

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

July 25, 2024

[REDACTED] PRESIDENT/COO  
TITHONUS GREENSBURG LP

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 05/29/2024, 05/30/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *NEWHAVEN COURT AT LINDWOOD* License #: 42936 License Expiration: 06/10/2025  
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: 6 [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: 0 Total Daily Staff: 126 Waking Staff: 95

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Incident* Exit Conference Date: 05/30/2024

**Inspection Dates and Department Representative**

05/29/2024 - On-Site: [REDACTED]  
05/30/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 131 Residents Served: 97

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Lifestories* Capacity: 19 Residents Served: 17

**Hospice**

Current Residents: 5

**Number of Residents Who:**

Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 97  
Diagnosed with Mental Illness: 28 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 29 Have Physical Disability: 0

**Inspections / Reviews**

**05/29/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 07/01/2024

**07/09/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 07/25/2024  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 07/31/2024

Inspections / Reviews *(continued)*

07/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 65i - Training Record

**1. 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 annual direct care staff training does not include the duration of the trainings completed during the 1/1/23 - 12/31/23 annual training year.*

**Plan of Correction**

Accept (█ - 07/09/2024)

**Violation Review: 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.

**Violation Interpretative Statement:** *The home's record of annual direct care staff training does not include the duration of the trainings completed during the 1/1/23-12/31/23 annual training year.*

**Description of the Repair of the Immediate Problem:** *After the home's Administrator and Administrative Services Director revisited the 1/1/23-12/31/23 annual training binder following the inspection, the training record that displays the staff person trained, date, source, content, and length of each course was already in the binder but was located in a different section in the binder. The existent training was also confirmed by the Regional Administrative Services Director in which they sent us the exact same report that matched the existing report in the binder. An email was sent to the inspector on 6/4/2024 showing/verifying the report as well as the date it was exported which was on 1/1/24; however, it was too late. Please see attached email for verification. Please also see attached training that was exported on 1/1/24.*

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

**a. Changing practice?** *Moving forward, the Administrative Services Director and/or Administrator will be sure to show the inspector(s) the exact location of the annual training year report in the training binder for review.*

**b. Teaching or Training?** *No teaching or training needed since the correct report was already available in the training binder and confirmed correct.*

**c. On-going Monitoring?** *The Administrative Services Director and/or Administrator will continue to make sure the annual training year trainings are present in the training binder and will show the inspector the location of the trainings upon request. The Administrative Services Director and Administrator will continue to monitor monthly.*

**Designated position responsible and specify target date for correction.** *Correction date and confirmation of the training was on 6/4/2024 by the Administrative Services Director, Regional Administrative Services Director, and Administrator. Please see attached training that was exported on 1/1/24, which was already in the training binder but located in a different section.*

## 65i - Training Record (continued)

Licensee's Proposed Overall Completion Date: 06/28/2024

Implemented ( ) - 07/25/2024)

## 81b - Resident Personal Equipment

## 2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

On 5/29/24. the enabler device on resident #1's bed was unsecured and could be moved back and forth approximately 2"-3", posing an entrapment/fall hazard.

**Plan of Correction**

Accept ( ) - 07/09/2024)

**Violation Review: 2600.81.b.** Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Violation Interpretative Statement:** On 5/29/24, the enabler device on resident #1's bed was unsecured and could be moved back and forth approximately 2" – 3", posing an entrapment/fall hazard.

**Description of the Repair of the Immediate Problem:** The enabler on #1's bed was immediately fixed by the Safety and Maintenance Engineer on 5/29/24 after it was brought to their attention. All other enablers in the home were securely fastened to the bed frame after an audit was completed on 5/29/24 by the Administrator. We learned a staff person placed the enabler on #1's bed and did not secure it properly.

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

**a. Changing practice?** Moving forward, only the Safety and Maintenance Department will secure enablers to Resident beds if ordered by the Resident's physician and when applicable. Staff will not be permitted, moving forward, to install enablers so that home can ensure the enablers are installed correctly. Staff will complete a work order in TELs when an enabler needs to be installed for the Safety and Maintenance Department.

**b. Teaching or Training?** The managers were educated by the Administrator on 6/19/2024 that only the Safety and Maintenance Department are permitted to install enablers in the home and that a work order in TELs will be completed. Training and signatures are attached for verification. A Quarterly Staff Meeting is scheduled on 7/23/2024 and 7/24/2024 in which the Administrator will educate all staff that the installation of all enablers will be completed by the Safety and Maintenance Department only. Verification of the training as well as signatures will be attached at this time.

**c. On-going Monitoring?** A monthly TELs task for the Safety and Maintenance Department to check all enablers in the home for safety was added by the Regional Safety and Maintenance Engineer in TELs on 6/23/24. The task will be a monthly check for the Safety and Maintenance Department to check all enablers in the home and ensure all are secure.

