

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

October 21, 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 06/03/2025, 06/04/2025 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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *131* Waking Staff: *98*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *06/04/2025*

Inspection Dates and Department Representative

06/03/2025 - On-Site: [REDACTED]
 06/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *115* Residents Served: *99*

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

Hospice
 Current Residents: *9*

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: *32* Have Physical Disability: *0*

Inspections / Reviews

06/03/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/07/2025*

08/04/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/07/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/11/2025*

Inspections / Reviews *(continued)*

09/09/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/20/2025

10/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2025

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 9:30 pm., resident [REDACTED] was sitting at the counter in the dining area of the secured dementia care unit (SDCU) and resident [REDACTED] was walking around the dining area. Resident [REDACTED] screamed because resident [REDACTED] scared [REDACTED]. Both residents were separated. At approximately 9:40 pm., staff heard screaming coming from the dining area. When staff ran to the dining area, resident [REDACTED] was found, sitting at the counter, eyeglasses on the floor, and crying, stating, "[REDACTED] Resident [REDACTED] was standing next to resident [REDACTED], stating, "I hit [REDACTED] why did you scream in my ear, I didn't do anything to you". Residents were separated and resident [REDACTED] laceration on the nose was cleaned up. Both residents were sent to the emergency room, resident [REDACTED] for laceration and resident [REDACTED] for possible voluntary commitment. Upon return from the hospital, both residents were placed on 15-minute supervision. This incident was observed by staff. However, this allegation of abuse was not reported to the local Area Agency on Aging until 5/2/25.

Plan of Correction

Directed [REDACTED] - 09/09/2025)

1. Incident Review and Immediate Reporting

1.1 Action Plan: Ensure all incidents of suspected abuse are reported immediately.

1.2 Steps:

- Conduct a review meeting with the staff involved to understand the sequence of events and identify gaps in communication.
- Instruct all staff on the immediate reporting protocols as per regulations, emphasizing the requirement to report suspected abuse to the local Area Agency on Aging ~~within the same day.~~ **Immediately.** [REDACTED] **9/9/25**
- Assign specific staff responsible for ensuring all future reports of suspected abuse are immediately filed as required.

1.3 Responsible Party: Executive Operations Officer

1.4 Time line: Reviewed with team 6/25/25 based on preliminary violation report. Formal Training to be held 7/30/25.

2. Monitoring and Quality Assurance

2.1 Action Plan: Establish a system for quality assurance and monitoring to prevent future delays.

2.2 Steps:

- Implement a monitoring log for tracking all incidents to ensure timely reporting and follow-up.
- Conduct weekly audits of incident logs to identify any reporting delays and resolve issues promptly.
- Review and update quality assurance policies to align with state regulations and facility standards.

2.3 Responsible Party: Executive Operations Officer

2.4 Time line: Reviewed with team 6/25/25 based on preliminary violation report. Formal Training to be held 7/30/25.

Long Term Actions

1. Policy Review and Update

1.1 Action Plan: Align facility policies with state regulations to ensure consistent compliance.

1.2 Steps:

- All instances of suspected resident abuse will be reported to Area Agency on Aging immediately following incident.
- Review current abuse reporting policies and compare them with state guidelines to identify discrepancies.

15a - Resident Abuse Report (continued)

- Update the facility's policy manual to reflect any changes in the abuse reporting process as required.
- Distribute updated policies to all staff and require acknowledgment of their understanding and commitment.

1.3 Responsible Party: Area General Manager

1.4 Time line: 8/15/2025

2. Enhanced Communication Strategy

2.1 Action Plan: Improve documentation and communication between staff regarding incidents.

2.2 Steps:

- Detailed documentation will be completed post incident and every shift for 24 hours following the incident.
- Resident Wellness Director and/or Life Stories Director will review all incidents with the team in detail post-incident to include interventions being put in place to prevent further issues.

2.3 Responsible Party: Executive Operations Officer

2.4 Time line: 8/15/2025

Proposed Overall Completion Date: 09/08/2025

Directed Completion Date: 09/08/2025

Implemented (████ - 10/21/2025)

42b - Abuse

2. 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

On ██████ at approximately, 1:27 pm., staff heard screaming coming from the living room area of the SDCU. When staff went into the living area, resident ██████ and resident ██████ were there. Resident ██████'s lip was bleeding and resident ██████ was just standing there. Resident ██████ stated, "██████████". The residents were separated and resident ██████ was assessed for injury.

