



pennsylvania
DEPARTMENT OF HUMAN SERVICES

January 22, 2020

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 September 17, 2019, of the above facility, the violations 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.

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, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information			
Name: <i>CLEN-MOORE PLACE</i>		License Number: 44493	
Address: <i>22 WEST CLEN MOORE BOULEVARD,, NEW CASTLE, PA 16105</i>			
County: <i>LAWRENCE</i>		Region: <i>WESTERN</i>	
Administrator			
Name: <i>Melissa McAdams</i>		Phone: <i>7246560132</i>	Email: <i>mknight@enlivant.com</i>
Legal Entity			
Name: <i>GREER AID OPCO LLC</i>			
Address: <i>22 WEST CLEN MOORE BOULEVARD, NEW CASTLE, PA, 16105</i>			
Certificate(s) of Occupancy			
Type: <i>C-2 LP</i>		Date: <i>03/05/1997</i>	Issued By: <i>PA Dept L&I</i>
Staffing Hours			
Resident Support Staff:		Total Daily Staff: <i>57</i>	Waking Staff: <i>43</i>
Inspection			
Type: <i>Full</i>		BHA Docket #:	Notice: <i>Unannounced</i>
Reason: <i>Renewal</i>			
Inspection Dates and Department Representative			
<i>09/17/2019 - On-Site: Vicki Siegert, Lori Gillette</i>			
Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <i>47</i>		Residents Served: <i>40</i>	
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>9</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>40</i>	
Diagnosed with Mental Illness: <i>0</i>		Diagnosed with Intellectual Disability: <i>0</i>	
Have Mobility Need: <i>17</i>		Have Physical Disability: <i>0</i>	

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.

Description of Violation

Direct care staff person A, hired 10/23/17, did not receive training in medication self-administration during the 1/1/18 through 12/31/18 staff training year.

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.)

See Page 2A of 6

See attached

Legal Entity Representative



Signature

Erik Foulkrod, PCHA

Printed Name and Title

12/9/2019

Date

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

The above plan of correction is approved as of 12/16/19
(Date)

Plan of correction implementation status as of 12/16/19
(Date)

Fully Implemented

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

Not Implemented

Regulation 55 PA Code 2600

2600.65(f)(1)

This requirement is not met as evidenced by:

16b. Description of violation-

Training topics for the annual training for direct care staff persons shall include the following: Medication self-administration training.

Staff person #1 to not have completed annual training: medication self-medication training.

Plan of correction:

1. On 10/3/2019 staff were trained on self-medication training (See attached).
2. Executive Director or designee will audit staff training files by 12/18/2019 and monthly for 3 months to ensure staff receive training.
3. The current Executive Director was trained on 12/09/2019 on the annual staff training requirements for direct care training. (See attached).
4. Audits will be reviewed at monthly QI meetings. Continued review will be based on three months of sustained compliance.

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



Date

12/9/2019

12/16/19



184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is ordered accuchecks 3 times daily at meals and bedtime and if needs to be rechecked with high or low reading with sliding scale coverage as follows: Novolog flex pen 100ml unit inject - per high sliding scale: 70-140 – 0 units, 141-180 – 3 units, 181-220 – 6 units, 221-260 – 9 units, 261-300 – 12 units, 301-340 – 15 units, > 340 – 18 units and call MD. At 2:00 p.m., the prescription label for this medication indicates "Novolog flexpen 100/ml unit

70-140=0UNIT

141-180=3UNIT

181-220=6UNIT

221-260=9UNIT

261-300=12UNIT

301-340=15UNIT

>340=18UNIT CALL MD (DM)"

The prescription label does not indicate the frequency that the sliding scale coverage is to be applied.

Resident #1 is prescribed Voltaren [diclofenac sodium] 1% gel – apply 0.5 grams to side of right foot 4 X dally. However, the prescription label for this medication indicates: diclofenac sodium 1% gel - apply .5gm to right side of foot 3-4 times daily. There was no "directions changed" sticker present.

