



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 29, 2016

Ms. Dianna Jones, Executive Director
Greer AID OPCO, LLC
22 West Glen 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 May 19, 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 that reads "Jon Kimberland".

Jon Kimberland
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: Melissa Knight		Region: WEST
Legal Entity Name: GREER AID OPCO LLC		RECEIVED
Legal Entity Address: 22 WEST CLEN MOORE BOULEVARD, NEW CASTLE, PA 16105		
Certificate(s) of Occupancy C-2 LP 03/05/1998 L & I		SEP 20 2016 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) Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/19/2016: McConnell, Deb		
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: 39 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: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 0

SEP 20 2016

Violation Report: 44493 - 05/19/2016 - McConnell, Deb
PCH Name: CLEN MOORE PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 5/11/16, at 10:30 a.m., staff person B, the home's administrator, was notified that on 5/3/16 at approximately 12:00 p.m. direct care staff person A grabbed both of resident #1's cheeks with both hands and called the resident "a pain in the butt" twice. The home did not develop and implement a plan of supervision or suspend staff person A until 5/11/16, at 1:00 p.m., allowing staff person B to provide unsupervised direct care to residents in the home from 10:30 a.m. through 1:00 p.m.

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.

See Page 2 of 5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa J Knight

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

Melissa J Knight Executive Director

Date 9/19/16

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

The above plan of correction is approved as of 9-22-16
(Date)

Plan of correction implementation status as of 9-22-16
(Date)

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

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

Date of violation report- 5/19/2016

Regulation 55 PA Code 2600

2600.15 (b) – If there is an allegation of abuse of a resident involving a home’s staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

This requirement is not met as evidenced by:

On 5/11/2016m at 10:30 AM, staff person B, the home’s administrator was notified that on 5/3/16 at approximately 12:00 PM direct care staff person A grabbed both of the resident #1’s cheeks with both hands and called the resident a “pain in the butt” twice. The home did not develop and implement a plan of supervision or suspend staff person A until 5/11/16 at 1:00 PM allowing staff person B to provide unsupervised direct care to residents in the home from 10:30 AM through 1:00 PM.

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. Staff A was suspended from employment at 1:00 PM on 5/11/2016.
2. Staff A was training on Act 13 on 3/10/2016. (see attachment 1A)
3. On 5/23/16 staff A was terminated with an effective date of 5/11/2013. (see attachment A)
4. On 9/15/2016 staff were trained on Abuse and Neglect including the review of Act 13 and the importance of immediate reporting to Executive Director. (see attachment B)
5. Executive Director or RN will discuss with staff any observations of mistreatment of residents at regular stand up meeting
6. An abuse and neglect training will also be completed by Lawrence County Ombudsman by 11/1/2016 for staff.

Immediately: The administrator will review all allegations of abuse to ensure any staff person alleged of abuse has been immediately suspended or placed on a plan of supervision approved by the Department. 9-22-16

Signature Melissa J Knight ED Date 9/19/16

9-22-16

Violation Report: 44493 - 05/19/2016 - McConnell, Deb
PCH Name: CLEN MOORE PLACE

SEP 20 2016

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Onn 5/3/16 at approximately 12:00 p.m. direct care staff person A grabbed both of resident #1's cheeks with both hands and called the resident "a pain in the butt" twice.

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.

SEE PAGE 3 OF 5

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa Knight*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa Knight Executive Director* Date *9/19/16*

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(Date)

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(Date)

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

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

Page 3 of 5

Date of violation report- 5/19/2016

Regulation 55 PA Code 2600

2600.42 © The resident shall be treated with dignity and respect.

This requirement is not met as evidence by:

On 5/3/2016 at approximately 12:00 PM direct care staff person A grabbed both of resident's #1s cheeks with both hands and called the resident "a pain in the butt."

Plan of correction:

1. Staff A was suspended from employment at 1:00 PM on 5/11/2016.
2. On 5/23/16 staff A was terminated with an effective date of 5/11/2013. (see attachment A)
3. On 9/15/2016 staff were trained on Abuse and Neglect including the review of Act 13 and the importance of immediate reporting to Executive Director. This training also included the definition of dignity and respect and the resident's right to be treated with dignity and respect.(see attachment B)
4. Executive Director or RN will discuss with staff any observations of mistreatment of residents at regular stand up meeting
5. An abuse and neglect training will also be completed by Lawrence County Ombudsman by 11/1/2016 for staff.

