

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

October 21, 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 09/24/2025 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: *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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *135* Waking Staff: *101*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *09/24/2025*

Inspection Dates and Department Representative

09/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *131* Residents Served: *95*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Life Stories* Capacity: *19* Residents Served: *19*

Hospice
 Current Residents: *19*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *95*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *40* Have Physical Disability: *0*

Inspections / Reviews

09/24/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/13/2025*

10/09/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/20/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/30/2025*

Inspections / Reviews *(continued)*

10/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On [REDACTED] at approximately 9:45 a.m.. An agent of the Department, requested access to staffing schedules from present back to [REDACTED] from the home's administrator. However, the home did not provide accurate documentation of staff schedules until approximately 1:30 p.m.

Plan of Correction

Accept [REDACTED] 10/09/2025)

Violation Review: 2600. 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: 1. Agents of the Department.

Violation Interpretative Statement: On 9/24/25, at approximately 9:45 a.m. An agent of the Department, requested access to staffing schedules from present back to 8/25/25 from the home's administrator. However, the home did not provide accurate documentation of staff schedules until approximately 1:30 p.m.

Description of the Repair of the Immediate Problem: During the entrance meeting, the surveyor asked for the number of mobility requirements in personal care and in memory care, which the home provided, based on the monthly mobility needs report for the month of September. The surveyor asked for the census as well as which Residents were out of the building, which was provided by the home. For staffing schedules, the surveyor asked to see schedules from August 25th, through September 2nd, which was provided. After completing staff and Resident interviews around lunch time, the surveyor asked for the total census and mobility requirements for August 30th and August 31st to determine staffing requirements. It was discovered that the home did not document on the staffing schedules the total census/mobility requirements to determine if compliance was met on the staffing schedules on these two days. Therefore, the home had to run reports to determine the total census and mobility requirements for August 30th and August 31st. Each daily staffing schedule is to reflect the total number of staffing hours and the total staffing requirements to demonstrate and show that the required staffing hours are met for compliance.

To ensure no other concerns were present and to ensure the home was in compliance on all other days with staffing requirements, on September 29th, the administrator of the home pulled daily staffing schedules from September 15th, through October 1st, to ensure total staffing hours were in compliance with the total census/mobility requirements. No other concerns were found. Please see attached daily schedules for verification of compliance.

Detail Action Steps / System Developed to prevent future occurrence:

Changing practice: The home completes a monthly mobility need report to determine staffing hours as a base line for staffing schedules for the month. The home's existing practice is to write down the total daily staffing hours and the total census and mobility requirements on each daily schedule to ensure the home is in compliance with hours when completing the staffing schedules. However, on August 30th and August 31st, the total staffing requirements, for these two days, were not reflected, which delayed providing the surveyor what was needed.

Teaching or Training: It is the responsibility of the Resident Wellness Coordinator, with oversight from the Resident Wellness Director, to ensure daily staffing hours and total census/mobility requirements are documented on each

5a1 - DHS Access (continued)

daily schedule to ensure that compliance is met by comparing the requirement with the total staffing hours. The Resident Wellness Coordinator will be re-educated on our existing process by October 10th, by the Resident Wellness Director. In the interim, the administrator of the home has been documenting total staffing hours and total census/mobility requirements on the daily schedules to ensure compliance is being met.

On-going Monitoring: On September 29th, the administrator of the home reviewed daily staffing schedules from September 15th, through October 1st, by making sure the total staffing hours and total census/mobility requirements are written on each daily schedule and to ensure compliance was met. No other concerns were found during the audit. The Resident Wellness Director will check staffing schedules daily to ensure both staffing hours and total census/mobility requirements are written on each daily staffing schedule to verify the home is in compliance with staffing hours. The home's administrator will ensure both numbers (total staffing and total census/mobility requirements) are documented daily when conducting weekly checks on the daily staffing schedules.

Designated position responsible and specify target date for correction: October 10th, 2025, and ongoing. The Resident Wellness Coordinator is responsible for the staffing schedule by ensuring total staffing hours are in compliance with the daily staffing requirement. The Resident Wellness Director is also responsible for providing oversight and monitoring of the staffing schedule in conjunction with the home's administrator.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented [redacted] - 10/21/2025)

57c - 2 Hours/Day

2. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [redacted] there were 99 residents in the home, 40 of which were immobile, requiring a minimum of 139 hours of direct care to be provided. However, the home provided 120 total hours of direct care.

On [redacted] there were 98 residents in the home, 40 of which were immobile, requiring a minimum of 138 hours of direct care to be provided. However, the home provided 137 total hours of direct care.

Plan of Correction

Accept [redacted] - 10/09/2025)

Violation Review: 2600. 57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Violation Interpretative Statement: On 8/30/25, there were 99 residents in the home, 40 of which were immobile, requiring a minimum of 139 hours of direct care to be provided. However, the home provided 120 total hours of direct care. On 8/31/25, there were 98 residents in the home, 40 of which were immobile, requiring a minimum of 138 hours of direct care to be provided. However, the home provided 137 total hours of direct care.

Description of the Repair of the Immediate Problem:

57c 2 Hours/Day (continued)

After pulling the August 30th and August 31st staffing schedules, the home did not document the total census/mobility requirements to determine if compliance was met on these two days. The total staffing hours were documented for each day; however, the staffing requirements were not documented to ensure compliance was met and that the home had enough staffing hours per the requirement. Unfortunately, after review, the home did not meet the required staffing hours on these two days.

To ensure no other concerns were present and to ensure the home was in compliance on other days with staffing requirements, on September 29th, the administrator of the home pulled daily staffing schedules from September 15th, through October 1st, to ensure the total staffing hours were in compliance with the total census/mobility requirements. No other concerns were found during the audit in which the staffing requirements were met. Please see attached daily schedules for verification.

