

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

October 8, 2024

[REDACTED]
TITHONUS GREENSBURG LP

[REDACTED]
C/O INTEGRACARE CORP
[REDACTED]

RE: NEWHAVEN COURT AT LINDWOOD
100 FREEDOM WAY
GREENSBURG, PA, 15601
LICENSE/COC#: 42936

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2024 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,
[REDACTED]

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: [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: *139* Waking Staff: *104*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/29/2024*

Inspection Dates and Department Representative

08/12/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *131* Residents Served: *99*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *19* Residents Served: *17*

Hospice
 Current Residents: *18*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *99*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *40* Have Physical Disability: *0*

Inspections / Reviews

08/12/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/27/2024*

09/24/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/27/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/21/2024*

Inspections / Reviews *(continued)*

10/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/27/2024

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

During an argument on [REDACTED] at [REDACTED] resident [REDACTED] scratched resident [REDACTED] forearm. As a result, resident [REDACTED] had scratches on [REDACTED] forearm. Resident [REDACTED] then bent resident [REDACTED] wrist backwards. As a result, resident [REDACTED] had red marks on [REDACTED] wrist.

Plan of Correction

Accept [REDACTED] 09/23/2024)

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

Violation Interpretative Statement: During an argument on [REDACTED] at [REDACTED], Resident [REDACTED] scratched Resident [REDACTED] forearm. As a result, Resident [REDACTED] had scratches on [REDACTED] forearm. Resident [REDACTED] then bent Resident [REDACTED] wrist backwards. As a result, Resident [REDACTED] had red marks on [REDACTED] wrist.

Description of the Repair of the Immediate Problem: Resident [REDACTED] is no longer at the community. Resident [REDACTED] and Resident [REDACTED] are [REDACTED] and resided in our Memory Care program in the same apartment. At the time of the alleged incident, Resident [REDACTED] and Resident [REDACTED] were in their shared apartment. Both Resident [REDACTED] and Resident [REDACTED] reported the alleged incident that was unwitnessed by staff. When Resident [REDACTED] and Resident [REDACTED] shared with a staff person what allegedly happened, even though the incident was unwitnessed in which we could not verify what truly took place or when, out of an abundance of precaution, both Residents were immediately separated, and 15 minutes checks were implemented on both Residents. The staff person immediately reported the alleged incident to the Charge Supervisor. The Charge Supervisor immediately reported the incident to Adult Protective Services and to the Bureau of Human Services Licensing per our regulatory requirement. All steps set forth, such as our reporting procedure, was immediately followed and followed through per protocol. Resident [REDACTED] and Resident [REDACTED] did not have any previous alleged physical incidents nor were there any recent concerns presented between the two prior to the alleged incident. Both Resident [REDACTED] and [REDACTED] had an excellent marriage and life together and often shared their love and fondness for one another to others. No concerns, leading up to the alleged incident, were present or identified which would have prevented the alleged incident from occurring. Please see attached APS report and supporting documentation.

Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice? Resident [REDACTED] and Resident [REDACTED] were immediately separated. Resident [REDACTED] was moved to a different apartment. They each wanted to spend time together during the day (with continued 15 minutes checks) but had separate sleeping quarters at night. No further concerns or issues occurred between Resident [REDACTED] and [REDACTED] following the alleged incident. When the Charge Supervisor questioned both Resident [REDACTED] and Resident [REDACTED] immediately following the alleged incident, both Resident [REDACTED] and [REDACTED] denied any incident/altercation occurred. Both denied any pain, injury, physical contact, or concern.

b. Teaching or Training?

42b - Abuse (continued)

A Resident-to-Resident Prevention training (please see attached), for all staff, was created by the Administrator. All staff will be trained on the Resident-to-Resident Prevention training by September 30th, 2024, by the Administrator and/or designee. The training will be conducted on all new hires, during Team Member Quarterly Meetings throughout the year, and reviewed during monthly Safety Committees from now through December 31, 2025. In addition, should any future Resident-to-Resident altercation occur in the Memory Care program in which prior warning signs did not occur to help us prevent the situation from occurring (similar to Resident [REDACTED] and Resident [REDACTED] alleged incident), the home will continue to be transparent as well as work with the physician to review the medication list to see if any adjustments are needed. Also, in the interim, the home will continue to make sure daily programming is occurring and the activity calendar is being adhered to for Resident stimulation. Participation will continue to be documented.

On-going Monitoring? The Charge Supervisor, Memory Care Director, Administrator, and Resident Wellness Director will ensure that shift change report is occurring on each shift in the unit, Residents of any concern are being discussed and reported to the appropriate individuals for follow up, and Residents, of any concern, are being monitored daily and reported to the Wellness Department for follow up to the physician for proactive measures. The Administrator and/or designee will ensure the Resident-to-Resident Prevention training is occurring on all new hires, during Quarterly Staff Meetings, and in monthly Safety Committees. All trainings will be stored in a binder for verification in the Administrator's office.

Designated position responsible and specify target date for correction. The Charge Supervisor, Memory Care Director, Administrator, Resident Wellness Director, and all staff are responsible for the safety of all Residents living in the home. Initial training will be completed by September 30th, 2024, and will be attached at that time for verification purposes. Training will be ongoing from now until December 31st, 2025.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] - 10/08/2024)