Exit Conference Date: *03/26/2024*

Inspection Dates and Department Representative

02/28/2024 - On-Site: [REDACTED]
 02/29/2024 - On-Site: [REDACTED]
 03/04/2024 - Off-Site: [REDACTED]
 03/11/2024 - Off-Site: [REDACTED]
 03/26/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *115* Residents Served: *85*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *18* Residents Served: *15*

Hospice
 Current Residents: *9*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *35* Have Physical Disability: *0*

Inspections / Reviews

02/28/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/06/2024*

04/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/30/2024

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 2/28/24, at 11:30 a.m., monthly quality management meetings with reported resident care and falls, and incident reports containing information on residents #1, #2, #3, #4, and #5 were unlocked, unattended, and accessible in the second-floor training room.

Plan of Correction

Accept [REDACTED] 04/11/2024)

Immediate Action: Operable locks have been placed on cabinet doors in second floor training room to prevent accessibility of resident records to unauthorized persons.

Action to prevent further occurrence:

- 1. Team members will be educated on Regulation 17 - Record Confidentiality by 5/12/24. Documentation of training to be provided once completed.*
- 2. Monthly Audit will be conducted to verify that all areas with protected information related to residents is secured from direct access to unauthorized personal. Implementation of audit - 4/18/2024.*
- 3. Audit will be conducted monthly by team member designated by Administrator. Administrator will review audit monthly immediately following completion.*

Licensee's Proposed Overall Completion Date: 05/12/2024

20b8 - Quarterly Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #6 has not received a quarterly account of financial transactions from 6/15/23 to 2/29/24.

Resident #7 has not received a quarterly account of financial transactions from 4/4/23 to 2/29/24.

The home assists both residents with financial management.

Plan of Correction

Accept [REDACTED] - 04/11/2024)

Immediate Action: Audit completed of resident financial transactions on 3/29/2024 by Administrative Services Director. Statements were sent to according resident/resident responsible party.

Action to prevent further occurrence:

- 1. Team members will be educated on Regulation 20b8 - The home shall give the resident and the resident's*

20b8 - Quarterly Account (continued)

designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis by 5/12/24. Documentation of training to be provided once completed.

2. Quarterly Resident Funds Statements will be sent to resident/resident responsible party.

3. Resident Cash Fund Tracker will be utilized to document quarterly audits and identify that resident/resident responsible party was provided statement of resident funds. Administrative Services Director will complete audit and maintain tracker. Executive Operations Officer will verify completion of audit and initial tracker following verification of completion.

4. Next audit to be completed by 5/30/2024. Verification of audit will be provided once completed.

Licensee's Proposed Overall Completion Date: 05/30/2024

42b - Abuse**3. 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

The home's policies on resident managed risks indicate that, "Our community attempts to provide an environment free from hazards that may cause falls." In addition, the home's policy on transfer, discharge and termination of the resident-home contract indicates, "(The) Community may terminate this Agreement and Resident's stay, and transfer or discharge Resident if...It is determined that Resident requires a higher level of care and transfer, or discharge is necessary to meet Resident's needs which otherwise cannot be met by Community."

The home has had 115 falls by 28 residents (33% of the resident census) from 12/1/23 to 3/6/24.

Of these falls, 106 were unwitnessed, and 31 resulted in injury, to include the following:

Resident #8, admitted to the home on [REDACTED] 23, has diagnoses of senile degeneration of brain, parkinsonism, unspecified fracture, hypertension, and hyperlipidemia.

The resident's assessment and support plan (RASP), dated 5/8/23, indicates that one staff person will provide resident with transferring. The resident requires contact-guard and stand-by assistance due to physical limitations. A staff person will assist resident to and from the restroom every two hours and as needed. One staff person will provide resident with assistance to meet [REDACTED] ambulatory needs.

However, resident #8 did not receive this assistance, resulting in 30 falls in the home during the date range mentioned, many of which occurred on the same day or resulted in injury, to include the following:

On [REDACTED]/2/23, at 4:03 p.m., the resident had an unwitnessed fall resulting in complaints of pain to [REDACTED] tailbone, redness of tailbone, and pain in the left side of ribs.

On [REDACTED]/8/23, at 10:31 a.m., the resident had an unwitnessed fall resulting in complaints of pain to right leg.

On [REDACTED] 9/23, at 2:53 a.m., the resident had an unwitnessed fall resulting in complaints of pain to right leg/hip.