**Designated position responsible and specify target date for correction**

81b - Resident Personal Equipment (continued)

. Immediate repair of the enabler was on 5/29/24 by the Safety and Maintenance Department. The inspector was notified of the repair as well. Please see attached pictures for verification and confirmation. Training will be completed by 7/24/2024.

Licensee's Proposed Overall Completion Date: 07/24/2024

Implemented ( ) - 07/25/2024)

101o - Walls, Floors, Ceilings

3. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 5/29/24 there were four 2" X 2" holes in the drywall behind a reclining chair in bedroom #104.

On 5/29/24 there was a 4" X 5" hole in the wall behind the bed in bedroom #102.

Plan of Correction

Accept ( ) - 07/09/2024)

**Violation Review: 2600.101.o.** The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

**Violation Interpretative Statement:** On 5/29/24 there were four 2" x 2" holes in the drywall behind a reclining chair in bedroom #104. On 5/29/24, there was a 4" x 5" hole in the wall behind the bed in bedroom #102.

**Description of the Repair of the Immediate Problem:** The Safety and Maintenance Department immediately repaired the holes in the wall in both #102 and #104 apartments after the concern was brought to their attention by the inspector. The holes were created by a recliner in #104 and by a bed in #102. A work order was submitted for #102 on the morning of 5/29/24 and on the day the inspectors arrived; however, the Safety and Maintenance Department was not able to get to the work order prior to the physical walkthrough with the inspector. A work order for #104 was not found. Please see attached work order for #102.

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

**a. Changing practice?** Staff will continue to submit work orders to the Safety and Maintenance Department to ensure walls, floors, and ceilings are in good repair and fixed/corrected, when applicable, within 1 week from submission.

**b. Teaching or Training?** All staff will be re-educated and trained by the Administrator to continue to submit work orders timely for all wall, floor, or ceiling that needs repaired by the Safety and Maintenance Department in the Quarterly Staff Meeting on 7/23/2024 and 7/24/2024. Verification of the training as well as signatures will be attached at this time.

101o - Walls, Floors, Ceilings (continued)

**c. On-going Monitoring?** The Safety and Maintenance Department is responsible for all needed repairs in the home. In addition to the Safety and Maintenance Department, staff are responsible to submit timely work orders in TELs to alert them of any concern in the home that needs repaired/attention by the Safety and Maintenance Department.

**Designated position responsible and specify target date for correction.** The holes in the wall were repaired immediately on 5/29/2024 by the Safety and Maintenance Department. The surveyor was notified of the repair while on site. Please see attached pictures for verification and confirmation. Training will be completed by 7/24/2024.

Licensee's Proposed Overall Completion Date: 07/24/2024

Implemented ( [redacted] ) - 07/25/2024)

224a - Preadmission Screen Form

4. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted [redacted] however, the resident's preadmission screening form does not indicate the date the form was completed. This section of the form is blank.

Plan of Correction

Accept ( [redacted] ) - 07/09/2024)

**Violation Review: 2600.224.a.** A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Violation Interpretative Statement:** Resident #2 was admitted on [redacted] however, the resident's preadmission screening form does not indicate the date the form was completed. This section of the form was blank.

**Description of the Repair of the Immediate Problem:** The Administrator immediately pulled both the business chart and medical file of Resident #2 to review the preadmission screenings. The preadmission screening in the medical file had a completion date of [redacted] however, the preadmission screening in the business chart did not have a completion date. The Administrator wrote the date of [redacted] in the completion section to match the existing preadmission screening date already reflected in the medical file. Please see attached preadmission screening to verify the completion date.

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

a. Changing practice?

**224a - Preadmission Screen Form (continued)**

The marketing department will continue to be responsible for filling out the preadmission screenings to its entirety per the regulation. The Administrator conducted a full preadmission screening audit on all business charts and medical files on 6/5/2024. Please see attached audit for verification and confirmation.

**b. Teaching or Training?** The marketing department was educated during the inspection by the Administrator as to what was found on the preadmission screening for Resident #2 on 5/30/24. The preadmission screening form from [REDACTED] concerning Resident #2, was from a marketer who is no longer employed at the home.

**c. On-going Monitoring?** After the marketing department finalizes a business chart following an admission, the business chart will be given to the Administrator for final approval in which the Administrator will also compare all information in the business chart to the medical file for completion and consistency. Any concerns found will be corrected at that time.

**Designated position responsible and specify target date for correction.** The preadmission screening was immediately fixed on 5/30/24 by the Administrator. Please see Resident #2's attached preadmission screen as well as additional preadmission screenings (of most recent admissions) to verify compliance is being met moving forward.

Licensee's Proposed Overall Completion Date: 06/28/2024

Implemented ([REDACTED] - 07/25/2024)