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

September 9, 2025

[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 07/22/2025 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 LINDWOOD* **License #**: *42936* **License Expiration**: *06/10/2026*

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**: *138* **Waking Staff**: *104*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *07/22/2025*

Inspection Dates and Department Representative

07/22/2025 - 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**: *Life Stories* **Capacity**: *19* **Residents Served**: *14*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *97*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *41*

Have Physical Disability: *0*

Inspections / Reviews

07/22/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/28/2025*

09/04/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/04/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/09/2025*

Inspections / Reviews *(continued)*

09/09/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/04/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately, 7:45 pm., resident [redacted] confronted resident [redacted] for being in the kitchen area of the secured dementia care unit. Resident [redacted] became upset and walked up to resident [redacted] and hit [redacted] on the upper arm. Resident [redacted] yelled at resident [redacted] as staff attempted to intervene in the incident. Resident [redacted] was asked to leave the kitchen area and was escorted by staff to [redacted] bedroom. As staff escorted resident [redacted] to the bedroom, resident [redacted] saw resident [redacted] and smacked resident [redacted] on the upper arm. Resident [redacted] asked resident [redacted] "What was that for?" Resident [redacted] continued to walk into [redacted] bedroom. However, this allegation of abuse was not verbally reported to the local Area Agency on Aging until [redacted].

Plan of Correction ***Accept [redacted] - 09/04/2025)***

Violation Review: *The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act and comply with the requirements regarding restrictions on staff persons.*

Violation Interpretative Statement: *On [redacted] at approximately 7:45 pm Resident [redacted] confronted Resident [redacted] for being in the kitchen area of the secured dementia care unit. Resident [redacted] became upset and walked up to Resident [redacted] and hit [redacted] on the upper arm. Resident [redacted] yelled at Resident [redacted] as staff attempted to intervene in the incident. A staff escorted Resident [redacted] to the bedroom, Resident [redacted] saw Resident [redacted] and smacked Resident [redacted] on the upper arm. Resident [redacted] asked Resident [redacted] 'What was that for?" Resident [redacted] continued to walk into [redacted] bedroom. However, this allegation of abuse was not verbally reported to the local Area on Agency until [redacted]*

Description of the Repair of the Immediate Problem: *The allegation of alleged abuse was not reported immediately per policy. On 5/7/2025, the Resident Wellness Director discovered that an incident occurred in our secured dementia care unit and immediately alerted the Administrator of the home. Although late, the home was transparent about the incident that occurred on 5/6/2025 (resulting in no injury or mental anguish) and called Adult Protective Services immediately after becoming aware of the incident. The home also immediately did a report to BHSL in full transparency as well as sent BHSL a plan of correction/action plan along with the report. The home has an excellent track record with reporting allegations immediately. The staff who intervened in the incident on 5/6/2025 immediately reported the concern to the Charge Supervisor; however, the Charge Supervisor failed to follow through with our immediate reporting procedures to Adult Protective Services. The Charge Supervisor who failed to report the alleged allegation, immediately, is no longer a Charge Supervisor in the home.*

Detail Action Steps / System Developed to prevent future occurrence:
Changing practice: *Below is a list of procedures/measures already in place at the home:*

1. *Resident Abuse Reporting and Resident Abuse Prevention trainings by the Administrator/designee in General Orientation for all new hires*

2. *Standard company training on Resident Abuse in General Orientation on Day [redacted]*

3.

15a - Resident Abuse Report (continued)

Resident Abuse Reporting and Abuse Prevention training by the Administrator/designee in Quarterly Team Member Meetings

4. *Monthly Resident Abuse questions on 5 random Residents per month to ensure Residents are free from abuse in the home*

5. *Annual Senior Living University Resident Abuse trainings*

6. *Resident Abuse Reporting packets located in each department that gives step by step instructions on what to do should Resident*

Abuse occur

In addition to the above, Resident Abuse Reporting and Abuse Prevention will also be trained monthly, in each department, by the director of the department.

Teaching or Training: *All staff were re-educated on Resident Abuse Reporting and Resident Abuse Prevention, by the Administrator, on May 12, 2025. Staff were also re-trained on the measures that are already in place and made aware of the new measure that will occur monthly along with their standard monthly meeting.*

On-going Monitoring: *The Administrator of the home will continue to monitor the following measures already in place:*

1. *Resident Abuse Reporting and Resident Abuse Prevention trainings by the Administrator/designee in General Orientation for all*

new hires

2. *Standard company training on Resident Abuse in General Orientation on Day #1 for all new hires*

3. *Resident Abuse Reporting and Resident Abuse Prevention training by the Administrator/designee in Quarterly Team Member*

Meetings

4. *Monthly Resident Abuse questions on 5 random Residents per month to ensure Residents are free from abuse in the home*

5. *Annual Senior Living University Resident Abuse trainings*

6. *Resident Abuse Reporting packets located in each department that gives step by step instructions on what to do should Resident*

Abuse occur

7. *Monthly departmental Resident Abuse Reporting and Resident Abuse Prevention training, per month, by the designated director of*

the department

The Administrator of the home oversees the above measures and is responsible for ensuring these measures are in place weekly, monthly, and quarterly. All trainings are available upon request. Attached, please find the following for verification:

1. *Sample and verification of Resident Abuse Reporting and Resident Abuse Prevention the week of General Orientation for all new*

hires

2. *Sample and verification of company Resident Abuse training on Day #1 of General Orientation for all new hires*

3.

15a Resident Abuse Report (continued)

Sample and verification of Resident Abuse Reporting and Resident Abuse prevention in quarterly Team Member meetings for new

hires and existing staff

4. *Monthly Resident Abuse questions on 5 random Residents per month for all new hires and existing staff*

5. *Resident Abuse Reporting Packet*

6. *Monthly departmental Resident Abuse Reporting and Resident Abuse Prevention training for all new hires and existing staff*

7*. Final report provided to BHSL*

Designated position responsible and specify target date for correction: *Immediately and ongoing. Retraining on Resident Abuse reporting took place on May 12, 2025. The Administrator oversees all Resident Abuse trainings and measures in the home and is responsible for ensuring all measures are fully met.*

Licensee's Proposed Overall Completion Date: *08/20/2025*

Implemented [redacted] ***09/09/2025)***