On [REDACTED] 4/23, at 10:30 a.m., 2:30 p.m., and 8:25 p.m., the resident had 3 unwitnessed falls in which the resident did not use ambulatory devices or call pendent. The resident stated on the last fall [REDACTED] hit [REDACTED] head off the handle of the door. The resident was not sent to the hospital.

On 12/14/23, the home sent a letter to the resident's medical provider to indicate that the resident had

42b - Abuse (continued)

"approximately twenty falls in the past month." It also indicated that the resident is "noncompliance (sic) with using a walker or a w/c (wheelchair) and even using () alert pendent...Chair and bed alarms have been tried and () broke them () becomes agitation (sic) to the point we cannot keep () safe because () wants to take (themselves) out of the w/c."

On () 3/23, at 2:30 p.m., the resident had an unwitnessed fall and was found next to () bed. Blood was on the resident's face and coming out of the resident's nostrils. The resident was sent to the hospital and diagnosed with laceration of the nose and nasal fracture.

On 1/5/24, an order was signed for physical therapy, occupational therapy, and speech therapy for the resident.

On () 12/24, at 4:30 a.m., 5:55 a.m., 11:00 a.m., and 4:00 p.m., the resident had 4 unwitnessed falls. The resident complained of back and shoulder pain, had a skin tear to the left elbow, and had a skin indentation across () upper back. The resident was sent to the hospital and diagnosed with a left hip fracture due to a mechanical fall.

On 1/31/24, at 2:35 p.m., the resident had an unwitnessed fall resulting in the resident found in () living room in front of () wheelchair covered in a bowel movement with no pants on, calling out for help.

On 2/9/24, at 9:00 p.m., the resident had an unwitnessed fall resulting in a skin tear to the left elbow.

On 2/17/24, at 7:32 a.m., the resident had an unwitnessed fall resulting in complaints of pain to left elbow and left knee.

On 3/3/24, at 7:30 a.m., the resident had an unwitnessed fall resulting in a skin tear to the lower left shin.

Resident #9, admitted to the home on () 2019, has diagnoses of Osteoporosis, spinal stenosis, chronic kidney disease, hyperlipidemia, hypertension, glaucoma, anemia, and diabetes mellitus.

The resident's RASP, dated 12/20/23, indicates that two staff persons will provide resident with assistance to complete tasks of transferring due to safety concerns and unpredictable ability for resident to participate in transfers. Staff will provide resident with assistance to and from the restroom every two hours and as needed. Staff will provide resident with assistance to meet () ambulatory needs with use of () wheelchair. Resident is unable to ambulate independently. Two staff persons will provide resident with assistance to reposition in () bed, wheelchair, and chair.

However, resident #9 did not receive this assistance, resulting in 7 falls in the home during the date range mentioned, some injurious, to include:

On () /23, at 5:05 a.m., the resident had an unwitnessed fall out of bed and was found lying on the floor in a puddle of blood. The resident had a large laceration to the head and was sent to the hospital.

On () 0/24, at 9:23p.m., the resident had an unwitnessed fall and was found sitting on floor beside bed. The resident had abrasions to bilateral knees and abrasion to right side of head.

On () /24, at 10:10 p.m., the resident had an unwitnessed and was found lying on left side in front of bed. The resident appeared to have hit () had off their wheelchair resulting in a bump and abrasion on left side of head. The resident also had redness to left shoulder and a bruise on top of () right hand. The resident was sent to the hospital and required five staples in () head for the injury.

Resident #10, admitted to the home on () /21, has diagnoses of Osteoarthritis, difficulty walking, hypertension, shoulder pain, and hypothyroidism.

The resident's RASP, dated 8/18/23, indicates staff person will provide stand-by assistance to complete tasks of transfer due to safety concerns. Staff will assist to resident to and from restroom every two hours and as needed. One staff will

42b - Abuse (continued)

provide contact-guard assistance when resident is using [REDACTED] walker. Staff will provide resident with assistance to meet ambulatory needs of long distance with use of [REDACTED] wheelchair. Staff will provide supervision with frequent checks while resident is in the community (home).

However, resident #10 did not receive this assistance, resulting in 6 falls in the home during the date range mentioned, some injurious, to include:

On [REDACTED]/24, at 6:00 a.m., the resident had an unwitnessed fall while attempting to transfer to [REDACTED] wheelchair unassisted resulting in excruciating pain to right hip and rating the pain 10/5 out of 10.

On [REDACTED]/24, at 3:21 a.m., the resident had an unwitnessed fall when attempting to transfer from the toilet to the wheelchair unassisted resulting in complaints of pain and redness on tailbone.

