



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 12, 2015

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

RE: Clen-Moore Place
444930

Dear Ms. Leise:

As a result of the Department of Human Services' licensing inspection on January 13, 2015, 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 "Jon Kimberland/CV".

Jon Kimberland
Regional Licensing Administrator

Enclosure
Licensing 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: Dianna Jones		Region: WEST
Legal Entity Name: GREER AID OPCO LLC		
Legal Entity Address: 22 WEST CLEN MOORE BOULEVARD, NEW CASTLE, PA 16105		RECEIVED
Certificate(s) of Occupancy C-2 LP 03/25/1997 L&I		APR 13 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s)		
Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
01/13/2015: Phillips, Joseph		
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: 33 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: 6 Number of Hospice Residents in past year: 17	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 1	

Violation Report: 44493 - 01/13/2015 - Phillips, Joseph

APR 30 2015

PCH Name: CLEN MOORE PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The most recent assessment and support plan dated 10/6/13, for resident #1 indicates that the resident requires assistance with setting up resident for meals. The staff is to place his/her liquids in his/her spill proof straw cup. The staff is to raise the head of the resident's bed adequately enough to prevent choking. On 8/16/14, the resident was sleeping lying on his/her back. Staff person A delivered the resident's meal tray and left the resident unattended in the bedroom asleep with the tray table located over his/her abdomen. The resident did not receive setup assistance as required resulting in 1st to 3rd degree burns.

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.

Please see attached plan. pages 2A and 2B of 5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dianna M. Jones

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

Dianna M. Jones

Date 4/28/15

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

The above plan of correction is approved as of 5-7-15
(Date)

Plan of correction implementation status as of 5-7-15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by §
(Initials)

Date of Violation Report—1/13/15

Regulation 55 Pa Code 2600

2600.23 (a)—A home shall provide each resident with assistance with activities of daily living as indicated in the residents assessment and support plan

This REQUIREMENT is not met as evidenced by:

The most recent assessment and support plan dated 10/6/2013 for resident #1 indicates that the resident requires assistance with setting up resident for meals. The staff is to place his/her liquids in his/her spill proof straw cup. The staff is to raise the head of the resident's bed adequately enough to prevent choking. On 8/16/14, the resident was sleeping lying on his/her back. Staff person A delivered the residents meal tray and left the resident unattended in the bedroom asleep with the tray table located over his/her abdomen. The resident did not receive set up assistance as required resulting in 1st to 3rd degree burns.

PLAN OF CORRECTION—Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiency was correctly cited, and is also NOT to be construed as an admission against interest by the facility, or any employees, agents, or other individuals who drafted or may be discussed in the Response and 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.

1. A review of proper set up of meals for resident #1 was done on the same day as the incident with the previous Executive Director, and the current Care Services Manager.
2. A staff signed memo was sent out the next business day, Monday August 18th 2014, directing staff to read resident's RASP's and follow the directions on each RASP, per the Care Services Manager.

Date: 4/28/15

Signature

Dianna M. Jones
Dianna M. Jones

3. Current staff will receive an in-service on reading residents RASP's by 4-30-15 by Dianna Jones, Executive Director. New hires will receive training on reading resident RASP's during initial orientation.
4. ED will complete a monthly review, by the 20th of each month, ensuring compliance with staff reading each RASP.
5. Current staff will be required to have completed reading of current resident's RASP by May 10, 2015.
6. The Care Services Manager will monitor the set up of resident #1's meal twice weekly for 2 months on lunch and dinner shifts to ensure resident's care needs are being met with his dietary instructions.

Immediately – The administrator or designee will monitor resident care at least twice a week on each shift for three months to ensure direct care staff is properly meeting the needs of all residents based on the resident's individual assessment and support plan. Documentation of monitoring will be kept.

5-7-15y

Date 4/28/15 Signature

Dianna M. Jones
Dianna M. Jones

5-7-15y

Violation Report: 44493 - 01/13/2015 - Phillips, Joseph

PCH Name: CLEN MOORE PLACE

APR 30 2015

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8/16/14 on the 3 p.m. to 11 p.m. shift at dinner time staff person A delivered resident #1's dinner tray. The resident was a sleep. The resident's tray table was in front of him/her across his/her abdomen. Staff person A laid the tray down on the table with a Styrofoam 8 oz. cup of coffee without the lid. The staff person did not follow the resident's assessment and support plan dated 10/6/13. The resident's assessment and support indicates prompting and cueing needs along with drinks needing to be placed into the resident's lidded cup. The resident needs to be watched while eating to ensure he/she does not choke. Staff person A left the resident in the room asleep lying on his/her back unattended. The resident awoke without knowing the tray was in front of him/her. The hot coffee spilled out on to the bed through the resident's blanket. The coffee penetrated the blanket and the hot liquid was on his/her right leg. The resident yelled for help and rang for assistance. Staff person B sent staff person A to answer the residents call bell. Staff person A came back to staff person B and asked for assistance. Staff person B started first aid and called staff person C along with the resident's family members. The resident was sent to the local hospital emergency department. Resident #1 was returned with a diagnosis of first degree burns to right leg along with a prescription for Silvadene cream.

