

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

September 15, 2025

[REDACTED], EXECUTIVE DIRECTOR
PASSAVANT RETIREMENT AND HEALTH CENTER
[REDACTED]

RE: PASSAVANT RETIREMENT & HEALTH
CENTER - NEWHAVEN COURT
100 BURGESS DRIVE
ZELIENOPLE, PA, 16063
LICENSE/COC#: 42406

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2025, 07/24/2025 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: *PASSAVANT RETIREMENT & HEALTH CENTER - NEWHAVEN COURT* License #: *42406* License Expiration: *09/19/2025*

Address: *100 BURGESS DRIVE, ZELIENOPLE, PA 16063*

County: *BUTLER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *PASSAVANT RETIREMENT AND HEALTH CENTER*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *10/12/2014* Issued By: *Zelienople Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

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

Reason: *Renewal* Exit Conference Date: *07/24/2025*

Inspection Dates and Department Representative

07/23/2025 - On-Site: [REDACTED]

07/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *164* Residents Served: *75*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*

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

Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

07/23/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/22/2025*

Inspections / Reviews (*continued*)

08/22/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/12/2025

09/15/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, indicates if a home has a boiler it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected and if they pass inspection, they will be issued a new certificate.

The home's boiler certificate expired 1/10/25. A reinspection was not completed until 6/5/25.

Plan of Correction

Accept ([redacted] - 08/22/2025)

The scheduling of the boiler has been loaded into our TELS system and will notify the maintenance staff 1 month prior to the date the inspection needs to be completed. This was completed on August 19, 2025, by the maintenance supervisor. The maintenance supervisor will then call and schedule the inspection.

Staff that is involved with scheduling inspections will be educated on having inspections done in a timely manner by the administrator by August 31, 2025

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented ([redacted] - 09/15/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive the following required training topics in the 2024 training year:

Fire safety completed by a fire safety expert

Emergency preparedness

Resident Rights

The Older Adult Protective Services Act

Falls and accident prevention

New population groups that are being served at the home that were not previously served, if applicable

REPEAT VIOLATION: 6/12/24

65g - Annual Training Content (*continued*)**Plan of Correction****Accept (█ - 08/22/2025)**

Staff person A will be educated on fire safety by staff trained by a fire safety expert, on fire safety, Emergency Preparedness, Resident's Rights, The older adult protective Services Act, and falls and accident prevention by the administrator/designee on or before her next schedule shift. Staff person A is a casual employee.

Beginning August 18, 2025, the administrator/designee will check staff education quarterly to ensure staff are completing the necessary training. Audits will be monitored in QAPI by the QAPI team for 6 months.

All Newhaven Court employees will be educated on what training they need to complete and the importance of having all the training completed annually by August 31, 2025.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented (█ - 09/15/2025)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 7/23/25, at approximately 10:17 a.m., a small indentation, measuring approximately the size of a silver dollar, was observed approximately 2 feet from the floor, in the middle of the common area in resident #1 bedroom.

Plan of Correction**Accept (█ - 08/22/2025)**

The indentation was immediately fixed by maintenance on July 23, 2025. An audit of all residents rooms will be completed by the administrator/designee by August 31, 2025.

All Newhaven Court staff that regularly go into residents rooms will be educated on the process of reporting any items that are not in good repair to the personal care specialist to have a work order sent to maintenance to have the issue fixed in a timely manner. Education will be completed by the administrator/designee by August 31, 2025.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 09/15/2025)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/23/25, at approximately 10:55 a.m., there was an accumulation of approximately 1/8 inch of lint in the lint trap of the dryer on the right of the Southside laundry room on the second floor. Additionally, there was an accumulation of approximately 1/16 inch of lint in the lint trap of the dryer on the left in the same laundry room.

Plan of Correction**Accept (█ - 08/22/2025)**

The lint was immediately removed by the maintenance supervisor on July 23, 2025. Beginning August 18th the dryer lint traps will be checked by the housekeeping team 5x a week to ensure that they are cleaned out. Audits will be reviewed in QAPI for 3 months. Residents were reminded of cleaning the lint traps out after they complete their laundry at the resident council meeting on August 5, 2025, by the administrator.

105g - Lint Removal and Duct Cleaning (continued)

All clinical and housekeeping staff will be educated by the administrator/designee of the importance of cleaning the lint traps after every use by August 31, 2025.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█) - 09/15/2025)

121a - Unobstructed Egress**5. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 7/23/25, at approximately 10:24 a.m., there were two chairs approximately 5 feet from the designated exit located in the middle of the home's dining hall's rear wall. The chairs were blocking the evacuation route leading from the designated exit.

