

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

June 26, 2025

[REDACTED]
TITHONUS BUTLER LP

[REDACTED]
C/O INTEGRACARE CORP
[REDACTED]

RE: NEWHAVEN COURT AT CLEARVIEW
100 NEWHAVEN LANE
BUTLER, PA, 16001
LICENSE/COC#: 42346

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/15/2025 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 CLEARVIEW* License #: *42346* License Expiration: *12/26/2025*
 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: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *129* Waking Staff: *97*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *04/15/2025*

Inspection Dates and Department Representative

04/15/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *115* Residents Served: *98*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Life Stories* Capacity: *18* Residents Served: *17*

Hospice
 Current Residents: *9*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *95*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *31* Have Physical Disability: *0*

Inspections / Reviews

04/15/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2025*

05/14/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/26/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/02/2025*

Inspections / Reviews *(continued)*

06/26/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/26/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

When residing on the 2nd floor, resident [REDACTED] sustained falls on the following dates: [REDACTED], twice on [REDACTED], twice on [REDACTED], and on [REDACTED] fall resulted in the need for hospitalization, surgery, and rehab services. While the resident was discharged from physical therapy services on [REDACTED] due to non-compliance, the home did not provide adequate supervision nor assistance with transfers to meet the residents needs based on multiple interviews and the resident support plan.

Plan of Correction

Accept ([REDACTED] - 05/14/2025)

Short Term Actions

1. Enhanced Resident Supervision

1.1 Action Steps: Ensure safety and prevent further falls for resident [REDACTED]

1.2 Steps:

- Review and revise resident [REDACTED] current assessment and support plan to include increased supervision and assistance with ADLs.
- Resident [REDACTED] was relocated to a higher level of care neighborhood within our community on 3/24/25 to ensure increased supervision and assistance.

1.3 Responsible Party: Resident Wellness Director/Designee

1.4 Time line: Completed on 3/24/25.

2. Staff Training on ADL Assistance

2.1 Action Steps: Equip staff with the necessary skills to assist residents with ADLs effectively.

2.2 Steps:

- Conduct training sessions focusing on ADL assistance and proper transfer techniques, including but not limited to appropriate interventions and attempts at redirection at times of noncompliance.
- Documentation of training will be maintained.

2.3 Responsible Party: Executive Operations Officer/Designee

2.4 Time line: To be completed on 5/28/25

Long Term Actions

1. Regular Assessment Reviews

1.1 Action Steps: Maintain up-to-date understanding of each resident's ADL needs and adjust support plans accordingly.

1.2 Steps:

- Resident assessments to be reviewed every 6 months, updating when necessary due to resident status change.
- Residents of concern will be reviewed at the community Quality Management Monthly Meeting.
- Resident falls will be reviewed at the community Quality Management Monthly Meeting focusing on trends of residents with frequent falls. Weekly Fall Review conducted with in-house therapy team to identify resident falls occurring that week to ensure the opportunity for interventions is maximized.
- Quality Management and Weekly Fall Review documentation will be maintained.

1.3 Responsible Party: Resident Wellness Director/Executive Operations Officer

1.4 Time line: Implemented 5/5/25

23a Activities of Daily Living Assistance (continued)

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented [REDACTED] 06/26/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] was prescribed the following 9:00 a.m. medications:

[REDACTED]

However, on [REDACTED], at approximately 8:30 a.m., staff person A administered resident [REDACTED] medication to resident [REDACTED] to include the following:

[REDACTED]

Plan of Correction

Accept [REDACTED] - 05/14/2025)

Short Term Actions

1. Immediate Medication Review and Correction

1.1 Action Steps: To correct the administration error and ensure Resident [REDACTED] receives the correct medications promptly.

1.2 Steps:

- Resident [REDACTED] and Resident [REDACTED] administered the correct medications per physician order.

1.3 Responsible Party: Executive Operations Officer

1.4 Time line: Completed 3/5/25

2. Staff Training on Medication Administration

2.1 Action Steps: Ensure all Medication Associates/LPN Supervisor's understand proper medication administration procedures.

2.2 Steps:

- Conduct an immediate training session on medication administration protocols with all staff involved in

187d Follow Prescriber's Orders (continued)

medication distribution, emphasizing the importance of verifying resident identity and medication orders prior to administration.

- Documentation of training will be maintained.

2.3 Responsible Party: Resident Wellness Director/Designee

2.4 Time line: to be completed by 5/28/25.

Long Term Actions

1. Ongoing Medication Administration Audits

1.1 Action Steps: Continuously monitor medication administration to prevent future errors.

1.2 Steps:

- Implement monthly audits of medication administration records for accuracy, as well as reviews of medication exceptions for missed medications to ensure proper medication management and appropriate reporting.

- Documentation of audits will be maintained.

1.3 Responsible Party: Executive Operations Officer/Designee

1.4 Time line: To be implemented 5/15/25

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented [redacted] - 06/26/2025)