On ██████, at approximately 9:30 pm., resident ██████ was sitting at the counter in the dining area of the SDCU and resident ██████ was walking around the dining area. Resident ██████ screamed when ██████ saw resident ██████. Both residents were separated. At approximately 9:40 pm., staff heard screaming coming from the dining area. When staff ran to the dining area, resident ██████ was found, sitting at the counter, eyeglasses on the floor, and crying, stating, "██████████". Resident ██████ was standing next to resident ██████, stating, "I hit ██████ why did you scream in my ear, I didn't do anything to you". Residents were separated and resident ██████ laceration on the nose was cleaned up. Both residents were sent to the emergency room, resident ██████ for laceration and resident ██████ for possible voluntary commitment. Upon return from the hospital, both residents were placed on 15-minute supervision.

Plan of Correction

Accept (████ - 08/04/2025)

1. Immediate Resident Safety Measures

1.1 Action Plan: Ensure the immediate safety of residents involved and prevent further incidents.

1.2 Steps:

- Immediately separate residents involved in the incident.

42b - Abuse (continued)

- Provide appropriate medical attention to any injured residents.
- Increase supervision for involved residents, implementing 15-minute checks immediately.
- 15 – minute checks will be documented and maintained.

1.3 Responsible Party: Wellness Team

1.4 Time line: Immediately Upon Incident

2. Staff Training and Awareness

2.1 Action Plan: Educate staff on de-escalation techniques and resident safety protocols.

2.2 Steps:

- Conduct a training session on de-escalation strategies and proper responses to resident conflict.
- Review policies regarding resident abuse and neglect with all staff.
- Ensure all staff understand the importance of monitoring resident interactions closely.

2.3 Responsible Party: Executive Operations Officer

2.4 Time line: Reviewed with team 6/25/25 based on preliminary violation report. Formal Training to be held 7/30/25.

Long Term Actions

1. Policy Review and Update

1.1 Action Plan: Revise resident conflict and supervision policies to prevent future occurrences.

1.2 Steps:

- Review current policies on resident supervision and conflict resolution.
- Update policies to include enhanced supervision strategies and intervention methods.
- Disseminate updated policies to all staff members for implementation and feedback.

1.3 Responsible Party: Executive Operations Officer/Resident Wellness Director/Life Stories Director.

1.4 Time line: 7/30/25

2. Continuous Monitoring and Evaluation

2.1 Action Plan: Establish ongoing monitoring to ensure resident safety and policy adherence.

2.2 Steps:

- Weekly meetings to be held with Resident Wellness Director and Life Stories Director to review documentation for any resident on resident incidents that have occurred in the community since previous meeting.
- Noted incidents will be reviewed for correct following procedure and reporting protocols.
- Resident Assessment and Support Plan will be immediately updated to reflect appropriate interventions.

2.3 Responsible Party: Resident Wellness Director/Life Stories Director

2.4 Time line: 8/15/25

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█) - 10/21/2025)

183a - Original Containers and Injections

3. Requirements

2600.

183a - Original Containers and Injections (continued)

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On [REDACTED], at approximately 8:30 am., multiple medications for residents [REDACTED] and [REDACTED] were in medication cups in the medication cart. These medications were scheduled for the [REDACTED] bedtime (7:00-8:00 pm) administration.

Plan of Correction

Accept [REDACTED] - 08/04/2025)

Short Term Actions**1. Immediate staff education**

1.1 Action Plan: Ensure staff understand and comply with medication timing regulations.

1.2 Steps:

- Conduct an emergency training session for all medication administration staff on the importance of adhering to the 2-hour removal rule for medications.
- Review the specific requirements of regulation 2600.183.a with the staff, ensuring that they understand the legal and health implications of non-compliance.
- Provide examples of acceptable and unacceptable medication preparation practices.
- Assess staff understanding with a brief quiz at the end of the session on 7/30/25.

