



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 26, 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's Bureau of Human Services Licensing inspection on April 12, 2018, 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 "Suzy Quinn".

Suzy Quinn  
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: 44-93
Address: 22 West Clen Moore Boulevard, New Castle, PA 16105		County: Lawrence
Administrator: Melissa McAdams		Region: WEST
Legal Entity Name: GREER AID OPCO LLC		
Legal Entity Address: 22 West Clen Moore Boulevard, New Castle, PA 16		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-2 LP 03/05/1998 Dept. of L & I		JUN 29 2018  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 58	Waking Staff: 44
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/12/2018: Garvey, Jody		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 47 Number of Residents Served: 44 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: 7 Number of Hospice Residents in past year: 15	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 44 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 0	

Violation Report: 44493 - 04/12/2018 - Garvey, Jody

PCH Name: Clen Moore Place

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(m) - A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

2a. DESCRIPTION OF VIOLATION

On 9/12/17, staff person B, administrator, told resident #1's daughter, who is not the resident's power of attorney (POA), that he/she preferred that the daughter not take the resident out of the facility, when the daughter came to visit. Prior to the visit, this daughter received a letter, dated 8/27/17, from a sibling, who is resident #1's POA, indicating she was allowed to visit but will not be allowed to take the resident out. A physician's order, dated 9/29/17, was obtained by the home at the request of staff person A indicating resident #1 is ok only to leave Clenmore Place with the daughter who is the resident's POA. Also, staff interviews indicated they were directed not to allow resident #1 to leave the home with the daughter who is not the resident's POA. No guardianship was established for resident #1 and there is no protection from abuse order justifying the POA's request. Resident #1 indicated he/she likes to go places with the daughter who is not his/her POA.

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.

*Immediately - Resident rights training as required under regulations 2600.65b and 2600.65g shall include the right for residents to leave and return to the home. Documentation of trainings shall be kept. MS 7/17/18*

*Please see attached*

*See page 2A of 6*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Melissa J M Adams*

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

*Melissa J M Adams Date 6/26/18*

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

The above plan of correction is approved as of 7/17/18  
(Date)

Plan of correction implementation status as of 7/17/18  
(Date)

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

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

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JUN 29 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Date of violation report: 6/20/2018

Regulation 55 PA Code 2600

2600.42 (m)- A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

This requirement is not met as evidenced by:

On 9/12/2017, staff person B, administrator, told resident #1s daughter, who is not the resident's POA that he/she preferred that the daughter not take the resident out of the facility, when the daughter came to visit. Prior to the visit, this daughter received a letter, dated 8/27/2017, from a sibling, who is resident #1's PAS, indicating she was allowed to visit but will not be allowed to take the resident out. A physician's order, dated 9/29/2017 was obtained by the home at the request of staff person A indicating resident #1 was ok to leave Glen Moore Place with the daughter who is the resident's POA. Also staff interviews indicated they were directed not to allow resident #1 to leave the home with the daughter who is not the resident's POA. NO guardianship was established for resident #1 and there is not protection from abuse order justifying the POA's request. Resident #1 indicated he/she likes to go places with the daughter who is not his/her POA.

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. On 4/20/2018, Executive Director spoke to resident #1's daughter who is the POA informing her that even at her request, without guardianship or PFA in place, resident #1 can leave community with daughter who is not POA. (attachment 1)
2. On 5/3/2018, Executive Director informed staff that resident #1 does not have any restrictions leaving the community.

Signature Melissa J McAdams Esq Date 6/28/18

MS 7/17/18

JUN 29 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44493 - 04/12/2018 - Garvey, Jody  
PCH Name: Clen Moore Place

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
Resident #1's medical evaluation, dated 7/24/17, does not include temperature, immunization history or allergies. These sections of the form are blank. Resident #1's April 2018 medication administration record (MAR) indicates an allergy to Ambien.

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.

A medical evaluation was completed in its entirety for resident #1 on 6/26/18. MS 7/17/18

Please see attached

See page 3A of 6

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Melissa J McAdams EP*      Date *6/26/18*

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

The above plan of correction is approved as of 7/17/18  
(Date)

Plan of correction implementation status as of 7/17/18  
(Date)

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

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

RECEIVED

JUN 29 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 55 PA Code 2600

2600.141 (a)(2)- The medical evaluation must include the following: (1) through (10)

This requirement is not met as evidenced by:

Resident #1's medical evaluation, dated 7/24/2017, does not include temperature, immunization history or allergies. These sections of the form are blank. Resident's #1 April 2018 medication administration record (MAR) indicates an allergy to Ambien.

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's medical evaluation as it is stated in the survey of deficiencies was reviewed to ensure that sections were completed on 6/26/2018. (attachment 2)
2. Review of current resident medical evaluation as it is stated in the survey of deficiencies was completed on 6/26/2018 by the Care Services Manager (CSM) to ensure that resident DMEs have been completed. (attachment 3)
3. CSM or designee will review new resident medical evaluation as it is stated in the survey of deficiencies at the time of Move-in or prior to move-in to ensure that the DME is signed appropriately.