On [REDACTED]7/24, at 3:55 a.m., resident had an unwitnessed fall and was found lying face down on [REDACTED] living room floor resulting in and abrasion to left eyebrow/left forehead, a skin tear on left wrist, and complaints of pain.

On [REDACTED]7/24, at 11:25 p.m., resident had an unwitnessed fall in front of the dining room doors. Resident was yelling for help and hit right side of head off the floor resulting in redness to right side of head, right shoulder, and right hip. Resident was not sent to the hospital.

Resident #11, admitted to the home on [REDACTED]/24, has diagnoses of Dementia, hypertension, hyperlipidemia, chronic kidney disease.

The resident's RASP, dated 1/29/24, indicates that staff will provide assistance to resident for transfers due to safety and unsteady gate (sic). One staff (to) assist with transfers. Resident meets [REDACTED] ambulatory needs by utilizing [REDACTED] walker. Staff will provide resident with supervision to attempt to prevent them from unsafe acts or areas due to limited cognition and ability to recognize unsafe areas.

However, resident #11 did not receive this assistance, resulting in the following injurious fall in the home:

On 2/18/24, at 3:35 p.m., the resident had a witnessed fall in the secured dementia care unit (SDCU) dining room resulting in hitting [REDACTED]r head on a wheelchair, complaint of severe right side head pain, unequal and non-reactive pupils. The ambulance was called, and paramedics determined that the resident needed to be life-flighted to the hospital due to [REDACTED] condition. The resident was diagnosed with a closed head injury due to fall.

Resident #12, admitted to the home on [REDACTED]24, has diagnoses of Dementia, spinal stenosis, nontraumatic subdural hemorrhage, hemiplegia affecting right side, chronic kidney disease stage 3, hypertension, and aphasia.

The resident's RASP, dated 2/6/24, indicates two staff will provide resident with assistance with meeting [REDACTED] transferring needs due to safety concern and unpredictable ability to participate in transfer. Staff will provide assistance to resident to and from the restroom during rounds and as needed. Staff provides total assistance assisting resident from place to place. Staff will provide resident with supervision with the use of frequent checks while in the community (home). In addition, fall mats were ordered by a physician on 2/9/24.

However, resident #12 did not receive this assistance, resulting in 5 falls in the home during the date range mentioned, some injurious, to include:

On [REDACTED]24, at 4:30 a.m., the resident had an unwitnessed fall and was found lying in front of [REDACTED] bed and bathroom on [REDACTED] back.

On [REDACTED]/24, at 9:20p.m., the resident had a witnessed fall while transferring with a staff assisting from wheelchair to bed resulting in complaints of left leg pain. Resident was then able to transfer to bed with two staff assisting.

42b - Abuse (continued)

On [REDACTED]/24, at 3:51 a.m., the resident had an unwitnessed fall and was found lying on left side with [REDACTED] back against the closet doors in bedroom.

On [REDACTED] 8/24, at 12:25 a.m., the resident had an unwitnessed fall and was found lying face down in front of [REDACTED] bed resulting in redness to right side of head and right knee. The resident's fall mats were not in place.

On 3 [REDACTED]/24, at 3:04 p.m., the resident had an unwitnessed fall and was found in front of [REDACTED] recliner chair on the floor in [REDACTED] bedroom.

Resident #13, admitted to the home on [REDACTED]/2020, has diagnoses of Memory loss, anxiety, acute myeloblastic leukemia, hypertension, chronic myeloproliferative disease, hypothyroidism, hypercholesterolemia, prediabetes, and goiter.

The resident's RASP, dated 1/26/24, indicates staff will provide assistance to resident for transfers due to safety and unsteady gait (sic) on [REDACTED] bad days. One staff to assist with transfers. Resident tries to transfer on [REDACTED] own due to cognitive abilities. Staff will assist resident to and from the restroom during rounds and as needed. Staff will assist resident with ambulating. Resident tries to ambulate on his/her own due to h [REDACTED] cognitive abilities.

However, resident #13 did not receive this assistance, resulting in 5 falls in the home during the date range mentioned, some injurious, to include:

On [REDACTED]/23, at 12:51 p.m., the resident had a witnessed fall in the SDCU dining room.

On [REDACTED] 24, at 10:41 a.m., the resident had an unwitnessed fall in the SDCU living room.

On [REDACTED]/24, at 11:30 a.m., the resident had an unwitnessed fall in the living room when [REDACTED] attempted to stand and walk unassisted.