1.3 Responsible Party: Executive Operations Officer/Resident Wellness Director

1.4 Time line: 7/30/2025

2. Audit current medication procedures

2.1 Action Plan: Identify lapses in current medication management procedures and rectify them.

2.2 Steps:

- Conduct an audit of current medication management procedures focusing on timing and storage practices.
- Review medications scheduled for each resident for the next 24 hours to ensure compliance.
- Report findings and adjust procedures as necessary to prevent premature medication removal.

2.3 Responsible Party: Resident Wellness Director

2.4 Time line: 8/15/2025

Long Term Actions**1. Ongoing training and competency assessments**

1.1 Action Plan: Maintain staff competency in medication management over the long term.

1.2 Steps:

- Implement monthly refresher training sessions on medication protocol for all care staff.
- Develop a competency test to be administered quarterly to assess understanding of medication management requirements.
- Update training materials regularly to reflect any changes in state regulations.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: 9/1/2025

Licensee's Proposed Overall Completion Date: 09/01/2025

183a - Original Containers and Injections (continued)

Implemented ([redacted] - 10/21/2025)

187b - Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [redacted] at 8:00 pm., resident [redacted] was not administered the medication, [redacted] Staff person A signed the April 2025 medication administration record (MAR) as administered on [redacted] at 8:00 pm.

On [redacted] at 8:00 pm., resident [redacted] was not administered the medications, [redacted] [redacted], and [redacted]. Staff person A signed the April 2025 MAR as administered on [redacted] at 7:00 pm.

On [redacted] at 8:00 pm., resident [redacted] was not administered the medications, [redacted] [redacted], and [redacted]. Staff person A signed the April 2025 MAR as administered on [redacted] at 8:00-9:00 pm.

On [redacted] at 8:00 pm., resident [redacted] was not administered the medications, [redacted] [redacted]. Staff person A signed the April 2025 MAR as administered on [redacted] at 7:00 pm.

Plan of Correction

Accept [redacted] - 09/09/2025)

Short Term Actions

1. Review Staff Medication Administration Procedures

1.1 Action Plan: Ensure all medications are administered and accurately documented at the time of administration.

1.2 Steps:

- Conduct an immediate review of the current medication administration procedures.
- Identify any lapses in the process that led to the documented error.
- Re-train involved staff on proper procedures.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: 8/15/25

2. Immediate Staff Re-Training

2.1 Action Plan: Correct staff understanding and practice regarding medication administration and documentation.

2.2 Steps:

- Organize a training session for all medication administration staff.
- Focus on the importance of accuracy in MAR documentation.
- Emphasize the regulatory and resident care impacts of errors.

2.3 Responsible Party: Resident Wellness Director

2.4 Time line: 7/30/2025

3. Audit Recent MAR Entries

3.1 Action Plan: Identify any other similar discrepancies in recent MAR entries.

187b - Date/Time of Medication Admin. (continued)

3.2 Steps:

- Conduct a comprehensive audit of MAR entries for the past two weeks.
- Verify that all entries match actual medication administration.
- Report findings and take corrective action as needed.

3.3 Responsible Party: Resident Wellness Director

3.4 Time line: 7/30/2025

Long Term Actions

1. Implement Ongoing Medication Administration Review

1.1 Action Plan: Ensure ongoing compliance with medication administration and documentation standards.

1.2 Steps:

- Establish a routine audit schedule for MAR documentation.
- Include random checks alongside scheduled audits.
- Ensure all new staff receive enhanced training as part of induction.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: 8/15/2025

2. Update Medication Administration Policies

2.1 Action Plan: Reflect changes in process to prevent repeat of violations.

2.2 Steps:

- Review and update all relevant medication administration policies.
- Incorporate stricter controls and double-check procedures.
- Distribute updated policies to all relevant staff and post where appropriate.

2.3 Responsible Party: Area General Manager/Executive Operations Officer

2.4 Time line: 9/30/2025

3. Strengthen Staff Communication

3.1 Action Plan: Enhance communication among staff regarding medication administration protocols.

3.2 Steps:

- Discuss best practices and procedures during monthly department meetings.
- Encourage an open feedback culture to continuously improve procedures.

3.3 Responsible Party: Resident Wellness Director

3.4 Time line: 9/17/2025

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented (█ - 10/21/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident █ is prescribed █ twice daily. However, resident █ was not administered this medication on █, at 8:00 pm.

