



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 1, 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 February 23, 2017, 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: Melissa Knight		Region: WEST
Legal Entity Name: GREER AID OPCO LLC		
Legal Entity Address: 22 WEST CLEN MOORE BOULEVARD, NEW CASTLE, PA 16105		RECEIVED MAY 19 2017 WEST REGION FIELD OFFICE Human Services Licensing
Certificate(s) of Occupancy C-2 LP 03/25/1997 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 47	Waking Staff: 35
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/23/2017: Marini, Michael		
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: 32 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: 2 Number of Hospice Residents in past year: 24	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 31 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 1	

Violation Report: 44493 - 02/23/2017 - Marini, Michael
PCH Name: CLEN MOORE PLACE

MAY 19 2017

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

While passing drinks during dinner on 2/12/17, staff person A said, "Here's your coffee, goober?", to resident #1. One of resident #1's family members witnessed the incident and reported it to the administrator who in turn reported it to the Department.

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.

See Page 2A of 2

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 *5/18/17*

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

The above plan of correction is approved as of *5/19/17* (Date) Plan of correction implementation status as of *5/19/17* (Date)

The above plan of correction was approved by *[Signature]* (Initials) Fully Implemented
 Partially Implemented - Adequate Progress *[Signature]*
 Partially Implemented - Inadequate Progress
 Not Implemented

Date of violation report- 5/11/2017

Regulation 55 PA Code 2600

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

2a. Description of Violation- While passing drinks during dinner on 2/12/2107, staff person A said "Here's your coffee, goober?" to resident #1. One of the resident #1's family members witnessed the incident and reported it to the administrator who in turn reported it to the department.

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 on 2/13/2017 pending DHS investigation of violation. Staff A subsequently resigned on [REDACTED]/2017.
2. A review of resident rights was completed with staff on 1/17/2017 (exhibit A) and again on 4/20/2017 (exhibit B).
3. ED will review resident rights with new staff upon hire.
4. ED/Staff designee will discuss signs of abuse and neglect as well as dignity and respect with staff at stand up meetings.

Signature Melissa Knight ED Date 5/18/17