On [REDACTED] 24, at 6:30 p.m., the resident had an unwitnessed fall and was found on the floor in another resident's bedroom resulting in left shoulder pain.

On [REDACTED] 24, at 11:10 a.m., the resident had an unwitnessed fall and found on the floor against the wall outside of [REDACTED] bedroom resulting in redness to [REDACTED] upper back.

Resident #14, admitted to the home on [REDACTED] 19, has diagnoses of Dementia, pelvic fracture, and hypertension.

The resident's RASP, dated 12/10/23, indicates the resident is independent with transferring, toileting, ambulating, turning and positioning in bed/chair, dressing, bathing, and is not receiving assistance with these needs from the home.

However, on 1/17/24, resident #14 was screened for physical therapy, occupational therapy and speech therapy. The screening, completed by an occupational therapist, indicated the following areas of potential concern: "Lower body weakness, decreased balance, unsteady gait, increased assistance for transfer. Decreased activity tolerance, trouble with bathing/dressing, functional mobility difficulty, fall reduction, impaired safety awareness, impaired coordination, upper body weakness, poor positioning in chair/bed.

The resident's RASP was not updated to include how the home would meet these needs for ambulating, transferring, positioning, bathing, and dressing. Resident #14 did not receive this assistance, resulting in the following injurious fall:

On [REDACTED]/24, at 7:10 a.m., the resident had an unwitnessed fall and was found on [REDACTED] bedroom floor. The resident had swelling and hematoma on the back right side of the head and was complaining of head pain. The resident was sent to the hospital, then transferred to another hospital for a higher level of care due to a diagnosis of traumatic intraparenchymal hemorrhage.

42b - Abuse (continued)

The home is not following their policies and multiple residents who have had, and continue to have, falls in the home, and who are not having their needs met, are allowed to remain residing in the home.

Plan of Correction**Directed [REDACTED] - 04/12/2024)**

No policy exists in the home identifying falls as a reason to consider discharge from the community. Community policy states, "Our community attempts to provide an environment free from hazards that may cause falls." and does not identify that a resident will be considered for discharge due to falls.

Immediate Action:

- 1. Residents identified during inspection to have multiple falls will be evaluated with use of Mobility Management Assessment at community. Appropriate interventions will be identified and put in place for these residents individually and identified on their Resident Assessment and Support Plan.*
- 2. Resident Wellness Director and Executive Operations Officer will follow up with each family to review the violation and mobility assessment following assessment completion.*

Action to prevent further occurrence:

- 1. Team members to be educated on Regulation 20b. - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way by 5/12/2024.*
- 2. All residents will be reassessed for their appropriate level of supervision, need for transfer or ambulatory assistance by 5/30/2024 by [REDACTED]. Appropriate changes to be made to their Resident Support Plan and Assessment.*
- 3. Resident/Resident Responsible Parties will be made aware of changes made to RASP.*
- 4. EmpowerMe Wellness will continue to complete screenings for residents at risk for falls and communicate availability of services to resident/resident responsible party. Acceptance or Refusal of services will be documented by therapist.*
- 5. Individual incidents will be reviewed by [REDACTED] weekly for changes to resident needs, medical conditions, mobility, medications as it may contribute to falls. Findings during review will be communicated to physician and family. Communications will be documented in the resident records.*

Proposed Overall Completion Date: 05/30/2024

DIRECTED PLAN:

By 4/30/24: All staff persons shall receive training in resident neglect and abuse as well as resident fall prevention from a Department-approved outside source. Documentation of the trainings shall be kept.

Directed Completion Date: 05/30/2024

51 - Criminal Background Check**4. Requirements**

2600.

51 - Criminal Background Check (continued)

5 [REDACTED]

65i - Training Record

5. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training for fire safety does not include the name or source of the fire safety expert who provided the training.

Plan of Correction

Accept [REDACTED] - 04/12/2024)

Immediate Action: Executive Operations Officer will contact Unionville Fire Chief, [REDACTED], to request formal documentation verifying Annual Fire Safety Training that was completed with staff on 12/27/2023.

Action to prevent further occurrence:

- 1. Team members will be educated on Regulation 65.i - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept by 5/12/2024. Documentation of training will be provided following completion.

Proposed Overall Completion Date: 05/12/2024

At least annually, The administrator or designee shall review staff person training records as part of the quality management review process to ensure training records include all required content, including the source of the training. [REDACTED] 4/12/24

Licensee's Proposed Overall Completion Date: 05/12/2024

85d - Trash Receptacles

6. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/28/24, at 12:00 p.m., there was a 1/2 full, uncovered, unattended trash can in the main kitchen.

