



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 05 2014

Ms. Susan Leise, Executive Director
Greer AID OPCO, LLC
22 West Clen Moore Boulevard
New Castle, Pennsylvania 16105

RE: Clen-Moore Place
License #: 444930

Dear Ms. Leise:

As a result of the Department of Public Welfare's licensing inspection on June 24, 2014 and June 27, 2014, 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.

Your regular license for the period July 11, 2014 to July 11, 2015 to was issued on June 19, 2014. Your regular license remains in good standing.

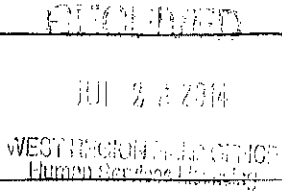
Sincerely,

Matthew J. Jones
Director

JH

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: CLEN MOORE PLACE		License Number: 44493
Address: 22 WEST CLEN MOORE BOULEVARD, NEW CASTLE, PA 16105		County: Lawrence
Administrator: Susan Leise		Region: WEST
Legal Entity Name: GREER AID OPCO LLC		
Legal Entity Address: 22 WEST CLEN MOORE BOULEVARD, NEW CASTLE, PA 16105		
Certificate(s) of Occupancy C-2 LP 03/05/1998 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 43	Waking Staff: 32
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/24/2014: Williams, Jason; Marini, Michael 06/27/2014: Williams, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 35 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 1	

Violation Report: 44493 - 06/24/2014 - Williams, Jason
PCH Name: CLEN MOORE PLACE

JUL 28 2014

WEST VIRGINIA DEPARTMENT OF
HUMAN SERVICES LICENSING

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

On 6/24/14, the light outside of the A-hall exit door was not functional. This door is used for emergency evacuations.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.87 - The light was replaced during the inspection. It had been damaged during exterior power washing. The Maintenance Director (M.D.) has been instructed to avoid exterior lights when power washing. M.D. will check exterior lights for function during routine maintenance rounds. Staff reviewed this regulation on 7/17/14. (Attachment 1) Staff has been instructed to report any malfunctioning lights to M.D. through a Maintenance Request Form. The Maintenance Director will complete a check of all interior and exterior lighting sources and make repair or replacement on those not functioning by 7/25/14.

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 Executive Director* Date *07-23-2014*

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

The above plan of correction is approved as of 7-30-14
(Date)

The above plan of correction was approved by *ASL*
(Initials)

Plan of correction implementation status as of 7-30-14
(Date)

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

RECEIVED

JUL 20 2014

Violation Report: 44493 - 06/24/2014 - Williams, Jason
PCH Name: CLEN MOORE PLACE

STATE OF PA. OFFICE
OF ASSISTANT ATTORNEY GENERAL

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
On 6/27/14, there was no operable source of bedside lighting next to the bed in room 113.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

101j7 - The light bulb was replaced during the inspection. Staff reviewed this regulation on 7/17/14. (Attachment 1) Staff has been instructed to check bed side lamps while in resident rooms assisting with care or during housekeeping. Staff will report any malfunctioning lights to the Maintenance Director through a Maintenance Request Form. The Maintenance Director will complete a check of all interior and exterior lighting sources and make repair or replacement on those not functioning by 7/25/14.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Susan Leise, Executive Director* Date *07-23-2014*

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

The above plan of correction is approved as of 7-30-14
(Date)

The above plan of correction was approved by *ASP*
(Initials)

Plan of correction implementation status as of 7-30-14
(Date)

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

JUL 23 2014

Violation Report: 44493 - 06/24/2014 - Williams, Jason
PCH Name: CLEN MOORE PLACE

WEST VIRGINIA STATE DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

On 6/27/14, a dog named "Gizmo", who is a resident's pet, was present in the home. The rabies certificate for this dog expired on 4/11/14.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.109b An audit was completed 6/30/14 to ensure other pets rabies certificates were up to date. Gizmo had an appointment with his veterinarian on 7/22/14 to acquire an updated vaccine and certificate. (Attachment 2) Administrator and or designee will review pet certificates for currency at the monthly Quality Assurance Meeting.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Susan Daise Executive Director* Date *07-23-2014*

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

The above plan of correction is approved as of 7-30-14
(Date)

The above plan of correction was approved by *SD*
(Initials)

Plan of correction implementation status as of 7-30-14
(Date)

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

Violation Report: 44493 - 06/24/2014 - Williams, Jason
PCH Name: CLEN MOORE PLACE

JUL 23 2014

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
On 6/24/14, the menu posted on the bulletin board by the mailboxes only listed meals through 6/28/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.162(c) - The correct week's menu was posted during the inspection. The entire four week menu cycle along with the correlating dates has been posted. The menu will be reviewed at the community's daily stand up meeting. (Attachment 3)