Signature Melissa J. McAdams RD Date 6/28/18  
 MS 7/17/18

JUN 29 2018

Violation Report: 44493 - 04/12/2018 - Garvey, Jody  
 PCH Name: Clen Moore Place

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's medical evaluation, dated 6/2/17, includes a diet order of mechanical soft with honey thick liquids. However, on 4/12/18 at lunch, the resident was served roast beef cut into 1-1 1/2 inch pieces and cooked carrots cut into 1/2 x 1 inch pieces. According to the National Dysphasia Diet (NDD), Dysphasia Mechanically - Altered diet guidelines, meat should be tender and moist, ground, or cubed smaller than 1/4 inch. Vegetables should be less than 1/2 inch and should be easily mashed with a fork. Staff interviews indicated resident #1 routinely receives meats cut into bite size pieces and not ground or cubed smaller than 1/4 inch.

**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.

*Immediately - All staff persons involved in food preparation and serving will be educated on foods to include/exclude on a mechanical soft diet per the National Dysphasia Diet guidelines. Documentation of training shall be kept. MS 7/17/18*

*Please see attached*

*See page 4A of 6*

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 ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa J McAdams ED</i>	Date <i>6/26/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/17/18</u> (Date)	Plan of correction implementation status as of <u>7/17/18</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 MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JUN 29 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 55 PA Code 2600

2600.161 (d)- A resident's special diet needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietician shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

This requirement is not met as evidenced by:

Resident #2s medical evaluation, dated 6/2/2017, includes diet order of mechanical soft with honey thick liquids. However on 4/12/2018 at lunch, resident was served roast beef cut up into 1-1 1/2 inch pieces and cooked carrots cut into 1/2 x 1 inch pieces. According to the National Dysphasia Diet (NDD), Dysphasia Mechanically - altered guidelines, meat should be tender and moist, ground or cubed smaller than 1/4 inch. Vegetables should be less than 1/2 inch and should be easily mashed with a fork. Staff interviews indicated resident #1 routinely receives meats cut up into bite size pieces and not ground or cubed smaller than 1/4 inch.

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. Chefs were educated on 4/12/2018 regarding National Dysphasia Diet and appropriate food preparation for mechanical soft guidelines. (attachment 4)
2. Review of National Dysphasia Diet to be completed on 7/5/2018 staff meeting by the Care Services Manager (CSM) to review mechanical soft and pureed guidelines.
3. CSM or designee will review resident diet orders and review them with chefs at time of move in or diet order change to ensure that diet order is being followed.

Signature *Melissa Adams* Date 6/28/18

MS 7/17/18

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44493 - 04/12/2018 - Garvey, Jody  
PCH Name: Clen Moore Place

**1. REGULATION 55 Pa.Code §2600**

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's assessment, dated 8/9/17, indicates the resident has minimal supervision needs and requires no supervision in the home. However, the resident wears a wanderguard and the resident's April 2018 MAR indicates the wanderguard should be checked each shift due to exit seeking behavior.

**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 6

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Melissa J Adams ES</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Melissa J Adams ES</i>	<i>6/26/18</i>

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

The above plan of correction is approved as of 7/17/18  
(Date)

Plan of correction implementation status as of 7/17/18  
(Date)

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

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

RECEIVED

JUN 29 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 55 PA Code 2600

2600.225 (a)-A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator of designee, or a human service agency may complete the initial assessment.

This requirement is not met as evidenced by:

Resident #1's assessment, dated 8/9/2017, indicated the resident has minimal supervision needs and requires no supervision in the home. However, the resident wears a wanderguard and the resident's April 2018 MAR indicates the wanderguard should be checked each shift due to exit seeking behavior.

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 – RASP updated 6/26/2018 to reflect wanderguard and moderate supervision. (attachment 5)
2. Review of current resident RASPs was completed on 6/26/2018 by the Care Services Manager(CSM) to ensure that resident lease agreements have been completed and signed appropriately. (attachment 3)
3. CSM or designee will review new resident RASPs within 15 days of admission or change of mobility need to ensure that the RASP completed appropriately, and accurately to include supervision needs of the resident. MS 7/17/18

Signature Melvin Adams Date 6/28/18

MS 7/17/18

JUN 29 2018

Violation Report: 44493 - 04/12/2018 - Garvey, Jody

PCH Name: Glen 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 wears a wanderguard and knee high compression stockings. However, these are not included in the resident's support plan; dated 8/9/17.

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 6

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Melissa J McAdams EP

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

Melissa J McAdams EP

Date 6/26/18

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

The above plan of correction is approved as of 7/17/18  
(Date)

Plan of correction implementation status as of 7/17/18  
(Date)

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

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

RECEIVED

JUN 29 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

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 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 wears a wanderguard and knee high compression stockings. However, these are not included in the resident's support plan dated 8/9/17.

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 – On 6/26/2018, RASP updated to reflect wanderguard. (attachment 5)

On 6/26/2018 RASP updated to reflect knee high compression stockings. (attachment 5)

2. Review of current resident RASPs completed on 6/26/2018 by the Care Services Manager (CSM) to ensure that resident RASPs have been completed appropriately who have wanderguard. (attachment 3)

3. Review of current residents RASPs completed on 6/28/2018 by Care Services Manager (CSM) to ensure that resident RASPs have been completed appropriately who have compression stockings. (attachment 6)

3. CSM or designee will review resident RASPs by 6/28/2018 to ensure RASPs are current and up to date.

Signature Melanie McAdams Date 6/28/18

MS 7/17/18