Plan of Correction

Accept (█) - 08/22/2025)

The chairs were immediately removed by the dietary staff on July 23, 2025.

Beginning August 18, 2025, the administrator/designee will observe the emergency exits 5 times a week to ensure that they are unobstructed. Audits will be reviewed in QAPI for 3 months.

All staff will be educated on ensuring evacuation routes are unobstructed by the administrator/designee by August 31, 2025.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█) - 09/15/2025)

130g - Smoke Detector Repair**6. Requirements**

2600.

130.g. If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

Description of Violation

On 7/23/25, at approximately 12:00 p.m., the Fire panel's display located in the Home's front lobby indicated ****Trouble****.

Plan of Correction

Accept (█) - 08/22/2025)

Johnson Controls was scheduled to repair the trouble light and was on site to repair on July 23, 2025. Repairs were completed on July 24, 2025.

The maintenance supervisor/designee will check the fire panel daily to ensure that no trouble lights are displayed. If a trouble light is active, maintenance will immediately call for service. Audits will be reviewed in QAPI for 3 months. By August 31, 2025, the administrator/designee will educate all Newhaven court staff on the process to respond if they hear or see a trouble light on the panel, to notify maintenance immediately to have repaired.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█) - 09/15/2025)

132b - Safety Inspection/Fire Drill

7. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

An observed fire drill, conducted by a fire safety expert, was completed on 3/26/24. Another observed fire drill, conducted by a fire safety expert, was not completed until 4/10/25.

Plan of Correction

Accept ([redacted] - 08/22/2025)

The scheduling of the fire safety expert to do the yearly inspection and observed fire drill has been loaded into our TELS system and will notify the maintenance staff 1 month prior to the date the inspection needs to be completed. This was completed on August 18, 2025, by the maintenance supervisor. The maintenance supervisor will then call and schedule the inspection.

Staff that is involved with communicating with fire education will be educated by the administrator on Regulation 132b and the importance of having a fire safety inspection and fire drill conducted by a fire safety expert annually by August 31, 2025.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented ([redacted] - 09/15/2025)

132h - Designated Meeting Place

8. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

On 7/23/25, at approximately 10:30 a.m., the fire doors leading to the main dining hall, were propped open with door wedges. Interviews confirm that these doors are propped open on a regular basis to allow the residents access to the dining room with ease; however, on multiple dates, to include the following, fire drills were conducted where the home used this compromised area during the fire drills:

12/18/24 at 1:00 a.m.

2/13/25 at 9:00 a.m.

4/7/25 at 5:00 p.m.

5/3/25 1:01 p.m.

Plan of Correction

Accept ([redacted] - 08/22/2025)

The fire doors were closed by the administrator on July 24, 2025.

The Dietary manager/designee will check the doors daily to ensure they are not propped open. Audits will be reviewed in QAPI for 3 months.

Future plans include removing 1 dining room door and only have one door that is magnetically opened.

All staff at Newhaven court will be educated on not propping open fire doors by August 31, 2025 by the administrator/designee.

Licensee's Proposed Overall Completion Date: 11/30/2025

132h - Designated Meeting Place *(continued)**Implemented (█ - 09/15/2025)*

184a - Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 was prescribed two orders of Primidone 50mg, give 3 tablets 2 times per day and give 1 tablet by mouth as needed for seizures. However, the bottle only reads Primidone 50mg, give 3 tablets 2 times per day.

Resident #3 was prescribed Kevzara 200mg/1.14ml, give injection every 28 days; however, all three boxes were labelled give injection every 2 weeks.

REPEAT VIOLATION: 6/12/24

Plan of Correction*Accept (█ - 08/22/2025)*

By September 5, 2025, all resident's medications will be checked by the clinical manager/designee to ensure that the physicians orders and pharmacy labels match.

Beginning September 8, 2025, 10 percent of residents medications will be checked weekly by the clinical manager/designee to ensure that all orders and pharmacy labels match. Audits will be reviewed by QAPI team for 3 months.

Beginning August 25, 2025, a spreadsheet of order changes received will be kept in the nursing office for the clinical manager/designee to review and ensure that the proper steps have been initiated for the change and that the medication and pharmacy labels match. Audits will be reviewed by QAPI team for 3 months.

All clinical staff will be educated on ensuring that the pharmacy labels and physician orders match by August 31, 2025. Education will be done by the clinical manager/designee.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 09/15/2025)