Plan of Correction

Accept [REDACTED] - 04/12/2024)

Immediate Action: Trash can lid applied to trash can during inspection with surveyor.

Action to prevent further occurrence:

85d - Trash Receptacles (continued)

1. Team members will be educated on Regulation 85.d - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents by 5/12/2024. Documentation of education to be provided once completed.
2. Cuisineur for each shift daily (6a-2:30p and 11a-7:30p) will be responsible for verifying that trash cans are covered appropriately throughout their shift. Cuisineur will initial Assignment Sheet at the end of their shift identifying that trash cans were covered throughout their shift.
3. Dining Services Director will review Assignment Sheets to verify that audits are being completed continuously throughout kitchen operation hours.

Licensee's Proposed Overall Completion Date: 05/12/2024

85e - Trash Outside Home

7. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/28/24, at 12:15 p.m., a black 55-gallon bag filled with trash was placed on the ground outside of the large dumpster.

Plan of Correction

Accept (████ - 04/12/2024)

Immediate Action: Bag of trash placed in the dumpster during inspection with surveyor.

Action to prevent further occurrence:

1. Team members to be educated on Regulation 85.e - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents by 5/12/2024.
2. Safety and Maintenance Engineer will complete daily check of area surrounding dumpster to ensure that surrounding area is free of trash.
3. Documentation of daily audit will be documented on audit form as confirmation of completion.

Licensee's Proposed Overall Completion Date: 05/12/2024

91 - Telephone Numbers

8. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers posted on or by multiple telephones in the home to include the telephone near resident room 201, and the shared common telephones in the Birch and Aspen neighborhoods.

Plan of Correction

Accept (████ - 04/12/2024)

Immediate Action: Emergency Telephone Number audit to be completed by 4/12/2024 to verify that each telephone in the community with an outside line has all required Emergency Telephone Numbers posted on or beside telephone.

Action to prevent further occurrence:

91 - Telephone Numbers (continued)

1. Team members to be educated on Regulation 91 - Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line by 5/12/2024.
2. Weekly audit of Emergency Telephone Numbers will be completed by Hospitality Associate assigned to area containing telephone with outside line. Additional Emergency Telephone Numbers will be accessible to each Hospitality Associate to allow for replacement as needed.
3. Audit will be documented on Hospitality Associate Assignment Sheets.
4. Executive Hospitality Associate will verify that audit has been completed by reviewing and initialing Assignment Sheets.

Licensee's Proposed Overall Completion Date: 05/12/2024

92 - Windows**9. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

Resident room [REDACTED] in the Birch neighborhood, resident room [REDACTED] in Spruce neighborhood, resident room [REDACTED] in Juniper neighborhood, and resident room [REDACTED] in the SDCU have operable windows which did not have screens.

Plan of Correction

Accept [REDACTED] - 04/12/2024)

Immediate Action: Complete audit of windows will be completed by 4/12/2024 to verify that all windows have screens. Window screens will be installed to all windows without screens by 4/30/2024.

Action to prevent further occurrence:

1. Team members to be educated on Regulation 92 - Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open by 5/12/2024.
2. Weekly audit of windows to include being in good repair and securely screened will be completed by Hospitality Associate assigned to areas containing windows.
3. Audit will be documented on Hospitality Associate Assignment Sheets.
4. Executive Hospitality Associate will verify that audit has been completed by reviewing and initialing Assignment Sheets.

Licensee's Proposed Overall Completion Date: 05/12/2024

103g - Storing Food**10. Requirements**

2600.

- 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 2/28/24, the following food items were open and unsealed:

- A 10-pound bag of frozen carrots in the walk-in freezer
- A 3-pound bag of frozen carrots in the walk-in freezer
- A 5-pound bag of penne pasta in the dry food storage

103g - Storing Food (continued)

Plan of Correction

Accept [REDACTED] - 04/12/2024)

Immediate Action: Food items that were opened and unsealed were immediately disposed of following discovery.

Action to prevent further occurrence:

1. Team members will be educated on Regulation 103.g - Food shall be stored in closed or sealed containers.
2. Cuisinier for each shift daily (6a-2:30p and 11a-7:30p) will be responsible for completing daily audit to ensure that all food is stored and sealed appropriately. Audit will be documented on Assignment Sheet.
3. Dining Services Director will review Assignment Sheets to verify that audit is being completed.

