



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 28 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 annual inspection on October 4, 2018 and October 15, 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.

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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

11/8/2018

Violation Report: 44493 - 10/04/2018 - Spagna, Lauren
 PCH Name: CLEN MOORE PLACE
 Western Region Field Office
 Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 On 10/4/18, the resident privacy coding documents, containing numerous resident names, were attached to the following license inspection summaries and were posted on a bulletin board near the mail boxes:
 * license inspection summary, dated 10/8/17
 * license inspection summary, dated 2/23/17
 * license inspection summary, dated 8/2/16

On 10/4/18, a list containing numerous resident names, mobility needs status and do not resuscitate status, including resident #2's name, was present in home's emergency preparedness manual, which was located between the activity room door and bulletin board in the lobby area.

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 4

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>11/5/18</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>11/9/18</u> (Date) The above plan of correction was approved by <i>LH</i> (Initials)	Plan of correction implementation status as of <u>11/9/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Date of violation report: 10/26/2018

Regulation 55 PA Code 2600

2600.17 – Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents for the department and the long term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person or if a court orders disclosure.

This requirement is not met as evidenced by:

2a. Description of violation-

On 10/4/2018 the resident privacy coding documents, containing numerous resident names were attached to the following license inspection summaries and were posted on a bulletin board near the mail boxes:

- License inspection summary dated 10/8/2017
- License inspection summary dated 2/23/2017
- License inspection summary dated 8/2/2016

On 10/4/2018, a list containing numerous resident names, mobility needs status and do not resuscitate status, including resident #2’s names was present in the homes emergency preparedness manual which was located between the activity room door and the bulletin board in the lobby area.

Plan of correction:

1. On 10/4/2018, Executive Director removed privacy coding documents containing resident names.
2. On 10/4/2018, Executive Director immediately removed the emergency preparedness manual from wall between activity room door and bulletin board.
3. On 10/5/2018, Executive Director designee corrected the emergency preparedness manual, removing resident last names, mobility status and do not resuscitate status. (attachment 1)
4. Executive Director or designee will review emergency preparedness manual for accuracy and to ensure privacy coding is enforced annually or upon resident roster update.

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.

Immediately: A designated staff person shall check the home daily to ensure all resident records and information is kept in an area that is locked. *LM*

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11/8/2018

Signature *Nellie Adams* Date 11/5/18

Western Region Field Office
Bureau of Human Services Licensing

11/8/2018

Violation Report: 44493 - 10/04/2018 - Spagna, Lauren PCH Name: CLEN MOORE PLACE	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1's record does not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 4

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>11/5/18</i>
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Regulation 55 PA Code 2600

2600.41(e) A stated signed by the resident and if applicable the resident's designated person acknowledging receipt of a copy of the information specified in ss 2600.41 (d) or documentation of efforts make to obtain signature shall be kept in the resident's record.

Description of violation:

Resident #1's record does not contain a statement signed by the resident acknowledging receipt of a copy of the resident's rights and complaint procedures.

Plan of correction:

1. On 10/15/2018 Executive Director completed an audit of resident rights and complaint procedures.
2. Executive director and designee reviewed resident right and complaint procedures with each resident completed by 11/5/2018. (attachment 2)
3. Executive Director or designee will review resident rights and complaint procedures within 7 days of resident move in to ensure completion.

Resident #1 reviewed and signed the resident rights and complaint procedures on 10/22/18.

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.

Signature Melissa J. McAdams GP Date 11/5/18

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11/8/2018

Western Region Field Office
Bureau of Human Services Licensing

11/8/2018

Violation Report: 44493 - 10/04/2018 - Spagna, Lauren PCH Name: CLEN MOORE PLACE	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form for resident #3, dated 7/30/18, does not include a determination the home can meet the resident's needs.

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 4

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 90*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa J McAdams</i>	Date <i>11/05/18</i>
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2600.224 (e) A determination shall be made within 30 days prior to admission and documented on the department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of violation:

The preadmission screening form for resident #3 does not include a determination the home can meet the resident's needs.

Plan of correction:

4. On 10/4/2018 Executive Director corrected the preadmission screening form for resident #3.
5. Executive director and designee reviewed resident preadmission screening form for each resident completed by 11/5/2018. (attachment 3)
6. Executive Director or designee will review resident rights and complaint procedures prior to resident move in to ensure completion.

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.

Signature Melvin Adams Date 11/05/18

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11/8/2018

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Bureau of Human Services Licensing