



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 13, 2017

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 August 2, 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 "Brent A. Sutherland".

Brent Sutherland
Acting 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 03/25/1997 PA L&I		DEC 20 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 48	Waking Staff: 36
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/02/2016: Knee, Donald; Georgoulis, Karen		
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: 36 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: 3 Number of Hospice Residents in past year: 15		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 1

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Violation Report: 44493 - 08/02/2016 - Knee, Donald
PCH Name: CLEN MOORE PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

On 7/20/16 at approximately 10:30 p.m, staff person A forcefully transferred resident #1 from the wheelchair to the bed and then provided incontinence care. During the incontinence care, staff person A pushed the resident to the side, striking the resident's right knee off the wall. While completing incontinence care, staff person A turned the resident again, striking both knees off the wall. The resident had tears in his/her eyes and there was blood on the wall from striking the resident's knees.

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. Page 2A

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Executive Director* Date *12/19/16*

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

The above plan of correction is approved as of 12/21/16
(Date)

Plan of correction implementation status as of 12/21/16
(Date)

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

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

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Date of violation report- 8/2/2016

Regulation 55 PA Code 2600

WEST REGION FIELD OFFICE
Human Services Licensing

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

Description of violation:

On 7/20/2016 at approximately 10:30 PM staff person A transferred resident #1 from the wheelchair to the bed and then provided incontinence care. During the incontinence care, staff person A pushed the resident to the side, striking the resident's right knee off the wall. While completing incontinence care, staff person A turned the resident again, striking both knees off the wall. The resident had tears in his/her eyes and there was blood on the wall from striking the resident's knees.

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 person A was suspended on 7/22/2016 pending investigation and then terminated on [REDACTED] 2016.
2. New hires have Abuse and Neglect training to include Act 13 Abuse and reporting. (see attached Exhibit A and B)
3. Staff had Abuse and Neglect training on 9/15/2016 with Executive Director [REDACTED] (Exhibit C) and on 10/27/2016 with Lawrence County Agency on Aging (Exhibit D).

During the home's next quality management plan review and evaluation, the administrator will take action to establish that the home places an increased emphasis on this regulation with these plans of correction and ongoing staff person training to ensure compliance with Chapter 2600.42(b). BB 12/21/16

Signature *Melissa J. Knight* Date 12/19/2016

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Violation Report: 44493 - 08/02/2016 - Knee, Donald
PCH Name: CLEN MOORE PLACE

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

DEC 20 2016

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 7/20/16, staff person A yelled at resident #2 to "get up and walk," despite resident #2 reporting that he/she was not feeling well. Staff person A told the resident that he/she could not have not dinner unless he/she walked there. Staff person A then instructed resident #2 to sit in his/her wheeled walker and pulled resident #2 backwards at a brisk pace through the hallway.

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. Page 3A

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) *Executive Director* Date *12/19/16*

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(Date)

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(Initials)

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- Partially Implemented - Adequate Progress *BB*
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 PA Code 2600

2600.42c- A resident shall be treated with dignity and respect.

Description of violation:

On 7/20/2016, staff person A yelled at resident #2 to "get up and Walk", despite resident #2 reporting that he/she was not feeling well. Staff person A told the resident that he/she could not have dinner unless he/she walked there. Staff person A then instructed resident #2 to sit in his/her wheeled walker and pulled resident #2 backwards at a brisk pace through the hallway.

Plan of correction:

1. Staff person A was suspended on 7/22/2016 pending investigation. Staff A was then terminated on [REDACTED] 2016 for the alleged abuse to a resident.
2. New hires have Abuse and Neglect training to include Act 13 Abuse and reporting. (see attached Exhibit A and B)
3. Staff had Abuse and Neglect training on 9/15/2016 with Executive Director [REDACTED] (Exhibit C) and on 10/27/2016 with Lawrence County Agency on Aging (Exhibit D).

During the home's next quality management plan review and evaluation, the administrator will take action to establish that the home places an increased emphasis on this regulation with these plans of correction and ongoing staff person training to ensure compliance with chapter 2600.42(c).

*BS
12/21/16*

Signature: Melissa Knight EP Date: 12/19/16

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DEC 20 2016

Violation Report: 44493 - 08/02/2016 - Knee, Donald
PCH Name: CLEN MOORE PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

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).

2a. DESCRIPTION OF VIOLATION

Staff person A, hired [redacted] 16, did not hold permanent residency in Pennsylvania for two consecutive years prior to employment; however, a FBI background check was not completed. Staff person A provided the home an Ohio Identification Card that was issued on 8/4/14.

Staff person B, hired [redacted] 16, did not have a criminal background check completed until 7/21/16. Staff person B worked unsupervised in the home.

Staff person C, hired [redacted] 15, did not have a criminal background check completed until 9/11/15. Staff person C worked unsupervised in the home.

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 . Page 4A

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(Required on EVERY Page) *Melissa Knight*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Executive Director* Date *12/19/16*

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Regulation 22 PA Code 2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. SS 10225.101-10225.5102) and 6 PA Code 15 (relating to protective services for older adults.)

Description of Violation:

Staff person A hired on [REDACTED] 2016 did not hold a permanent residency in Pennsylvania for two consecutive years prior to employment; however a FBI background was not completed. Staff person A provided the home an Ohio Identification card that was issued 8/4/2014.

Staff person B hired [REDACTED] 2016 did not have a criminal background check completed until 7/21/2016. Staff person B worked unsupervised in the home.

Staff person C hired [REDACTED] 2015 did not have a criminal background check completed until 9/11/2015. Staff person C worked unsupervised in the home.

Plan of correction:

1. Staff person A was terminated on [REDACTED] 2016 for the alleged abuse to a resident.
2. Staff person B background check was completed on 7/21/2016 (Exhibit E).
3. Staff person C background check was completed on 9/11/2015. (Exhibit F).
4. A review of current staff background checks have been completed by ED by 8/30/2016 to ensure that staff background checks have been submitted within 30 days of hire.
5. Concierge will review new hires within 1 week of hire to ensure that background check has been submitted in timely manner.

Signature: [Handwritten Signature] Date: 12/19/16

BB 12/21/16

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Page 5 of 5

Violation Report: 44493 - 08/02/2016 - Knee, Donald
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 #2 receives psychiatric services due to a delusional disorder diagnosis; however, the resident's support plan does not indicate what psychiatric services are provided or the frequency of the services.

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.

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Printed Name and Title of Legal Entity Representative
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DEC 20 2016

Regulation 55 PA Code 2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.227d- 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.

Description of violation:

Resident #2 receives psychiatric services due to a delusional disorder diagnosis; however the resident's support plan does not indicate what psychiatric services are provided or the frequency of the services.

Plan of correction:

1. RASP addendum was completed on 8/2/2016 to reflect resident receiving psychiatric services. (Exhibit G).
2. Executive Director/RN reviewed resident RASPs by 8/30/2016 to ensure they are accurate and up to date.
3. Executive Director and/or RN will review RASPs monthly to ensure that they are accurate and up to date.

Signature: *Melissa J. Knight*

Date: 12/19/16

BB 12/21/16