Signature

Melissa Knapp ED

Date

9/19/16

9.22.16
4

SEP 20 2016

Violation Report: 44493 - 05/19/2016 - McConnell, Deb

PCH Name: CLEN MOORE PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on [redacted] 16. Staff person A did not receive Resident Rights and Emergency Medical Plan Training within 40 scheduled working hours.

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.

SEE PAGES 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) *Melissa J Knight*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa J Knight Executive Director* Date *9/19/16*

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(Date)

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(Initials)

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- Not Implemented

Date of violation report- 5/19/2016

Regulation 55 PA Code 2600

2600.65 (b) Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute staff personnel and volunteers shall have an orientation that includes the following:

1. Resident's rights
2. Emergency medical plan
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 PS ss 10225.101-10225.5102)
4. Reporting of reportable incidents and conditions

This requirement is not met as evidenced by:

Direct care staff person A was hired on [redacted] 2016. Staff person A did not receive Resident Rights and Emergency Medical Plan Training within 40 scheduled working hours.

The plan of correction:

1. On 5/20/2016, ED reviewed employee files to ensure that employees were trained in:
 - a. Resident's rights
 - b. emergency medical plan
 - c. mandatory abuse and neglect reporting
 - d. reporting of reportable incidents and conditions.
2. On 9/15/2016 staff were trained on Abuse and Neglect including the review of Act 13 and the importance of immediate reporting to Executive Director, [redacted] (see attachment B)
3. On 9/15/2016 staff were also trained on Resident Rights. (see attachment B)
4. New staff files are completed in full by Executive Director and reviewed by Concierge to ensure that staff have orientation of the following within 40 scheduled working hours:
 - a. resident rights
 - b. emergency medical plan
 - c. Act 13 and reportable incidents and conditions
 - d. Reporting of reportable incidents and conditions

Signature Melissa Knight ED

Date 9/19/16

9.22.16

Violation Report: 44493 - 05/19/2016 - McConnell, Deb

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 assessment, dated 5/12/16, indicates the resident has a history of frequent falls. The resident's support plan, dated 5/12/16, indicates the resident requires extensive supervision and the home will "monitor resident frequently throughout the day to ensure safety". However, the support plan is not specific to how and how often the home will monitor the resident for safety. Resident #1 has fallen 7 times from 3/24/16 through 5/3/16.

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.

SEE PAGE 5A OF 5

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Printed Name and Title of Legal Entity Representative
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Melissa J Knight Executive Director

Date 9/19/16

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(Date)

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(Date)

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The above plan of correction was approved by

JK
(Initials)

Date of violation report: 5/19/2016

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 evidenced by:

Resident's #1s assessment, dated 5/12/2016, indicated the resident has a history of frequent falls. The resident's support plan, dated 5/12/2016 indicates the resident requires extensive supervision and the home will "monitor resident frequently throughout the day to ensure safety." However, the support plan is not specific to how and how often the home will monitor the resident for safety. Resident #1 has fallen 7 times from 3/24/2016 to 5/3/2016.

The plan of correction:

1. RASP has been updated on 9/16/2016 to state "Staff will monitor resident before and after meals, before bedtime and 2 to 3 times per night to ensure safety." (see attachment C)
2. RN reviewed updated RASP with staff at monthly staff meeting on 9/15/2016. (see attachment D)
3. A community wide fall prevention program was put in place on 9/1/2016 to monitor resident falls. This program includes additional training for staff, regular review with staff of RASP for residents at risk for falls, tracking of patterns to determine when resident is at highest risk and implementation of appropriate interventions.

Within 30 days of receipt of the plan of correction: A designee shall review all resident support plans for accuracy and completeness. This will include the care and services the home will provide to meet residents' mobility needs and fall risks. 9-22-16 y

Signature: Melissa J. Kinglet ED Date: 9/19/16

9-22-16 y