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.)

See Page 4A of 6
See attached

Legal Entity Representative



Signature

Erik Foulkrod, PCHA

Printed Name and Title

12/9/2019

Date

184a - Labeling OTC/CAM (continued)

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The above plan of correction is approved as of 12/16/19
(Date)

Plan of correction implementation status as of 12/16/19
(Date)

The above plan of correction was approved by 
(Initials)

- Fully Implemented
- Not Implemented

2600.184 (a)

Description of violation-

The original container for prescription medications shall be labeled with a pharmacy label that indicates the following: the prescribed dosage and instructions for administration.

This requirement is not met as evidenced by:

Resident 1 is ordered accuchecks at meals and at bedtime. Novolog flex pen indicates dosage per sliding scale but does not include frequency.

Resident 1 is ordered Voltaren Gel. Label indicates 3-4 times daily PRN, MAR indicates 4 times daily PRN.

Plan of correction:

1. Resident #1: change of direction sticker was put in place **immediately**.
2. Audit of the medication cart was completed on 11/29/2019 to ensure that resident's medication labels match the MAR. (See attached)
3. CSM or designee have been educated by RDCS on 12/9/19 regarding proper prescription label and MAR procedure.
4. CSM or designee shall complete random, weekly MAR and Cart audits of at least five residents to ensure compliance. Monitor will be completed for three months and then on an ongoing basis as needed. (See attached).
5. Audits will be reviewed monthly at QI Meetings. Continued review will be based on three months of sustained compliance. (See attached).

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



Date

12/9/2019

12/16/19



187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is ordered accuchecks 3 times daily at meals and bedtime and if needs to be rechecked with high or low reading with sliding scale coverage as follows: Novolog flex pen 100ml unit inject - per high sliding scale: 70-140 - 0 units, 141-180 - 3 units, 181-220 - 6 units, 221-260 - 9 units, 261-300 - 12 units, 301-340 - 15 units, > 340 - 18 units and call MD. The medication administration record (MAR) for this medication indicates "Novolog flexpen 100/ML unit

70-140=0UNIT

141-180=3UNIT

181-220=6UNIT

221-260=9UNIT

261-300=12UNIT

301-340=15UNIT

>340=18UNIT CALL MD (DM)

The MAR does not include the frequency that the sliding scale coverage is to be applied.

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.)

See Page 6A of 6

See attached

Legal Entity Representative



Signature

Erik Foulkrod, PCHA

Printed Name and Title

12/9/2019


Date

187a - Medication Record *(continued)*

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

The above plan of correction is approved as of 12/16/19
(Date)

Plan of correction implementation status as of 12/16/19
(Date)

The above plan of correction was approved by 
(Initials)

Fully Implemented

Not Implemented

2600.187 (a)(8)

Description of violation-

Medication records shall be kept to include the following for each resident for whom medications are administered including frequency of administration.


This requirement is not met as evidenced by:

Resident 1's MAR does not include the frequency that the sliding scale coverage is to be applied to.

Plan of correction:

1. Resident 1's MAR corrected immediately on 9/12/2019 to reflect before meals and at bedtime.
2. Audit will be completed for resident MARs to physician order by 12/18/2019.
3. CSM was educated on 12/9/2019 to ensure medication record includes frequency of administration. (See attached).
4. CSM or designee shall complete weekly MAR and physician order audit of at least five residents to ensure compliance.
5. Audits will be reviewed monthly at QI Meetings. Continued review will be based on three months of sustained compliance.

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  Date 12/9/2019

12/16/19 

Regulation Chapter 55 PA Code 2600

2600.187(a)(8) Training by Angel Lyles, RDCS

A medication record shall be kept to include the following for each resident for whom medications are administered and shall include the frequency.

Care Service Manger Signature: Annelle J. Masel Date: 12.9.19