



MAILING DATE: November 25, 2019

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 June 28, 2019, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Violation Report

OCT 16 2019

Violation Report

WEST REGION FIELD OFFICE
Human Services Licensing

License Number: 444930

Facility Information

Name: *CLEN MOORE PLACE*
Address: *22 WEST CLEN MOORE BOULEVARD, NEW CASTLE, PA 16105*
County: *LAWRENCE* Region: *WESTERN*

Administrator

Name: *Melissa McAdams* Phone: *7246560132* Email: *ALCLICENSE@ENLIVANT.COM*

Legal Entity

Name: *GREER AID OPCO LLC*
Address: *22 WEST CLEN MOORE BOULEVARD, NEW CASTLE, PA, 16105*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: _____ Issued By: _____

Staffing Hours

Resident Support Staff: _____ Total Daily Staff: *50* Waking Staff: *38*

Inspection

Type: *Partial* BHA Docket #: _____ Notice: *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

06/28/2019 - On-Site: Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* Residents Served: *37*

Secured Dementia Care Unit

In Home: *No* Area: _____ Capacity: _____ Residents Served: _____

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *13* Have Physical Disability: *0*

WEST REGION FIELD OFFICE
Human Services Licensing

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1 was found by staff at approximately 7:00 am on 6/20/19 with her clothes and bedding soaked with urine. Resident #1 did not receive assistance with toileting and bladder management from 11:00 pm on 6/19/19 to 7:00 am on 6/20/19. Resident #1's support plan, dated 6/1/19 indicates she requires physical assistance with toileting and bladder management each shift and as needed.

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 of 2)

Legal Entity Representative

Melissa J McAdams ep
Signature

Melissa J McAdams Executive Director
Printed Name and Title

Date 9/18/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

11/25/19
(Date)

Plan of correction implementation status as of

11/25/19
(Date)

The above plan of correction was approved by

JW
(Initials)

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

Date of violation report: 6/28/19

Regulation 55 PA Code 2600

00.23.a.

This requirement is not met as evidenced by:

23a. Description of violation-

A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Resident #1 was found by staff at approximately 7:00 AM on 6/20/2019 with her clothes and bedding soaked with urine. Resident #1 did not receive assistance with toileting and bladder management from 11:00 PM on 6/19/2019 to 7:00 AM on 6/20/2019. Resident #1's support plan, dated 6/1/2019, indicates she requires physical assistance with toileting and bladder management each shift and as needed.

Plan of correction:

1. On 6/21/2019, employee was terminated based on employee performance. (Attachment 1)
2. On 6/25/2019, staff were trained on Abuse/Neglect reporting and ADL care according to resident assessment. (Attachment 2)
3. Upon hire, employees will complete resident assessment and support plan training. Executive Director or designee will review employee file to ensure that employee received resident assessment and support plan training.

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.

RECEIVED

OCT 16 2019

WEST REGION FIELD OFFICE
Human Services Learning

Signature Melissa J. McAdams sp Date 9/18/19