



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2018

Mr. Daniel Guill
Authorized Representative
Greer AID OPCO, LLC
22 West Clen Moore Boulevard
New Castle, Pennsylvania 16105

RE: Clen Moore Place
Certificate #: 444930

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspection on October 6, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 65 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		
Certificate(s) of Occupancy C-2 LP 03/05/1998 Dept. of L & I		RECEIVED FEB 06 2018 WEST PA. DEPT. OF LABOR Human Services Division
Staffing Hours		
Resident Support: 0	Total Daily Staff: 67	Working Staff: 43
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspection Dates and Department Representatives On-Site 10/08/2017: Cutler, Jan; Finner-Alman, Lisa		
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: 42 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: 5 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 1	

Violation Report: 44493 - 10/08/2017 - Cutler, Jan
PCH Name: CLEN MOORE PLACE

WEST VIRGINIA HOME CARE
Home Care Services, Inc.

1. REGULATION 55 Pa.Code §2600
2600.26(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
Resident #1 did not sign his/her resident-home contract, dated [redacted] 2017.
Resident #2 did not sign his/her resident-home contract, dated [redacted] 2017.

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 9

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa J MS Adams Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa J MS Adams Executive Director* Date *1/31/18*

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

The above plan of correction is approved as of 2/9/18
(Date)

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

Plan of correction implementation status as of 2/9/18
(Date)

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

RECEIVED

FEB 06 2018

WEST VIRGINIA UNIVERSITY
HARRIS CENTER FOR SENIORS

Date of violation report: 10/6/2017

Regulation 55 PA Code 2600

2600.25 (b)- The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

This requirement is not met as evidenced by:

Resident #1 did not sign his/her resident home contract dated [redacted] 2017.

Resident #2 did not sign his/her home contract dated [redacted] 2017.

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 the allegation by the survey agency.

1. Resident #1 – contract was signed 10/6/2017.

Resident #2 – contract was signed 10/6/2017.

2. Review of current resident contracts was completed on 10/31/2017 by the Executive Director(ED) to ensure that resident contracts have been completed and signed appropriately.

3. ED or designee will review new resident contracts at the time of Move-in or prior to move-in to ensure that the contract is signed appropriately.

4. 2/1/2018

Signature Melissa J McAdams ED Date 1/31/18

Violation Report: 44493 - 10/08/2017 - Cutler, Jan
PCH Name: CLEN MOORE PLACE

FEB 06 2018

WEST VIRGINIA HEALTH SERVICE
Human Resources Department

1. REGULATION 56 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

All of the cabinets and cabinet handles surrounding the kitchen island were coated with brown/gray grime.

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 3A of 9

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa JMS Adams Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa JMS Adams Executive Director* Date *1/31/18*

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

The above plan of correction is approved as of <u>2/9/18</u> (Date)	Plan of correction implementation status as of <u>2/9/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

FEB 06 2018

Date of violation report: 10/6/2017

Regulation 55 PA Code 2600

2600.85 (a) – Sanitary conditions shall be maintained.

This requirement is not met as evidenced by:

All of the cabinets and cabinet handles surrounding the kitchen island were coated in brown/gray grime.

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. Kitchen cabinets and cabinet handles were cleaned by staff on 10/16/2017. (Exhibit A)
2. Dietary staff were re-educated by ED on kitchen cleaning on 10/19/2017. (Exhibit B)
3. Dietary staff will clean kitchen according to Kitchen Cleaning Log. Chef or designee will review weekly and submit to ED or designee for review monthly. (Exhibit C)
4. 2/1/2018

Signature Melissa J. Adams EP Date 1/31/18

PROBATION

FEB 06 2018

Violation Report: 44483 - 10/08/2017 - Culler, Jan
PCH Name: CLEN MOORE PLACE

1. REGULATION 66 Pa.Code §2800
2800.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
There was an undated container of chinese food and an undated plastic container labeled "Ron" with 2 chicken leg bones in brown sauce in the actively room refrigerator.

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 4A of 9

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa J McAdams Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa J McAdams Executive Director* Date *1/31/18*

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

The above plan of correction is approved as of 2/9/18
(Date)

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

Plan of correction Implementation status as of 2/9/18
(Date)

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

RECEIVED

FEB 06 2018

Date of violation report: 10/6/2017

WA COUNTY HEALTH DEPARTMENT
1000 1st Ave, Everett, WA 98201

Regulation 55 PA Code 2600

2600.103(e) – Food served and returned from and individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

This requirement is not met as evidenced by:

There was an undated container of Chinese food and an undated plastic container labeled "Ron" with 2 chicken leg bones and brown sauce in the activity room refrigerator.

