

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

September 2, 2026

[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 06/08/2026, 07/07/2026 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: 12/26/2026

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: 142

Waking Staff: 107

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 07/13/2026

Inspection Dates and Department Representative

06/08/2026 - On-Site [REDACTED]

07/07/2026 - Off-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 115

Residents Served: 104

Secured Dementia Care Unit

In Home: Yes

Area: Life Stories

Capacity: 18

Residents Served: 17

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 103

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 38

Have Physical Disability: 0

Inspections / Reviews

06/08/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/26/2026

08/20/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/28/2026

Inspections / Reviews *(continued)*

09/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

An incident took place on [REDACTED], at approximately 4:45 a.m.; however, the home did not report the incident to The Department until a time that exceeded 24 hours, as required.

Repeated Violations [REDACTED] et al

Plan of Correction

Accepted [REDACTED] - 08/20/2026)

IMMEDIATE CORRECTIVE ACTION

- On 07/16/2026, the Executive Operations Officer and Resident Wellness Director met with LPN Supervisors and Charge Medication Associates to review 55 Pa. Code § 2600.16(c). The review included identification of reportable incidents and conditions, the requirement to report to the Department within 24 hours, and the additional reporting requirements applicable to suspected abuse. Team members signed acknowledgments of review and understanding.
- On 07/21/2026, the Executive Operations Officer and Resident Wellness Director provided education to Resident Wellness Associates, Medication Associates, Charge Medication Associates, and LPN Supervisors during the Wellness Department Team Meeting. Education included recognition and immediate internal communication of reportable incidents and conditions, the community reporting chain, and required reporting timeframes. Attendance and signed acknowledgments are maintained by the community.

QUALITY IMPROVEMENT AND ONGOING COMPLIANCE

- By 07/21/2026, the Executive Operations Officer and Resident Wellness Director developed a Reportable Incident and Condition Checklist for LPN Supervisors and Charge Medication Associates to use when the Resident Wellness Director or Executive Operations Officer is unavailable. The checklist identifies the steps required for Department notification within 24 hours. For suspected abuse, it also identifies required notification to the appropriate protective services agency, including the Butler County Area Agency on Aging or Adult Protective Services, as applicable.
- On 07/21/2026, the checklist was reviewed with LPN Supervisors and Charge Medication Associates during the Wellness Department Team Meeting. Signed education acknowledgments are retained.
- Beginning 07/24/2026, documentation for every reportable incident or condition submitted by the community, including evidence of the submission date and time, will be emailed to the Executive Operations Officer for review.
- The EOO and RWD will review this violation and provide education regarding reportable incidents, required reporting timeframes, and the newly implemented reporting processes and procedures during the All-Team Meeting on Tuesday, August 4, 2026. Team members will sign an acknowledgment confirming their review and understanding of the information provided.
- Monitoring: the Executive Operations Officer will audit 100% of reportable incident and condition submissions for

16c Written Incident Report (continued)

90 days and monthly thereafter on an ongoing basis. Each audit will verify timely Department notification and completion of additional notifications when applicable. Any late, incomplete, or inaccurate report will result in immediate corrective follow up, reeducation of the responsible team member, and additional monitoring. Audit documentation will be maintained for licensing review.

Persons Responsible: Executive Operations Officer and Resident Wellness Director

Corrective Action Completion Date: 7/24/2026

Licensee's Proposed Overall Completion Date: 08/04/2026

Implemented () - 09/02/2026)

42c - Treatment of Residents**2. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], at approximately 4:45 a.m., resident [REDACTED] awoke to resident [REDACTED] standing over [REDACTED] bed and "pounding" on resident [REDACTED]'s knee/leg, causing a significant amount of pain. Resident [REDACTED] reported [REDACTED] was fearful being woken in this manner, grabbed the nearest item, a grabber tool, and began striking resident [REDACTED] multiple times with the grabber tool. Staff entered the room, resident [REDACTED] stopped striking resident [REDACTED] upon this staff person's request and this staff was able to remove resident [REDACTED] from the bedroom. Resident [REDACTED] sustained a small skin tear to the forearm and a reddened mark near [REDACTED] upper left forehead. Interviews indicated resident [REDACTED] continued to voice being afraid to go back into the bathroom alone, as resident [REDACTED] did not want to be hit again. Both residents were reported to be visibly upset by this incident.