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 Executive Director* Date *07-23-2014*

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

The above plan of correction is approved as of 7-30-14
(Date)

The above plan of correction was approved by *PLP*
(Initials)

Plan of correction implementation status as of 7-30-14
(Date)

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

RECEIVED

JUL 26 2014

Violation Report: 44493 - 06/24/2014 - Williams, Jason
PCH Name: CLEN MOORE PLACE

WEST VIRGINIA UNIVERSITY
HUMAN SERVICES LIBRARY

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Polyethylene Glycol 17gm / 1 dose powder, 1 capful (17gm) in liquid by mouth every day. The June 2014 medication administration record lists this medication as Polyethylene Glycol 17 gm / 1 dose powder, 1 capful (17gm) by mouth every other day.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.187(a) – The medication administration record was updated on 6/24/14 with the correct order instructions. Medication Technicians utilize a 3 way audit to ensure orders are accurately recorded on the medication administration record. (Attachment 4) M.A.R.'s will be reviewed for accuracy by the R.N. or designee upon receipt of any new orders or order changes and monthly.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Susan Deise, Executive Director</i>	Date <i>07-25-2014</i>
---	------------------------

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

The above plan of correction is approved as of 7-30-14 (Date)

The above plan of correction was approved by *QMP* (Initials)

Plan of correction implementation status as of 7-30-14 (Date)

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

RECEIVED

Violation Report: 44493 - 06/24/2014 - Williams, Jason
PCH Name: CLEN MOORE PLACE

RII 28 2014

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 3/27/14, for Resident #1, indicates that the resident is on a regular diet. However, the resident's medical evaluation, dated 3/24/14, indicates the resident requires a mechanical soft diet.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.225(a) - The dietary order was clarified with the physician by the R.N. on 6/24/14. The correction was noted on the D.M.E. by the physician on 7/29/14. (Attachment 5) D.M.E.'s will be reviewed upon receipt by the R.N. or designee for accuracy and completion. An audit of DME's for order compliance and completion will be completed by the Administrator by 7/31/14.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan Leise

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Susan Leise Executive Director

Date

07-23-2014

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

The above plan of correction is approved as of

7-30-14
(Date)

Plan of correction implementation status as of

7-30-14
(Date)

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

The above plan of correction was approved by

SL
(Initials)

RECEIVED

JUL 26 2014

Violation Report: 44493 - 06/24/2014 - Williams, Jason
PCH Name: CLEN MOORE PLACE

WEST VIRGINIA HEALTH OFFICE
Human Resources Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 11/17/13, for Resident #2, does not address the diagnoses of acute renal failure, urinary tract infection, edema, constipation or dyspnea which are listed on the medical evaluation, dated 5/20/14.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.225(c) – Resident # 2's assessment was updated on 7/16/14 to address the diagnoses of acute renal failure, UTI, edema, constipation and dyspnea. (Attachment 6) Upon receipt of new D.M.E.'s, the R.N. or designee will ensure the assessment addresses any additional diagnoses. A complete audit of D.M.E.'s and assessments to ensure diagnoses are being addressed will be completed by the Administrator by August 15, 2014.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Susan Deise

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Susan Deise, Executive Director

Date

07-23-2014

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

The above plan of correction is approved as of

7-30-14
(Date)

Plan of correction implementation status as of

7-30-14
(Date)

The above plan of correction was approved by

SD
(Initials)

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

RECEIVED

JUL 23 2014

WEST VIRGINIA STATE UNIVERSITY
Human Resources

Violation Report: 44493 - 06/24/2014 - Williams, Jason
PCH Name: CLEN MOORE PLACE

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
The following support plans were not signed by the residents and there was no indication of the residents' refusal to participate or inability to sign:
-Resident #1, dated 3/27/14
-Resident #2, dated 11/17/13
-Resident #3, dated 10/6/13
-Resident #4, dated 5/14/14

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.272(g) – Support Plans were reviewed and signatures obtained for Resident’s #2, #3 and #4. Resident #1 is unable to participate due to advanced dementia. (Attachment 7) Future RASP’s will be reviewed with resident’s for signature by Administrator, R.N. or designee. In the event a resident is unable to participate, this will be noted on the signature page. A complete audit of RASP’s will be completed by August 15, 2014 by the Administrator. A review will be done with resident’s for those found without signature.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jusan Laise Executive Director* Date *07-23-2014*

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

The above plan of correction is approved as of 7-30-14
(Date)

The above plan of correction was approved by *JSP*
(Initials)

Plan of correction implementation status as of 7-30-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *JSP*

Partially Implemented - Inadequate Progress

Not Implemented