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

October 17, 2023

[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 09/28/2023 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**: *Dept L&I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *131* **Waking Staff**: *98*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *09/28/2023*

Inspection Dates and Department Representative

09/28/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *131* **Residents Served**: *94*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Forest Hills* **Capacity**: *19* **Residents Served**: *18*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *94*

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

Have Mobility Need: *37* **Have Physical Disability**: *0*

Inspections / Reviews

09/28/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/16/2023*

10/12/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/16/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/19/2023*

Inspections / Reviews *(continued)*

10/16/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/16/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/23/2023*

10/17/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *10/16/2023*

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]/23 at approximately [redacted] p.m., when staff person A arrived at the secure dementia care unit (SDCU) where staff person B was on duty, staff person B threw [redacted] keys on the kitchen counter and left the unit, saying – I'm leaving. I'm going home. I won't be back. Once [redacted] was gone, resident #1 reported that staff person B had told [redacted] to "[redacted] and was anxious and upset because [redacted] thought [redacted] had made [redacted] mad at [redacted]

SDCU resident #2 has a history of increasing problematic behavior that resulted in sexual abuse, including the following:

- *On [redacted]/23 at approximately [redacted] p.m., resident #2 was found in resident #3's bed when staff person C arrived to administer [redacted] medications. Resident #2 yelled and refused to leave the room.*
- *On [redacted]/23 at approximately [redacted] a.m., resident #2 was found by staff person C sleeping in resident #3's bed with resident #3 nearly falling out of the bed. Resident #2 refused to leave for approximately 15 minutes and was yelling and cursing during this time.*
- *On [redacted]/23 at approximately [redacted] p.m., resident #2 was sitting next to resident #4 on the couch in the common area when staff observed resident #2 touching resident #4 on [redacted] on top of [redacted] clothes. Resident #4 was seen pushing [redacted] hands away.*
- *On [redacted]/23 at approximately [redacted] p.m., staff person D observed resident #2 touching resident #3's [redacted] over [redacted] clothes while the two residents were sitting at a table together in the dining room.*

Plan of Correction ***Accept ([redacted] - 10/12/2023)***

Violation Review: 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 the Repair of the Immediate Problem: *After receiving the report from Resident #1, the manager on duty immediately pulled Staff Person B off the schedule and into [redacted] office to discuss the situation and to suspend Staff Person B. At the same time, the Charge Supervisor immediately reported the alleged incident to Area on Aging and followed all reporting procedures that are in place per our policies and per the regulation.*

The incident with Staff Person B throwing the keys on the counter and sharing they were going home and not coming back occurred after the manager on duty spoke to them about the situation and after suspended them. During the investigation, Staff Person B shared with the manager on duty that it was Resident #1 who told Staff Person B to [redacted]" However, according to Resident #1, they said that Staff Person B told them to [redacted] No witnesses were present; however, due to the report from Resident #1, Staff Person B was removed from the schedule, suspended, and then terminated the same day.

Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice?

42b - Abuse (continued)

Resident Abuse reporting policies and procedures and Resident Abuse trainings are already existent and in place at the home. All policies were followed immediately once Resident #1 communicated the incident to a staff person. Staff Person B was removed from the schedule/suspended immediately after learning of the alleged incident, Area on Aging was notified immediately, all required forms were completed, and all reporting policies were followed. Staff Person B received Resident Abuse and Resident Rights training on Day #1 of General Orientation on [redacted] 2023 (please see attached training). Staff Person B also received Memory Care training (Bridging the Gap to Greater Understanding) on [redacted], 2023 (please see attached).

b. Teaching or Training? *In addition to the home's existing Resident Abuse training that is part of General Orientation, quarterly staff meetings and on-line Resident Abuse trainings are also held throughout the year. However, in addition to our existing trainings, we implemented a Resident Abuse preventative training that teaches staff how to be proactive instead of reactive (please see attached) when it comes to preventing Resident Abuse in the home. On September 26th,through October 9th, 2023, the training was conducted in each department (please see attached). On September 29th, 2023, the training was conducted at a quarterly staff meeting (please see attached). Moving forward and effective immediately, all new hires will be trained in Department Orientation on the preventative training to help with coping techniques, breathing techniques, and how to safely walk away from a situation in efforts to be proactive and prevent Resident Abuse (please see attached). Record of the training will be kept in the Administrator's Office.*

c. On-going Monitoring? *Effective immediately, the Administrator and/or designee will conduct the Resident Abuse preventative training on all new hires, which will be in addition to the current training we provide, for the next 12 months. If effective, the training will continue beyond the 12 months. Documentation of the training will be kept in the Administrator's office. Starting on October 10th, 2023, the Activities Department will speak privately to 5 Residents per month (1 to 2 Residents per week) for the next 12 months to ensure Residents do not have any concerns while living in our community pertaining to Resident Abuse. Documentation (see attached) will be kept and stored in the Administrator's Office. Monthly questions pertaining to our Residents will be reviewed by the Administrator and/or designee in the home's monthly Quality Assurance Meetings so that progress can be measured per month starting in November of 2023, through October of 2024 (a copy of the Resident questions/responses form will be attached to the minutes). The Administrator will ensure the Resident Abuse preventative training is part of the quarterly staff meetings now and through October of 2024. The Administrator will be responsible to ensure that all efforts to prevent Resident Abuse is occurring monthly, quarterly, and through October 2024, per the home's plan.*