187d Follow Prescriber's Orders (continued)

Resident [REDACTED] is prescribed [REDACTED] g, at bedtime, [REDACTED] 100mg, twice daily, [REDACTED] twice daily, [REDACTED], at bedtime, and [REDACTED], 5mg, at bedtime. However, resident [REDACTED] was not administered these medications on [REDACTED], at 7:00 pm.

Resident [REDACTED] is prescribed [REDACTED], at bedtime [REDACTED], 15mg, at bedtime, and [REDACTED] 10mg, at bedtime. However, resident # [REDACTED] was not administered these medications on [REDACTED], at 8:00 9:00 pm.

Resident [REDACTED] is prescribed [REDACTED], at bedtime. However, resident [REDACTED] was not administered this medication on [REDACTED], at 8:00 9:00 pm.

Resident [REDACTED] is prescribed [REDACTED], 150mg, twice daily, [REDACTED] twice daily, and [REDACTED] 5mg, at bedtime. However, resident [REDACTED] was not administered these medications on [REDACTED], at 7:00 pm.

Repeat violation; [REDACTED]

Plan of Correction

Accept [REDACTED] 09/09/2025)

Short Term Actions

1. Immediate Medication Audit

1.1 Action Plan: To ensure all residents are receiving their prescribed medications as per the prescriber's directions.

1.2 Steps:

- Conduct a comprehensive audit of medication administration records for all residents to identify any discrepancies.
- Document any findings and immediately correct any identified errors in medication administration.
- Ensure all medications missed are promptly provided and recorded appropriately.

1.3 Responsible Party: Resident Wellness Director/Designee

1.4 Time line: 7/30/2025

2. Staff Re Training on Medication Administration

2.1 Action Plan: To reinforce proper medication administration procedures among the staff.

2.2 Steps:

- Conduct a mandatory training session for all healthcare staff on the importance of following prescriber's directions and the proper procedures for medication administration.
- Include training on documentation practices to ensure accurate record keeping of medication administration.
- Evaluate staff understanding through a post training assessment and provide additional training if necessary.

2.3 Responsible Party: Executive Operations Officer/Resident Wellness Director.

2.4 Time line: 7/30/2025

3. Enhance Communication with Prescribers

3.1 Action Plan: To improve communication protocols regarding prescription changes or clarifications.

187d - Follow Prescriber's Orders (continued)**3.2 Steps:**

- Review and update the communication protocol for staff to immediately notify prescribers of any concerns or clarifications needed regarding prescriptions.
- Establish regular meetings or check-ins with prescribers to ensure alignment on resident care plans.
- Document all communications with prescribers for accountability.

3.3 Responsible Party: Resident Wellness Director/Designee

3.4 Time line: 7/30/2025

Long Term Actions**1. Ongoing Medication Administration Audits**

1.1 Action Plan: To maintain compliance with medication administration protocols over time.

1.2 Steps:

- Implement a monthly audit schedule of medication administration records to ensure ongoing adherence to prescription directives.
- Report findings to the facility management, and address any recurring issues promptly.
- Regularly revise the audit criteria based on audit results and regulatory updates.

1.3 Responsible Party: Resident Wellness Director/Designee

1.4 Time line: 7/1/2025

2. Development of a Continuous Staff Education Program

2.1 Action Plan: To maintain a high standard of medication administration knowledge and practice among staff.

2.2 Steps:

- Create a continuous education program that includes periodic refresher courses on medication administration for all staff.
- Monitor and evaluate staff performance regularly to identify opportunities for further training or improvement.

2.3 Responsible Party: Resident Wellness Director

2.4 Time line: 9/1/2025

3. Regular Policy Review and Update

3.1 Action Plan: To ensure all medication administration policies are up-to-date and reflective of current best practices and regulatory standards.

3.2 Steps:

- Conduct a review of all medication administration policies and procedures.
- Update policies as needed to reflect changes in regulatory requirements or best practice standards.
- Communicate any changes in policies to all staff promptly and ensure understanding through training sessions.