Detail Action Steps / System Developed to prevent future occurrence:

Changing practice: The home completes a monthly mobility need report to determine staffing hours as a base line for staffing schedules. The home's existing practice is to write down the total daily staffing hours and the total census and mobility requirements on each daily schedule to ensure the home is in compliance with hours when completing the staffing schedules. However, on August 30th, and August 31st, the total staffing requirements were not reflected to show that additional staffing hours were needed on these two days.

Teaching or Training: It is the responsibility of the Resident Wellness Coordinator, with oversight from the Resident Wellness Director, to ensure daily staffing hours and total census/mobility requirements are documented on each daily schedule to ensure that compliance is met. The Resident Wellness Coordinator will be re educated on our existing process by October 10th, by the Resident Wellness Director. In the interim, the administrator of the home has been documenting total staffing hours and total census/mobility requirements on the daily schedules to ensure compliance is met.

On-going Monitoring: The administrator of the home reviewed daily staffing schedules from September 15th, through October 1st, by making sure the total staffing hours and total census/mobility requirements are written on each daily schedule and to ensure compliance was met on September 29th. No other concerns were found during the audit. The Resident Wellness Director will check staffing schedules daily to ensure both staffing hours and total census/mobility requirements are written on each daily staffing schedule to verify the home is in compliance with staffing hours. The home's administrator will ensure both numbers (total staffing and total census/mobility requirements) are documented on each daily staffing schedule when conducting weekly checks.

Designated position responsible and specify target date for correction: October 10th, 2025, and ongoing. The Resident Wellness Coordinator is responsible for the staffing schedule by ensuring total staffing hours are in compliance with the daily staffing requirement. The Resident Wellness Director is also responsible for providing oversight and monitoring of the staffing schedule in conjunction with the home's administrator.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented [REDACTED] - 10/21/2025)

57d - Waking Hours

3. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [REDACTED], there were 99 residents in the home, 40 of which were immobile, requiring 104.25 hours of direct care to be provided during waking hours. However, the home provided 89.5 hours of direct care during waking hours

On [REDACTED] there were 98 residents in the home, 40 of which were immobile, requiring 103.5 hours of direct care to be provided during waking hours. However, the home provided 99 hours of direct care during waking hours

Plan of Correction

Accept [REDACTED] - 10/09/2025)

Violation Review: 57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Violation Interpretative Statement: On 8/30/25, there were 99 residents in the home, 40 of which were immobile, requiring 104.25 hours of direct care to be provided during waking hours. However, the home provided 89.5 hours of direct care during waking hours. On 8/31/25, there were 98 residents in the home, 40 of which were immobile, requiring 103.5 hours of direct care to be provided during waking hours. However, the home provided 99 hours of direct care during waking hours.

Description of the Repair of the Immediate Problem: The waking hours calculated above was correct for August 30th. However, on August 31st, after recounting the typed waking staffing hours, the home provided 103 waking hours. Regardless, the home did not meet the 75% threshold of personal care service hours during waking hours on August 30th and 31st on August 30th and August 31st.

To ensure no other concerns were present and to ensure the home was in compliance on other days, the administrator of the home pulled daily staffing schedules from September 15th, through October 1st, to ensure the total staffing hours were in compliance with the total census/mobility requirements as well as checked waking hours to make sure 75% was met. No other concerns were found during this time frame. Please see attached daily schedules for verification.

Detail Action Steps / System Developed to prevent future occurrence:

Changing practice: The home's existing practice is to write down the total daily staffing hours and the total census and mobility requirements on each daily schedule to ensure the home is in compliance with hours when completing the staffing schedules. In addition, the home is to ensure that direct care hours are meeting the required waking hours needed during the day. However, on August 30th and August 31st, the total staffing requirements and waking hours did not meet compliance.

Teaching or Training: It is the responsibility of the Resident Wellness Coordinator, with oversight from the Resident Wellness Director, to ensure daily staffing hours and total census/mobility requirements are documented on each daily schedule to ensure that compliance is met. The Resident Wellness Coordinator will be re-

57d - Waking Hours (continued)

educated on our existing process by October 10th, by the Resident Wellness Director. In addition, the Resident Wellness

Coordinator is to ensure waking hours are in compliance each day as well. The Resident Wellness Coordinator will be trained on this requirement by October 10th, by the Resident Wellness Director. In the interim, the administrator of the home has been documenting total staffing hours and total census/mobility requirements on the daily schedules to ensure compliance is met and ensuring that waking hours are met.

On-going Monitoring: The administrator of the home reviewed daily staffing schedules from September 15th, to October 1st, by making sure the total staffing hours and total census/mobility requirements are written on each daily schedule to verify that compliance was met. The administrator of the home also verified that there were no concerns with waking hours from September 15th, through October 1st, in which no concerns were found. Please see attached staffing schedules for verification. The Resident Wellness Director will check staffing schedules daily to ensure both staffing hours and total census/mobility requirements are written on each daily staffing schedule to verify the home is in compliance with staffing hours and waking hours. The Resident Wellness Coordinator will also monitor waking staffing hours, daily, to ensure compliance is met. The home's administrator will ensure both (total staffing and total census/mobility requirements) are documented daily when conducting weekly checks on the daily staffing schedules and will check for waking hours compliance.

Designated position responsible and specify target date for correction: October 10th, 2025, and ongoing. The Resident Wellness Coordinator is responsible for the staffing schedule, staffing hours, and scheduling compliance. The Resident Wellness Director is also responsible for providing oversight and monitoring of the staffing schedule in conjunction with the home's administrator.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented [REDACTED] - 10/21/2025)