



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 14, 2016**

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

RE: Clen-Moore Place  
# 444930

Dear Ms. Jones:

As a result of the Department of Human Services' licensing inspection on March 18, 2016, 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, appearing to read "Larry Mazza".

Larry Mazza  
Human Services Licensing Supervisor

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		<b>RECEIVED</b>
Legal Entity Address: 22 WEST CLEN MOORE BOULEVARD, NEW CASTLE, PA 16105		
Certificate(s) of Occupancy C-2 LP 03/03/1998 Labor and Industry		AUG 22 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
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 03/18/2016: Garrigan, Laurie; Bedford, Katie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 47 Number of Residents Served: 37 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: 10		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 15 Have a Physical Disability: 1

AUG 22 2016

Violation Report: 44493 - 03/18/2016 - Garrigan, Laurie

PCH Name: CLEN MOORE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The left armrest of resident #2's wheelchair has a tear measuring approximately 1 1/2 inches. The armrest is partially duct taped and has the foam stuffing exposed, posing a skin breakdown hazard to the resident.

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.*

*See pg 2<sup>a</sup> of 4*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Melissa Knight ED*

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

*Melissa Knight ED*

Date *8/18/16.*

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

The above plan of correction is approved as of

*8/30/16*  
(Date)

Plan of correction implementation status as of

*8/30/16*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *MK*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*MK*  
(Initials)

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AUG 22 2016

Date of violation report- 3/18/2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 33 PA Code 2600

2600.81 (b) – Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards:

This requirement is not met as evidenced by:

The left armrest of residents #2 's wheelchair has a tear measuring approximately 1.5 inches. The armrest is partially duct taped and has the foam stuffing exposed, posing a skin breakdown hazard to the resident.

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 employers, 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 the allegation by the survey agency.

1. The armrests on resident's wheelchair were replaced so that no tears exist on armrest posing a skin breakdown hazard to the resident.
2. Current staff received an in service regarding care and maintenance of resident wheelchairs and equipment on 8/15/2016 by [redacted] Executive Director.
3. All staff was informed on 8/15/2016 to notify [redacted] Executive Director immediately if there are any repairs needed to resident equipment.
4. The maintenance technician will complete monthly checks on resident wheelchairs to ensure there are no issues or repairs needed to equipment. Family is to be notified immediately of any equipment repairs needed by the lead medication technician.

Signature Nellie Knight/EP Date 8/19/16

9/11/16 8/30/16

AUG 22 2016

Violation Report: 44493 - 03/18/2016 - Garrigan, Laurie  
PCH Name: CLEN MOORE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 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

Resident #3's medical evaluation, dated 8/4/15, indicates the resident requires a mechanical soft diet; however, resident #3's assessment, dated 8/1/15, indicates a regular 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.

*Please see attached plan.*

*See pg 3<sup>a</sup> of 4*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Melissa J Knight ED*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Melissa J Knight ED* Date *8/17/16*

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

The above plan of correction is approved as of *8/30/16*  
(Date)

Plan of correction implementation status as of *8/30/16*  
(Date)

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

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

3<sup>a</sup> of 4

RECEIVED

AUG 22 2016

Date of violation report- 3/18/2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 55 PA Code 2600

2600.255 © The resident shall have additional assessments as follows:

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

This requirement is not met as evidence by:

Resident #3's medical evaluation dated 8/4/2015, indicates the resident requires a mechanical soft diet however resident #3's assessment dated 8/1/2015 indicates a regular diet.

Plan of correction:

1. Upon review of resident DME dated 8/9/2016 and assessment dated 8/19/2016 both state that resident diet is regular.
2. Care Services Manager and/or Executive Director will monitor resident assessments to ensure the assessment and rasps are accurate for 2 months. Documentation will be kept.

Resident #3's medical evaluation, dated 8/1/16, orders a regular diet. gw. 8/30/16

Within 30 days of receipt of the plan of correction: a designated staff person will review all current resident assessments for accuracy and completion, including the residents prescribed diet. Any inaccurate or incomplete information will be corrected immediately. gw. 8/30/16

Signature Melissa J. Knylik/EP Date 8/19/16

gw. 8/30/16

AUG 22 2016

Violation Report: 44493 - 03/18/2016 - Garrigan, Laurie  
PCH Name: CLEN MOORE PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 11/7/15, does not include the frequency or types of services provided by a hospice agency, which began services on 8/24/15.

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.*

*See pg 4<sup>a</sup> of 4*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Melissa J Knight ED*

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

*Melissa J Knight ED*

Date

*8/19/16*

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

The above plan of correction is approved as of

*7/30/16*  
(Date)

Plan of correction implementation status as of

*7/30/16*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *MJ.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*MJ.*  
(Initials)

RECEIVED

AUG 22 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

4<sup>a</sup> of 4

Date of violation report- 3/18/2016

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.

This requirement is not met as evidenced by:

Resident #1's support plan, dated 11/7/2015 does not include the frequency or types of services provided by a hospice agency, which began services on [REDACTED] 2015.

The plan of correction:

1. Resident #1 was discharged from hospice services on [REDACTED] 2016.
2. The Executive Director will work with the Care Services Manager monthly to ensure that rasps are detailed to include frequency and types of services provided by outside agencies.
3. Rasps will be reviewed by ED and/or CSM for any addendums or changes by the 20<sup>th</sup> of each month.
4. ED and/or CSM will work to make sure current RASPs have proper addendums attached by the 30<sup>th</sup> of each month.

Signature

Melissa J. Knight /ao

Date

8/19/16

JW. 8/20/16