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.) Undated Chinese food and plastic container labeled "Ron" were removed by Executive Director from the Activity Room refrigerator at the time of the inspection on 10/6/2017.
- 2.) Community staff were re-educated on proper dating and storage of food and leftovers by Executive Director on 10/19/2017. (Exhibit A)
- 3.) ED or designee will conduct once weekly checks of the Activity Room refrigerator for proper dating and storage of food for 3 weeks; then monthly for 3 months.
- 4.) 2/1/2018

Signature Melissa J. Adams MD Date 1/31/18

RECEIVED

FEB 06 2018

Page 5 of 9

Violation Report: 44493 - 10/06/2017 - Culler, Jan
PCH Name: CLEN MOORE PLACE

1. REGULATION 55 Pa.Code §2800

2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 9:45 a.m., the freezer in the activity room measured 6 degrees Fahrenheit, and at approximately 4:35 p.m. it measured 4 degrees Fahrenheit.

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 5A of 9

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa J. Adams Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa J. Adams Executive Director* Date *1/31/18*

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

The above plan of correction is approved as of 2/9/18
(Date)

Plan of correction implementation status as of 2/9/18
(Date)

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(Initials)

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- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

FEB 06 2018

Date of violation report: 10/6/2017

Regulation 55 PA Code 2600

2600.103 (f) – Food requiring refrigeration shall be stored at or below 40* F. Frozen food shall be kept at or below 0* F. Thermometers are required in refrigerators and freezers.

This requirement is not met as evidenced by:

At 9:45 AM the freezer in activity room measured 6* F and at approximately 4:35 PM it measured 4* degrees F.

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 the allegation by the survey agency.

1. Food was removed from the Activity Room refrigerator freezer by Maintenance Technician on 1/26/2018.
2. MT (maintenance technician) cleaned Activity Room freezer coils on 1/29/2018. Freezer temperature was then monitored for 3 days. (Exhibit A).
3. MT will monitor Activity Room Freezer temperatures ^{daily ms 2/9/18} weekly for 4 weeks and then ^{weekly ms 2/9/18} monthly. ED will review the rounds checklist weekly for 4 weeks and then monthly.
4. 2/1/2018

Signature Melissa J. McAdam ED Date 1/31/18

RA07000

FEB 06 2018

Violation Report: 44493 - 10/06/2017 - Cutler, Jan
PCH Name: CLEN MOORE PLACE

1. REGULATION 65 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

There was an unsealed 6 pound bag of shredded cheddar cheese in cooler #1.

There were two unsealed bags of hamburger buns in cooler #2.

The following unsealed food items were in freezer #3 in the kitchen:

- A bag of chicken breasts.
- A bag of sweet Italian sausage
- A bag of corn on the cob

There was an uncovered bowl of ice cream in the white stand up freezer in the kitchen.

The following unsealed food items were in the dry storage area:

- 2 bags of pasta
- A 6 pound bag of non-fat dry milk
- 2 bags of potato chips

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 6A of 9

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa J McAdams Executive Director* Date *1/31/18*

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(Date)

Plan of correction implementation status as of 2/9/18
(Date)

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

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

Date of violation report: 10/6/2017

MS 2/19/18

FEB 06 2018

Regulation 55 PA Code 2600

2600.103 (g) – Food shall be stored in closed or sealed containers.

This requirement is not met as evidenced by:

There were two unsealed bags of hamburger buns in cooler #2.

The following unsealed food items were in freezer #3 in the kitchen:

- a bag of chicken breasts
- a bag of sweet Italian sausage
- a bag of corn on the cob

There was an uncovered bowl of ice cream in the white stand up freezer in the kitchen.

The following unsealed food items were in the dry storage area:

- 2 bags of pasta
- A 5 pound bag of non-fat dry milk
- 2 bags of potato chips

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. Unsealed/uncovered food items identified during the inspection were removed and discarded by Executive Director and Chef at the time of the inspection on 10/6/2017.

2.) Dietary staff were re-educated by the ED on proper dating and storage of food and leftovers on 10/19/2017. (Exhibit A)

3.) ED or designee, along with the Chef, will conduct once weekly checks of kitchen refrigerator, freezer and stock room for proper dating and storage of food for 4 weeks and then monthly for 3 months.

4.) 2/1/2018 *Immediately - A designated staff person will check all food storage areas daily to ensure all food items are stored in closed or sealed containers and leftover foods and those removed from their original packaging are labeled and dated.* MS 2/1/18

Signature Melissa J. Adams ED Date 1/31/18

Violation Report: 44403 - 10/08/2017 - Culler, Jan
PGH Name: CLEN MOORE PLACE

1. REGULATION 65 Pa.Code §2600
2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The following undated food items were in freezer #3 in the kitchen:

- * A ziplock bag of unbaked rolls
- * A bag containing precooked chunks of chicken
- * 8 plastic bags of chicken breasts
- * 3 bags of fried chicken
- * A bag of corn on the cob

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 7A of 9

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Melissa J McAdams Executive Director
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Melissa J McAdams Executive Director	Date	1/31/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/9/18
(Date)

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

Plan of correction implementation status as of 2/9/18
(Date)

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

PA 2018 000

FEB 06 2018

Date of violation report: 10/6/2017

Regulation 55 PA Code 2600

2600.103 (I) – Outdated or spoiled food or dented cans may not be used.