Repeated Violations [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 08/20/2026)

IMMEDIATE CORRECTIVE ACTION

- On 05/17/2026, the involved residents were immediately separated and assessed by the Charge Medication Associate on shift. One involved resident was relocated to another apartment within the community to prevent further unsupervised contact between the residents.
- On 05/17/2026, the physicians and responsible/designated persons for both involved residents were notified by the Charge Medication Associate following the residents' assessments.
- For the following 24 hours, follow up assessments were completed for both involved residents by the LPN Supervisor or Charge Medication Associate on shift. Documentation of the assessments is maintained in the residents' records.
- On 06/12/2026, the Resident Wellness Director reviewed Resident Rights, 55 Pa. Code § 2600.42(c), and prevention and management of resident to resident conflict with Resident Wellness Associates, Medication Associates, Charge Medication Associates, and LPN Supervisors during the Wellness Department Team Meeting. Team members signed acknowledgments of review and understanding.

42c - Treatment of Residents (continued)

QUALITY IMPROVEMENT AND ONGOING COMPLIANCE

- On 07/27/2026, the Executive Operations Officer will inform residents during the Resident Council Meeting of the new process for promptly communicating concerns related to dignity, respect, and resident-to-resident conflict. Residents will be encouraged to report concerns promptly so that the community can assess, protect, investigate, and follow up without retaliation.
- By 07/31/2026, the Executive Operations Officer will provide written communication to responsible/designated persons explaining the new resident concern and satisfaction-survey process and the community's goal of proactively identifying and addressing concerns related to resident rights.
- By 07/31/2026, the Executive Operations Officer will complete at least five Resident Satisfaction Surveys with residents selected across the community's three programs: Senior Living, Life Bridges, and Life Stories.
- Beginning 08/01/2026, department managers will each be assigned one or two Resident Satisfaction Surveys per month so that at least 10 surveys are completed monthly across the three programs. This monthly survey process will continue indefinitely.
- Beginning 07/31/2026, the Executive Operations Officer will review surveys as they are completed, identify action items, assign follow-up to the appropriate department manager or clinical leader, and track each item through completion. Any survey response indicating an immediate safety concern, suspected abuse, or another reportable incident or condition will be escalated immediately and addressed in accordance with the community's abuse and incident-reporting procedures.
- Quarterly trend monitoring: the Executive Operations Officer will maintain the survey tracking documentation and analyze results for patterns and opportunities for improvement at the end of each calendar quarter, beginning with the quarter ending 09/30/2026. Identified trends will be assigned for corrective action and monitored through completion.
- Beginning 07/31/2026, each department manager will review Resident Rights, Resident Abuse, and Reporting Abuse requirements during the department's monthly team meeting. Team members will sign an acknowledgment of the education provided. Meeting records and acknowledgments will be maintained for licensing review. This education will continue monthly on an ongoing basis.
- The EOO and RWD will review this violation and provide education regarding resident rights, dignity and respect, abuse prevention, and the newly implemented processes and procedures during the All-Team Meeting on Tuesday, August 4, 2026. Team members will sign an acknowledgment confirming their review and understanding of the information provided.

Persons Responsible: Executive Operations Officer, Resident Wellness Director, and Department Managers

Corrective Action Completion Date: 07/31/2026

Licensee's Proposed Overall Completion Date: 07/31/2026

42c - Treatment of Residents (*continued*)

Implemented [REDACTED] 09/02/2026)