

Department of Human Services  
Bureau of Human Service Licensing

June 6, 2022

[REDACTED]  
GREER AID OPCO LLC  
[REDACTED]  
[REDACTED]

RE: CLEN-MOORE PLACE  
22 WEST CLEN MOORE BOULEVARD  
NEW CASTLE, PA, 16105  
LICENSE/COC#: 44493

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/03/2022, 05/06/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *CLEN-MOORE PLACE* License #: *44493* License Expiration: *07/11/2023*  
Address: *22 WEST CLEN MOORE BOULEVARD, NEW CASTLE, PA 16105*  
County: *LAWRENCE* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *GREER AID OPCO LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/25/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *05/06/2022*

**Inspection Dates and Department Representative**

05/03/2022 - On-Site: [REDACTED]  
05/06/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *47* Residents Served: *33*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *8* Have Physical Disability: *0*

**Inspections / Reviews**

**05/03/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/05/2022*

Inspections / Reviews (*continued*)

06/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/16/2022*

07/12/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

*Multiple staff interviews indicate that staff person A has spoken to multiple residents diagnosed with Dementia, including resident #1, in a loud, demanding, impatient, aggressive, and abrasive tone, telling residents to stop, sit down and don't do that.*

**Plan of Correction**

**Accept**

- On 5/3/22, Department of Human Services representative notified Executive Director (ED) that [REDACTED] was here to investigate Staff person A. Staff person A was placed on administrative leave pending the outcome of the investigation. Area Agency on Aging; Protective Services were immediately notified, DHS Incident Reporting Form and Act-13 Form were completed.
- On 5/3/2022, ED interviewed residents as well as staff and no other situations were noted where a resident's dignity and/or respect were violated.
- On 5/6/22, staff member A was in-serviced by ED on the requirements set within regulation 2600.42c as well as all Resident Rights, Older Adult Protective Services Act, and Abuse Reporting Requirements. (Exhibit 1 – Inservice)
- By 6/16/22, current staff will be in-serviced by ED on the requirements set within regulation 2600.42c as well as all Resident Rights, Older Adult Protective Services Act, and Abuse Reporting Requirements. (Exhibit 2 – Inservice)
- Starting 5/20/2022, ED will interview 2 staff members working with Staff person A weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure [REDACTED] maintains compliance with regulation 2600.42c. (Exhibit 3 – Audit Tool)
- Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 6/16/22

*Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or 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 this allegation by the survey agency.*

**Completion Date:** 06/16/2022

**Document Submission**

**Implemented**

- On 5/3/22, Department of Human Services representative notified Executive Director (ED) that [REDACTED] was here to investigate Staff person A. Staff person A was placed on administrative leave pending the outcome of the investigation. Area Agency on Aging; Protective Services were immediately notified, DHS Incident Reporting Form and Act-13 Form were completed.
- On 5/3/2022, ED interviewed residents as well as staff and no other situations were noted where a resident's dignity and/or respect were violated.

**42c - Treatment of Residents (continued)**

- On 5/6/22, staff member A was in-serviced by ED on the requirements set within regulation 2600.42c as well as all Resident Rights, Older Adult Protective Services Act, and Abuse Reporting Requirements. (Exhibit 1 – Inservice)
- By 6/16/22, current staff will be in-serviced by ED on the requirements set within regulation 2600.42c as well as all Resident Rights, Older Adult Protective Services Act, and Abuse Reporting Requirements. (Exhibit 2 – Inservice)
- Starting 5/20/2022, ED will interview 2 staff members working with Staff person A weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure [REDACTED] maintains compliance with regulation 2600.42c. (Exhibit 3 – Audit Tool)
- Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 6/16/22

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**225c - Additional Assessment**

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

*Resident #1's assessment, dated [REDACTED]/22, does not include the resident's use of the wander guard system ordered [REDACTED]/22, for safety.*

**Plan of Correction**

**Accept**

- On 5/3/22, CSM completed a RASP addendum for resident #1 to specify [REDACTED] need for a wanderguard.
- On 5/9/22, ED and CSM audited resident RASPs and found they were in compliance with regulation 2600.225c.
- On 5/6/22, CSM was in-serviced by ED on the requirements set within regulation 2600.225c. (Exhibit 4 – Inservice)
- Starting 5/20/2022, ED or CSM will audit two RASPs weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure they are in compliance with regulation 2600.225c. (Exhibit 5 – Audit Tool)
- Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 5/20/22

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**Completion Date: 05/20/2022**

225c - Additional Assessment (*continued*)**Document Submission****Implemented**

- On 5/3/22, CSM completed a RASP addendum for resident #1 to specify [REDACTED] need for a wanderguard.
- On 5/9/22, ED and CSM audited resident RASPs and found they were in compliance with regulation 2600.225c.
- On 5/6/22, CSM was in-serviced by ED on the requirements set within regulation 2600.225c. (Exhibit 4 – Inservice)
- Starting 5/20/2022, ED or CSM will audit two RASPs weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure they are in compliance with regulation 2600.225c. (Exhibit 5 – Audit Tool)
- Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 5/20/22

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