Proposed Overall Completion Date: 05/12/2024

Staff education shall be completed by 5/12/24. [REDACTED] 4/12/24

Licensee's Proposed Overall Completion Date: 05/12/2024

144c1 - Smoking Area Guidelines

11. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 11/6/23, at approximately 3:00 p.m., a visitor to the home was smoking on a second-floor balcony in the Juniper neighborhood of the home and threw a lit cigarette into a potted plant which resulted in a small fire on the balcony. This is not the home's designated smoking area.

Plan of Correction

Accept [REDACTED] - 04/12/2024)

Immediate Action: Notification of cause of fire sent to resident/resident responsible parties on 11/8/2023 including community smoking policy and identification of the designated smoking area at the community. Additional signage placed in vestibule of community with smoking policy and designated smoking area on 11/7/2024.

Action to prevent further occurrence:

1. Team members educated on fire safety and community smoking policy during training on 12/27/2024.
2. Weekly audit of patios/second-floor balconies to be completed by Hospitality Associate assigned to neighborhood. Audit will request that team member verify that patio/balcony is free of debris/dead plants/hazardous items.
3. Audit will be documented on Hospitality Associate Assignment Sheets.
4. Executive Hospitality Associate will verify that audit has been completed by reviewing and initialing Assignment Sheets.

144c1 - Smoking Area Guidelines (*continued*)

Licensee's Proposed Overall Completion Date: 05/12/2024

162c - Menus Posted

12. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 2/25/24 to 3/2/24 was posted. However, the advanced week of 3/3/24 to 3/9/24 was not posted.

Plan of Correction

Accept [REDACTED] - 04/12/2024)

Immediate Action: Menus for advanced week, 3/3/24 - 3/9/24, posted prior to completion of survey.

Action to prevent further occurrence:

- 1. Team Members to be educated on Regulation 162.c - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home by 5/12/2024.*
- 2. Dining Experience Director will verify week of, and advance week menu is posted by completing a weekly audit.*
- 3. Audit will be documented and initialed by DSD.*

Licensee's Proposed Overall Completion Date: 05/12/2024

184a - Resident's Meds Labeled

13. Requirements

2600.

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

Description of Violation

Resident #6's is prescribed Insulin Aspart Flexpen, inject 4 units subcutaneously three times per day before meals; however, the pharmacy label indicates inject 8 units subcutaneously before meals.

Repeat Violation: 2/14/23

Plan of Correction

Accept [REDACTED] - 04/12/2024)

Immediate Action: "Direction Change; Refer to MAR" sticker applied to Resident #6's Aspart Flexpen label to identify change in order and verification of MAR to Medication Associates.

Action to prevent further occurrence:

- 1. Team Members to be educated on Regulation 184.a by 5/12/2024. Documentation of training to be provided once complete.*
- 2. Complete audit of medications to be completed by 4/19/24 by Resident Wellness Director designee, who will verify that all pharmacy labels match medication cards and current physician orders. Any findings will be immediately corrected.*
- 3. Monthly medication audits will begin May 2024 to be conducted by RWD designee to confirm accuracy of labels and orders.*

184a - Resident's Meds Labeled (continued)

4. RWD will review audit after completion and address findings immediately.

Licensee's Proposed Overall Completion Date: 05/12/2024

225c - Additional Assessment**14. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #14's assessment, dated [REDACTED] 0/23, indicates the resident is independent with transferring, toileting, ambulating, turning and positioning in bed/chair, dressing, and bathing. However, the resident was evaluated by physical, occupational, and speech therapy, which indicated the resident needs assistance with transfer, balance, gait, bathing/dressing, and positioning in chair/bed. The assessment has not been updated to include these needs.

Plan of Correction

Directed [REDACTED] - 04/12/2024)

Please review date of therapy evaluation. Resident was not in the community at time inspection was completed, therefore, no assessment identifying changes was completed.

Proposed Overall Completion Date: 04/06/2024

DIRECTED PLAN:

By 4/30/24: The administrator or designee shall review all current resident assessments, including resident #14 if still residing in the home, to ensure all current personal care needs, including assistance with transferring, balance, gait, bathing/dressing, and positioning in chair/bed, are included.

By 4/30/24: The administrator or designee shall train direct care staff persons on regulation 225c as well as the home's procedure for ensuring resident assessments are kept current. Documentation of the training shall be kept.

[REDACTED] 4/12/24

Directed Completion Date: 04/30/2024