On 9/2/14, resident's physician ordered home health for resident's wound care dressing changes. On 9/2/14, according to nursing notes the burn area is 16 cm x 10 cm x 0.1 cm with whitish tissue over burn area and redden borders about 1 to 2 inches in width. The wound had a greenish drainage present on the dressing. The resident's physician was notified and home health order.

On 9/3/14, resident seen by his/her physician, a written order for twice a day wound care with antibiotics ordered. Wound care center appointment scheduled for 9/9/14.

On 9/9/14, resident seen by physician at wound center and the resident is given a diagnosis of 3rd. degree burns. The wound care clinic debrided the residents wound. Later that evening resident was taken to hospital emergency room due to the wound excessively bleeding. The hospital applied a pressure dressing to the wound site to control the bleeding. The doctor ordered the pressure dressing not to be removed for 24 hours. The resident continued to be seen at the wound care center and Celtic home health for dressing changes.

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.

Please see attached plan pages 3A and 3B

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	Dianna M. Jones
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Dianna M. Jones	4/28/15

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

The above plan of correction is approved as of <u>5-7-15</u> (Date)	Plan of correction implementation status as of <u>5-7-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Date of Violation Report—1/13/15

1. Regulation 55 Pa.Code 2600

2600.42 (b) A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

This REQUIREMENT is not met as evidence by:

On 8/16/14 on the 3pm to 11 pm shift at dinner time staff person A delivered residents #1's dinner tray. The resident was asleep. The residents tray table was in front of him/her across his/her abdomen. Staff person A laid the tray down on the table with a Styrofoam 8oz cup of coffee without the lid. The staff person did not follow the resident's assessment and support plan dated 10/6/13. The resident's assessment and support indicates prompting and cueing needs along with drinks needing to be placed into the resident's lidded cup. The resident needs to be watched while eating to ensure he/she does not choke. Staff person A left the resident in the room asleep lying on his/her back unattended. The resident awoke without knowing the tray was in front of him/her. The hot coffee spilled out on to the bed through the resident's blanket. The coffee penetrated the blanket and the hot liquid was on his/her right leg. The resident yelled for help and rang for assistance. Staff person B sent staff person A to answer the resident's call bell. Staff person A came back to staff person B and asked for assistance. Staff person B started first aid and called staff person C along with the residents family members. The resident was sent to the local hospital emergency department. Resident #1 was returned with a diagnosis of first degree burns to right leg along with a prescription for Silvadene cream.

Date 4/28/15

Signature Dianna M. Jones
Dianna M. Jones

5-7-15,

PLAN OF CORRECTION:

1. A review of proper set up of meals for resident #1 was done on the same day as the incident with the previous Executive Director, and current Care Services Manager.
2. A staff signed memo was sent out the next business day, Monday August 18th 2014, directing staff to read resident's RASP's and follow the directions on each RASP, per the Care Services Manager.
3. Current staff will receive an in-service on reading residents RASP's by 4-30-15 by Dianna Jones, Executive Director. New hires will receive training on reading resident RASP's during initial orientation.
4. ED will complete a monthly review, by the 20th of each month, ensuring compliance with staff reading each RASP.
5. Current staff will be required to have completed reading of each residents RASP by May 15, 2015.
6. An abuse prevention training provided by our local Area Agency of Aging office will be held on May 14, 2015 @ 2 pm.
7. The CSM and/or designee will monitor staff to ensure compliance by checking the lunch and dinner meals. The checklist will be completed daily for 30 days for 1 month, then 3x week for one month, then weekly for 1 month.

Immediately – The administrator or designee will monitor resident care at least twice a week on each shift for three months to ensure direct care staff is properly meeting the needs of all residents based on the resident's individual assessment and support plan. Documentation of monitoring will be kept. 5-7-15

Date 4/28/15

Signature

Dianna M. Jones
Dianna M. Jones

RECEIVED

Violation Report: 44493 - 01/13/2015 - Phillips, Joseph
 PCH Name: CLEN MOORE PLACE

APR 30 2015

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

An assessment was completed for resident #1 on 10/6/13. The resident's support plan was not revised to reflect the resident's need for a 3 person assist when transferring from bed to recliner or wheel chair per the nursing director of wellness on 8/17/14 nursing note.

An assessment was completed for resident #1 on 10/6/13. The resident's support plan was not revised to reflect the resident's need for a thermal cup per the nursing director of wellness on 8/17/14 nursing note.

An assessment was completed for resident #1 on 9/10/14. The resident's support plan was not revised to reflect the physician orders dated 9/23/14. The resident needs a cushion to be placed between knees in bed or wheel chair for positioning to release pressure at all times.