3.3 Responsible Party: Area General Manager/Executive Operations Officer

3.4 Time line: 9/1/2025

Licensee's Proposed Overall Completion Date: 09/17/2025

187d Follow Prescriber's Orders (*continued*)

Implemented [REDACTED] - 10/21/2025)

227h Support Plan Refuse Sign

6. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. The resident did not sign the support plan. The home did not make a notation regarding the resident's inability or refusal to sign.

Plan of Correction

Accept [REDACTED] - 08/04/2025)

Short Term Actions**1. Ensure Documentation of Support Plan Signing Status**

1.1 Action Plan: To confirm and document the signing status of all resident support plans.

1.2 Steps:

- Review the current support plan for Resident [REDACTED] to include a detailed notation on the inability or refusal to sign.
- Ensure all current residents' support plans are reviewed for proper notation on signing status.
- Provide immediate re-training to staff responsible for support plan documentation on the importance of notation of inability or unwillingness to sign.

1.3 Responsible Party: Resident Wellness Director/Designee

1.4 Time line: 7/10/25

2. Notify and Train Staff on Updated Documentation Procedures

2.1 Action Plan: To ensure staff are aware and properly document when a resident or designated person is unable or chooses not to sign.

2.2 Steps:

- Develop and distribute a memo to inform all relevant staff of the required documentation procedures for support plan signings.
- Conduct a mandatory training session on the importance of compliance with regulation 2600.227.h.
- Incorporate a checklist in the support plan checklist for staff to ensure notation of signing status.

2.3 Responsible Party: Executive Operations Officer

2.4 Time line: 7/30/2025

Long Term Actions**1. Routine Monitoring and Quality Assurance Checks**

1.1 Action Plan: To maintain continuous compliance with regulation 2600.227.h.

1.2 Steps:

227h - Support Plan Refuse Sign (continued)

- Implement a quarterly audit of all support plan files to ensure documentation of signing status is compliant.
- Develop a feedback loop where discrepancies found during audits are communicated and addressed immediately.

1.3 Responsible Party: Resident Wellness Director

1.4 Time line: 9/1/2025

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented (█ - 10/21/2025)

234d - Support Plan Revision

7. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident █ was completed on █ however, the support plan was not updated to address the resident's change in ambulation and aggressive behavior and how these needs will be met.

Plan of Correction

Accept █ 09/09/2025)

Short Term Actions

1. Immediate Revision of Resident █ Support Plan

1.1 Action Plan: To promptly update the support plan to reflect current conditions of resident █ and address any unmet needs.

1.2 Steps:

- Review the current support plan for resident █ with a focus on areas related to ambulation and behavior.
- Consult with medical professionals and caregiving staff familiar with resident █ to gather details about their current condition and needs.
- Update the support plan to include interventions and strategies to address changes in ambulation and aggressive behavior.

1.3 Responsible Party: Executive Operations Officer

1.4 Time line: 6/16/25

2. Conduct Staff Training

2.1 Action Plan: Ensure staff understand the requirements and importance of updating support plans in response to condition changes.

2.2 Steps:

- Schedule a staff meeting to discuss the regulation 2600.234.d about updating support plans.
- Provide examples of potential changes in resident condition that necessitate a support plan update.
- Reinforce the documentation process and how to effectively communicate changes among the caregiving team.

2.3 Responsible Party: Executive Operations Officer

2.4 Time line: 7/30/2025

234d Support Plan Revision (continued)

3. Initiate Policy Review

3.1 Action Plan: Align facility policies with regulatory compliance requirements.

3.2 Steps:

- Review the current policies on support plan updates and identify discrepancies with regulation 2600.234.d.
- Revise the policy to include specific guidelines and timelines for support plan updates in response to resident condition changes.
- Communicate revised policy to all caregiving and administrative staff.

3.3 Responsible Party: Executive Operations Officer

3.4 Time line: 9/1/2025

Long Term Actions

1. Implement a Monitoring System

1.1 Action Plan: Regularly ensure all support plans are up to date and meet all regulatory standards.

1.2 Steps:

- Create a checklist for support plan reviews and updates, incorporating elements to monitor ambulation and behavior changes.
- Schedule quarterly audits of support plans to ensure compliance with update requirements.
- Report findings of audits to management and make necessary adjustments.

1.3 Responsible Party: Resident Wellness Director/Designee

1.4 Time line: 9/1/2025

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented [redacted] - 10/21/2025)