



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DEC 31 2013

Ms. Susan Leise, Administrator
Greer AID OPCO, LLC
301 Commerce Street, Suite 3300
Fort Worth, Texas 76103

RE: Greer House
22 West Glen Moore Boulevard
New Castle, Pennsylvania 16105
Certificate/License #444930

Dear Ms. Leise:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 25, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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DEC 28 2013

Violation Report:
 PCH Name: GREER HOUSE WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 An FBI clearance was not obtained for staff person A, hired 4/30/13, who had not resided in the state of Pennsylvania for two years prior to hire.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Staff person A is no longer employed by the home. 12/31/13

Violation: 2600.51

Immediately - The Residence Director completed an audit of current staff files to ensure proper back ground checks were obtained and are in place for each employee, including FBI criminal background checks for employees who have not been residents of Pennsylvania
 Changing Practice - The Residence Director will ensure appropriate background checks are received at the community prior to the start date of new employees. The Management Assistant will confirm background checks are in place during monthly employee file audits., *for 2 years*

Teaching - The Residence Director and Management Assistant reviewed regulations 2600.51 and 2600.52 along with, "Criminal Background Checks and the Older Adult Protective Services Act" located in the Regulatory Issues and Frequently Occurring Situations section of the R.C.G. to ensure proper understanding of necessary back ground clearances for new employees.

Ongoing - The Management Assistant and/or Designee will confirm background checks are in place during monthly employee file audits and results will be discussed at the monthly Quality Assurance Meeting.

12/31/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/31/13
 (Date)

Plan of correction implementation status as of 12/31/13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *J*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report:
 PCH Name: GREER HOUSE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225, 101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 An FBI clearance was not obtained for staff person A, hired 4/30/13, who had not resided in the state of Pennsylvania for two years prior to hire.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Staff person A is no longer employed by the home. J
 12/31/13*

Violation: 2600.52

Immediately - The Residence Director completed an audit of current staff files to ensure proper back ground checks were obtained and are in place for each employee, including FBI criminal background checks for employees who have not been residents of Pennsylvania for 2 years.

Changing Practice - The Residence Director will ensure appropriate background checks are received at the community prior to the start date of new employees. The Management Assistant will confirm background checks are in place during monthly employee file audits.

Teaching - The Residence Director and Management Assistant reviewed regulations 2600.51 and 2600.52 along with, "Criminal Background Checks and the Older Adult Protective Services Act" located in the Regulatory Issues and Frequently Occurring Situations section of the R.C.G. to ensure proper understanding of necessary back ground clearances for new employees.

Ongoing - The Management Assistant and/or Designee will confirm background checks are in place during monthly employee file audits and results will be discussed at the monthly Quality Assurance Meeting.

*J
 12/31/13*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Susan Laise*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Susan Laise Residence Director* Date *12-24-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



Assisted Living Concepts Statement of Deficiencies Attestation Statement

I hereby attest that I have reviewed this Survey Report and/or Statement of Deficiencies and have taken or will take corrective measures to correct this deficiency and attain compliance with the identified issues and associated state regulations.

In addition, I will re-educate staff as required and will implement a quality improvement monitoring system to monitor and ensure continued compliance with this requirement.

I understand that to maintain a license to operate as an assisted living facility, the community must be in compliance with state licensing laws and regulations at all times.

Susan Reese

12-23-13

Residence Director/Designee Signature

Date

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DEC 23 2013

**WEST REGION FIELD OFFICE
Human Services Licensing**



Greer House

A Senior Living Community
by Assisted Living Concepts, Inc.

Commonwealth of PA
Department of Public Welfare
Bureau of Human Service Licensing
11 Stanwix St. Suite 230
Pittsburgh, PA 15222

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WEST REGION FIELD OFFICE
Human Services Licensing

December 24, 2013

Enclosed please find the Plan of Correction submitted in response to the incident inspection that concluded at Greer House on November 25, 2013.

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies were correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Our Residence team remains committed to ongoing quality improvements and initiatives that enhance resident care and quality of life.

Please feel free to contact me at 724-656-0132 should you have any additional questions or concerns.

Sincerely,

Susan Leise
Residence Director

Violation: 2600.51

Immediately - The Residence Director completed an audit of current staff files to ensure proper back ground checks were obtained and are in place for each employee.

Changing Practice – The Residence Director will ensure appropriate background checks are received at the community prior to the start date of new employees. The Management Assistant will confirm background checks are in place during monthly employee file audits.

Teaching – The Residence Director and Management Assistant reviewed regulations 2600.51 and 2600.52 along with, "Criminal Background Checks and the Older Adult Protective Services Act" located in the Regulatory Issues and Frequently Occurring Situations section of the R.C.G. to ensure proper understanding of necessary back ground clearances for new employees.

Ongoing - The Management Assistant and or Designee will confirm background checks are in place during monthly employee file audits and results will be discussed at the monthly Quality Assurance Meeting.

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DEC 27 2013

**WEST REGION FIELD OFFICE
Human Services Licensing**

Violation: 2600.52

Immediately - The Residence Director completed an audit of current staff files to ensure proper back ground checks were obtained and are in place for each employee.

Changing Practice – The Residence Director will ensure appropriate background checks are received at the community prior to the start date of new employees. The Management Assistant will confirm background checks are in place during monthly employee file audits.

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DEC 28 2013

**WEST REGION FIELD OFFICE
Human Services Licensing**