Designated position responsible and specify target date for correction: *The Administrator will be responsible to ensure that all efforts to prevent Resident Abuse is occurring monthly, quarterly, and through October 2024, with the assistance of a designee and the Activities Department.*

Licensee's Proposed Overall Completion Date: *10/10/2024*

Implemented [redacted] - 10/17/2023)

42t - File Complaints

2. Requirements

2600.
42.t. A resident has the right to file complaints with any individual or agency and recommend changes in policies, home rules and services of the home without intimidation, retaliation or threat of discharge.

42t - File Complaints *(continued)*

Description of Violation

On [redacted]/23 at approximately [redacted] p.m., when staff person A arrived at the SDCU where staff person B was on duty, staff person B threw [redacted] keys on the kitchen counter and left the unit, saying – I'm leaving. I'm going home. I won't be back. Once [redacted] was gone, resident #1 reported that staff person B had told [redacted] to [redacted] " and was anxious and upset because [redacted] thought [redacted] had made [redacted] mad at [redacted]. Staff person B was called immediately to the manager's office and suspended; however, [redacted] was permitted to return unsupervised to the SDCU to gather [redacted] belongings before [redacted] left. A few minutes later, [redacted] was in the home's smoking area and then returned to the SDCU unsupervised a second time to retrieve [redacted] coffee cup. While there, [redacted] told staff person E - Now I am really going to tell resident #1 to [redacted] went to the door of [redacted] bedroom, where the resident was present, opened it, and told the resident [redacted] wanted to talk to [redacted] in the other room, and then [redacted] left. The resident came to [redacted] doorway and asked staff person E - where did staff person B go? [redacted] wanted to talk to me in the other room. Staff person E told [redacted] that staff person B had left for the day.

Plan of Correction ***Accept [redacted] - 10/16/2023)***

Violation Review: 42.t *A resident has the right to file complaints with any individual or agency and recommend changes in policies, home rules and services of the home without intimidation, retaliation or threat of discharge.*

On [redacted]/23 at approximately [redacted] p.m., when staff person A arrived at the SDCU where staff person B was on duty, staff person B threw [redacted] keys on the kitchen counter and left the unit, saying – I'm leaving. I'm going home. I won't be back. Once [redacted] was gone, resident #1 reported that staff person B had told [redacted] to [redacted] and was anxious and upset because [redacted] thought [redacted] had made [redacted] mad at [redacted]. Staff person B was called immediately to the manager's office and suspended; however, [redacted] was permitted to return unsupervised to the SDCU to gather [redacted] belongings before [redacted] left. A few minutes later, [redacted] was in the home's smoking area and then returned to the SDCU unsupervised a second time to retrieve [redacted] coffee cup. While there, [redacted] told staff person E - Now I am really going to tell resident #1 to [redacted] went to the door of [redacted] bedroom, where the resident was present, opened it, and told the resident [redacted] wanted to talk to [redacted] in the other room, and then [redacted] left. The resident came to [redacted] doorway and asked staff person E - where did staff person B go? [redacted] wanted to talk to me in the other room. Staff person E told [redacted] that staff person B had left for the day.

Description of the Repair of the Immediate Problem: *After learning of the alleged report from Resident #1, and while the Wellness Team was immediately contacting Area on Aging to report the alleged incident per our reporting protocols, regulation, and policies, Staff Person B was immediately removed from the schedule and called immediately to the manager's office. The manager told Staff Person B that they were immediately being removed from the schedule, being suspended due to the alleged report, and needed to leave the premises. However, at no point did the manager give Staff Person B permission to return to the SDCU unit, unsupervised, nor did Staff Person B communicate that they needed to return to the unit after being asked to leave the premises. Due to confidentiality, Staff Person E was not made aware of the situation and did not know the alleged incident occurred moments prior. During the investigation, Staff Person B shared that Resident #1 told them to [redacted] and per Resident #1, Staff Person B told them to [redacted] Regardless, Staff Person B was suspended, removed from the schedule, and then terminated the same day due to Resident B's report.*

Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice?