An assessment was completed for resident #1 on 9/10/14. The resident's support plan was not revised to reflect the physician orders dated 11/21/14 to change resident's diet to a mechanical soft.

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.

Please see attached plan page 4A of 5

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Dianna M. Jones*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dianna M. Jones* Date *4/28/15*

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

The above plan of correction is approved as of 5-7-15
 (Date)

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

- Plan of correction implementation status as of 5-7-15
 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress *g*
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Date of Violation Report—1/13/15

1. Regulations 55 Pa. Code 2600
2600.227 (c) The residents support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment.

This REQUIREMENT is not met as evidenced by:

On 9/2/14, resident #1 physician ordered home health care for the resident to have wound dressing changes done for the 3rd degree burn. The resident’s support plan dated 10-6-13 was not updated to reflect the services. Also, the residents most current support plan dated 9-10-14 does not include the service.

On 9-2-14, resident #1 physician ordered appointment for wound care center with appointment scheduled for 9-9-14 concerning the 3rd degree burn. The residents support plan dated 10-6-13 was not up dated to reflect the services. Also, the residents most current support plan dated 9-10-14 does not include the service. Resident was discharged from wound care center services 11-4-14.

PLAN OF CORRECTION—

1. Resident’s #1 RASP dated 10-6-13 was amended to show on 9-9-14 “resident initiated care at wound center for care of right extremity” and on 9-2-14 “home health agency skilled nurse referral, skilled nurse to perform wound care as ordered and directed by PCP” (Please see attached)
2. The Executive Director will work with the Care Service Manager monthly to ensure that orders are updated to residents RASPs.
3. RASP’s will be reviewed by ED and/or CSM for any addendums or changes by the 20th of each month.
4. ED and CSM will work to make sure current RASP’s have proper addendums attached by the 30th of April.

Date 4/28/15 Signature

Dianna M. Jones
Dianna M. Jones

Violation Report: 44493 - 01/13/2015 - Phillips, Joseph
PCH Name: CLEN MOORE PLACE

APR 30 2015

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 9/2/14, resident #1's physician ordered home health care for the resident to have wound dressing changes done for the 3rd degree burn. The resident's support plan dated 10/6/13 was not updated to reflect the services. Also, the residents most current support plan dated 9/10/14 does not include the service.

On 9/2/14, resident #1's physician ordered appointment for wound care center with appointment scheduled for 9/9/14 concerning the 3rd degree burn. The resident's support plan dated 10/6/13 was not up dated to reflect the services. Also, the residents most current support plan dated 9/10/14 does not include the service. Resident was discharged from wound care center services 11/4/14.

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.

Please see attached plan pages SA and SO of S

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dianna M. Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dianna M. Jones* Date *4/28/15*

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

The above plan of correction is approved as of 5-7-15 (Date)

The above plan of correction was approved by f (Initials)

Plan of correction implementation status as of 5-7-15 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
- Partially Implemented - Inadequate Progress
- Not Implemented

Date of Violation Report—1/13/15

1. Regulation 55 Pa Code 2600

2600.227 (d) Each home shall document in the residents support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

This REQUIREMENT is not met as evidences by:

An assessment was completed for resident #1 on 10-6-13. The resident's support plan was not revised to reflect the resident's need for a 3 person assist when transferring from bed to recliner or wheel chair per the nursing director of wellness on 8-17-14 nursing note.

An assessment was completed for resident #1 on 10-6-13. The resident support plan was not revised to reflect the resident's need for a thermal cup per the nursing director of well ness on 8-17-14 nursing note.

An assessment was completed for resident #1 on 9-10-14. The residents support plan was not revised to reflect the physician orders dated 9-23-14. The resident needs a cushion to be placed between knees in bed or wheel chair for positioning to release pressure at all times.

An assessment was completed for residents #1 and 9-10-14. The resident's support plan was not revised to reflect the physician orders dated 11/21/14 to change resident's diet to mechanical soft.

Date: _____

4/28/15

Signature _____

Dianna G. Jones
Dianna M. Jones

5-7-15

PLAN OF CORRECTION—

1. The service note dated 8-17-14 had a clerical error, listing resident #1 to be a 3 person assist when he is a 2 person assist. All of his other paperwork lists him as a 2 person assist.
2. Please see the attached sheet regarding the thermal and non-thermal cups that resident #1 used. This information was documented on a nurses note and was not attached to the RASP. Care Services Manager will review current resident RASPS to ensure they contain required information from the service notes. RASP's will be reviewed by 4/30/15.
3. Care Services Manager will re- check current physican orders to ensure that any new orders have corresponding entries on a RASP addendum for that resident.

By 5/30/15 - All staff persons involved with the completion or review of support plans will be educated regarding accurately completing support plans including the care and services the home will provide to the resident. Documentation of education will be kept.

5-7-15

Date: 4/28/15

Signature Dianna M. Jones
Dianna M. Jones

5-7-15