This requirement is not met as evidenced by:

The following undated food items were in freezer #3 in the kitchen:

- A zip lock bag of unbaked rolls
- A bag containing precooked chunks of chicken
- 6 plastic bags of chicken breast
- 3 bags of fried chicken
- A bag of corn on the cob

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 the allegation by the survey agency.

1. Unsealed/uncovered food items, in freezer #3 in kitchen, identified during the inspection were removed and discarded by Executive Director and Chef at the time of the inspection on 10/6/2017.
2. Dietary staff were re-educated by the ED on proper dating and storage of food on 10/19/2017. (Exhibit A)
3. ED or designee, along with the Chef, will conduct once weekly checks of kitchen refrigerator, freezer and stock room for proper dating and storage of food for 4 weeks and then monthly for 3 months. (Exhibit B)
4. 2/1/2018 *Immediately - A designated staff person will check all food storage areas daily to ensure all leftover foods and those removed from their original packaging are labeled and dated and stored in closed or sealed containers. MS 2/9/18*

Signature Muriel Adams ED Date 1/31/18

RECEIVED

FEB 06 2018

Page 8 of 9

Violation Report: 44493 - 10/08/2017 - Culler, Jan
PCH Name: CLEN MOORE PLACE

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #1's glucometer was not calibrated to the correct date and time.
Resident #3's prescription Sodium Chloride 5% eye drops was not dated when opened.

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 8A of 9

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa J McAdams Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa J McAdams Executive Director* Date *1/31/18*

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

The above plan of correction is approved as of <u>2/9/18</u> (Date)	Plan of correction implementation status as of <u>2/9/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

CONFIDENTIAL

FEB 06 2018

Date of violation report: 10/6/2017

Regulation 55 PA Code 2600

2600.185 (a) – The home shall develop and implement procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

This requirement is not met as evidenced by:

Resident #1's glucometer was not calibrated to the correct date and time.

Resident #3's prescription Sodium Chloride 5% eye drops was not dated when opened.

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. Resident #1 – glucometer was calibrated to the correct date and time by Care Services Manager (CSM) on 10/6/2017

Resident #3 – Sodium Chloride 5% eye drops had an open date sticker applied by Care Services Manager (CSM) on 10/6/2017

2. Audit of current residents with glucometers was completed by Care Services Manager (CSM) on 10/13/2017; Audit of current residents receiving medications requiring a date open sticker was completed by Care Services Manager (CSM) on 10/13/2017. (Exhibit A)

3. Care Services Manager (CSM) or designee will complete weekly audits, for 4 weeks, of residents with glucometers for calibration to correct date and time and for residents receiving medications requiring a date open sticker; then monthly for 6 months. (Exhibit B)

4. 2/1/2018

Signature Melissa J. Adams EP Date 1/31/18

PROCESSED

FEB 06 2018

Violation Report: 44483 - 10/08/2017 - Culter, Jan
POH Name: CLEN MOORE PLACE

1. REGULATION 65 Pa.Code §2600
2000.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
Correction fluid was used in 2 areas of resident #2's contract, dated 3/5/17, as follows:
*\$43.00 is written over correction fluid in the Levels Of Service section
*\$3,600.00 is written over correction fluid in the Community Fee section

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 9A of 9

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

Signature of Legal Entity Representative:
(Required on EVERY Page) *Michelle J. Adams*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle J. Adams Executive Director* Date *1/31/18*

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

The above plan of correction is approved as of 2/9/18
(Date)

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

Plan of correction implementation status as of 2/9/18
(Date)

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

RECEIVED

FEB 06 2018

Date of violation report: 10/6/2017

Regulation 55 PA Code 2600

2600.251 (b) – The entries in a resident’s record shall be permanent, legible, dated and signed by the staff person making the entry.

This requirement is not met as evidenced by:

Correction fluid was used in 2 area of resident #2’s contract dated 3/5/2017 as follows:

- \$43.00 was written over corrections fluid in the Level of service section
- \$3,500.00 is written over correction fluid in the Community Fee section.

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. Correction fluid and /or correction tape was removed and discarded from the community by Executive Director on 2/1/2018.
2. Review of current resident contracts was completed by the ED on 11/1/2017 to ensure that resident contracts did not have correction fluid used on them. (Exhibit B)
3. Community staff were re-educated by the ED and CSM on 2/1/2018 that correction fluid and /or correction tape were not to be used within the community on documents. (Exhibit A)
4. ED or designee will review new resident contracts at the time of Move-in or prior to move-in to ensure that, should there be an error, it is corrected with a single line through, initial and error notation dated.
5. 2/1/2018

Signature Melissa Adams EP Date 1/31/18