42t - File Complaints (continued)

Per the home's policies, if a Staff Person is suspended, removed from the schedule, or terminated, they are to be supervised the entire time until they physically leave the premises to ensure the staff person does not come back into the home or back on the property (please attached). In addition, if a staff person is terminated, they are banned from the home and no longer permitted on the premises moving forward.

b. Teaching or Training? *All managers were retrained on the home's policy when it comes to suspensions and terminations on October 9th, 2023, by the Administrator (see attached). Record of the training will be kept in the Administrator's office.*

c. On-going Monitoring? *If a staff person is suspended or terminated from the home, the manager will supervise and monitor the staff person, the entire time, until they are completely off the premises/property. A copy of the home's policy was placed in the Manager on Duty binder for all members of leadership in the home. The manager will notify the Administrator to ensure all steps were followed for the safety of the community. Starting on October 10th, 2023, the Activities Director will speak privately to 5 Residents per month (1 to 2 Residents per week) for the next 12 months to ensure Residents do not have any concerns while living in our community pertaining to Resident Abuse. Documentation (see attached) will be kept and stored in the Administrator's Office. Residents are informed of Resident Rights as well as provided a copy of the rights during the admission process. When reviewing the Resident Rights during the admission process, the home educates the Resident and/or family on the right that 'A Resident has the right to file complaints with any individual or agency and recommend changes in the policies, home rules and services of the home without intimidation, retaliation or threat of discharge' (please see page 19 of the Resident Handbook attached). The Resident Rights are also publicly posted in the home as well. On October 24th, at 2pm during Resident Council, the Administrator will educate the Residents on the right that they can file a complaint without retaliation from the home. The education will be documented in the minutes.*

Designated position responsible and specify target date for correction: *October 9th, 2023, and moving forward, managers are responsible for ensuring a suspended and terminated staff person is supervised until they completely leave the premises/property. The Administrator will be notified to ensure all steps were followed.*

Licensee's Proposed Overall Completion Date: *10/24/2023*

Implemented [redacted] 10/17/2023)

225c - Additional Assessment

3. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #2's most recent assessment, dated [redacted]/23, indicates the resident has no problem with wandering; however:

- *On [redacted]/23 at approximately [redacted] p.m., resident #2 was found in resident #3's bed when staff person C arrived to administer resident #3's medications. Resident #2 yelled and refused to leave the room.*
- *On [redacted]/23 at approximately [redacted] a.m., resident #2 was found by staff person C sleeping in resident #3's bed with resident #3 nearly falling out of the bed. Resident #2 refused to leave for approximately 15 minutes and was yelling and cursing during this time.*
- *On [redacted]/23 at approximately [redacted] p.m., resident #2 was found sleeping alone in resident #3's bed.*

225c - Additional Assessment (continued)

REPEAT VIOLATION: 8/25/2023

Plan of Correction ***Accept [redacted] - 10/12/2023)***

Violation Review: 2600.225.c *The resident shall have additional assessments as follows:*
1. Annually.

Description of the Repair of the Immediate Problem: *The 225.c violation was not discussed by the BHSL surveyor on September 28th, 2023, to the home. No immediate repair was completed due to the home being unaware of receiving the violation during the exit. Resident #2's RASP was updated on October 9th, 2023 (please see attached).*

Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice? *For the wandering section, the description under the word wandering is described as exit seeking on the RASP, which is how the home was interpreting this section - someone who is exit seeking in the home. This is why Resident #2's current RASP was marked as 'no problem' under wandering, since they do not have any exit seeking tendencies in the SDCU program due to the home's interpretation of the section.*

Resident #2's current RASP did reflect that they need moderate supervision in the home due to their agitation and behaviors that were identified. The current RASP is also marked as 'moderate' for agitation. The current RASP also reflects that 15-minute checks are in place since Resident #2 does become agitated with staff and other Residents in the home as well as due to their behaviors that have been identified. On October 9th, and 10th, 2023, Resident #2's RASP was updated and now reflects Resident #2's wandering in the SDCU unit as well as the plan to redirect in efforts to prevent agitation (please see attached RASP regarding Resident #2). After auditing RASPs for all SDCU Residents on October 10th, 2023, RASPs will be updated for accuracy and completeness by identifying which Residents in the SDCU may become frustrated or mad if another Resident wanders into their apartment as well as Residents who typically wander into other apartments. The updates will be completed by Friday, October 20th, 2023, now that the home understands how the wandering section is being interpreted. Please see attached RASPs for verification of the updates that have already been completed). For Senior Living, we do not currently have a Resident who wanders (exit seeks and/or wanders into other areas of the home); therefore, no updates are needed at this time.

b. Teaching or Training? *The Administrator was educated on the interpretation and expectation on this section of the RASP by BHSL on October 10, 2023. The Administrator then educated the Resident Wellness Director, who is responsible for completing each RASP in the home, on October 10th, 2023.*

c. On-going Monitoring? *The Resident Wellness Director is responsible for all Resident RASPs in the home. When completing a RASP for a Resident in the SDCU, the Resident Wellness Director will now ensure that the wandering section not only reflects exit seeking but also wandering in the home. The Resident Wellness Director will also ensure that all RASPs are accurate and completed with any updates that are needed as the Resident(s) change so that each RASP is individualized. When reviewing each RASP and DME, the Administrator will ensure that RASPs are individualized to the changes of each Resident and will ensure this section of the RASP reflects both concerns.*

Designated position responsible and specify target date for correction: *The Resident Wellness Director and Administrator October 20th, 2023, and moving forward.*

225c - Additional Assessment (continued)

Licensee's Proposed Overall Completion Date: *10/20/2023*

Implemented [redacted] 10/17/2023)