

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

June 28, 2023

[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 review on 05/09/2023, 05/10/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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: 28 Waking Staff: 21

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 05/10/2023

Inspection Dates and Department Representative

05/09/2023 On Site [REDACTED]
 05/10/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 47 Residents Served: 26

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

05/09/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/26/2023

Inspections / Reviews *(continued)*

05/26/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/09/2023

06/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, the home's administrator, date of hire [REDACTED] 2020, has not had a criminal background check completed in accordance with the Older Adult Protective Services Act.

Plan of Correction

Accept ([REDACTED] - 05/26/2023)

* On 5/9/23, during the inspection, Regional Executive Director (RED) submitted a background request for staff person A, which was received 5/16/23 showing she had no criminal background in Pennsylvania. Documentation will be retained at the community. (Exhibit 01- PATCH REPORT)

* On 5/9/23 RED conducted an audit of current employees to ensure criminal history checks and hiring policies were in accordance with The Older Adult Protective Services Act and PA 6 Code Chapter 15. No other violations of regulation 2600.51 were found.

* On 5/17/23, Regional Director of Care Services (RDCS) provided RED with re-education regarding the requirement contained within regulation 2600.51. Documentation will be retained at the community.

Starting the week of 5/22/23 RED of Designee will audit 2 new employee files weekly X 4 weeks, bi-weekly for 4 weeks, and then monthly X1 to ensure criminal history check was completed in accordance with Older Adult Protective Act and 6PA Chapter 15 to maintain compliance with regulation 2600.15. Documentation will be retained at the community. (Exhibit 03- AUDIT TOOL)

* Starting June 2023, the ED of designee will discuss the audit during the monthly Quality Improvement Meetings. Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of auditing. Documentation will be retained at the community.

* Completion Date: 5/23/23

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ([REDACTED] - 06/28/2023)

65f - Training Topics

2. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

65f - Training Topics (continued)

Description of Violation

Direct care staff person B did not receive training in the following topics during training year January to December 2022:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Plan of Correction

Accept (█) - 05/26/2023)

* Staff person B has been out of work on a medical leave of absence (LOA) since 4/22/23. Upon returning from medical LOA and prior to returning to direct care work, staff person B will receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home. Documentation will be retained at the community.

* On 5/10/23, RED conducted an audit to ensure current direct care staff have received training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home. No other violations of the regulation 2600.65f were found.

* On 5/17/23, RDCS provided RED with re-education regarding the requirements regarding the requirements contained within regulation 65f. Documentation will be retained at the community. (Exhibit 02 - Inservice)

* Starting the week of 5/22/23, RED or designee will audit 2 new direct care employee files weekly x 4 weeks, biweekly x 4 weeks then monthly x 1 to ensure training has been completed to maintain compliance with regulation 65f. Documentation will be retained at the community. (Exhibit 07 - Audit Tool)

* Starting in June 2023, ED or designee will discuss the results of the audit during monthly Quality Improvement meetings. Quality Improvement committee will determine if continued auditing is necessary based on three consecutive months of auditing. Documentation will be retained at the community.

* Completion Date: 5/23/23

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented (█) - 06/28/2023)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff persons B and C did not receive training in the following topics during training year January to December 2022:

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Plan of Correction

Accept ([redacted]) - 05/26/2023)

- * On 1/23/23, staff persons B and C were trained on Fire Safety by a Fire Safety Expert. (Exhibit 05 - Inservice)
 - * On 3/15/23, staff person B and C were trained on Resident Rights. (Exhibit 04 - Inservice)
 - * Staff person B has been out of work on a medical leave of absence (LOA) since 4/22/23. Upon returning from medical LOA, staff person B will receive training on emergency preparedness procedures and recognition and response to crises and emergency situations, Older Adults Protective Services Act and Falls and accident prevention. This community does not serve any new population groups that were not previously served. Documentation will be retained at the community.
 - * On 5/23/23, staff person C will receive training on Older Adult Protective Services Act, Falls and Accident prevention. This community does not serve any new population groups that were not previously served. Documentation will be retained at the community. (Exhibit 03 - Inservice)
 - * On 5/24/23, staff person C will receive training on emergency preparedness procedures and recognition and response to crises and emergency situations, Documentation will be retained at the community. (Exhibit 08 - Inservice)
 - * On 5/17/23 RDCS provided RED with re-education regarding the requirements contained within regulation 65g. Exhibit 02_Inservice)
 - * Starting the week of 5/22/23 RED, or designee will audit 2 new employee files weekly X 4 weeks, bi-weekly X 4 weeks then monthly X1 to ensure training is complete to maintain compliance with regulation 2600.65. Exhibit 1 - Audit tool)
- Starting June 2023 ED or designee will discuss the results of the audit at the Quality Improvement Meetings. The quality Improvement committee will determine if continued auditing is necessary. based on three consecutive months of auditing.
- Completion 2/24/23.

Licensee's Proposed Overall Completion Date: 08/11/2023

65g - Annual Training Content (*continued*)

Implemented ([REDACTED] - 06/28/2023)