

Department of Human Services
Bureau of Human Service Licensing

June 4, 2021

██████████ EXECUTIVE DIRECTOR
GREER AID OPCO LLC
22 WEST CLEN MOORE BOULEVARD
NEW CASTLE, PA 16105

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

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 Date: 07/11/2021
Address: 22 WEST CLEN MOORE BOULEVARD, NEW CASTLE, PA 16105
County: LAWRENCE Region: WESTERN

Administrator

Name: [REDACTED] Phone: 7249234134 Email: [REDACTED]

Legal Entity

Name: GREER AID OPCO LLC
Address: 22 WEST CLEN MOORE BOULEVARD, NEW CASTLE, PA, 16105
Phone: 7249234134 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: 48 Waking Staff: 36

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 05/11/2021

Inspection Dates and Department Representative

05/11/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 Residents Served: 34

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: 34
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 14 Have Physical Disability: 0

Inspections / Reviews

05/11/2021 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/22/2021

Inspections / Reviews (*continued*)

5/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/25/2021*

5/25/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/01/2021*

6/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

60a - Staff/Support Plan**1. Requirements**

2600.

- 60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 5/11/21, there were 34 residents in the home, including 14 residents with mobility needs. Of the 14 residents with mobility needs, 2 of the residents require the assistance of 2 staff persons to transfer in/out of bed/chair with the use of a Hoyer lift.

The home's most recent fire safety inspection conducted by a fire safety expert, dated 11/30/20, indicates the maximum safe evacuation time to the home's 4 internal fire safe areas is 7 minutes. However, the home routinely only schedules 2 staff persons during the 11:00pm 7:00am shift, which is not adequate to safely evacuate all residents in the event of an emergency.

60a - Staff/Support Plan (continued)

Plan of Correction

Accept

2600.60 (a): Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of violation: On 5/11/2021, there were 34 residents in the home, including 14 residents with mobility needs. Of the 14 residents with mobility needs, 2 require the assistance of 2 staff persons to transfer in/out of bed/chair with the use of a hoier lift

The home's most recent fire safety inspection conducted by a fire safety expert, dated 11/30/20, indicates the maximum safe evacuation time to the home's 4 internal fire-safe areas in 7 minutes. However, the home routinely only schedules 2 staff persons during the 11:00 PM to 7:00 AM shift, which is not adequate to safely evacuate all residents in the event of an emergency.

Plan of correction:

1. On 5/17/2021, the Executive Director updated the staffing schedule to ensure staffing is provided to meet the needs of the residents, including safely evacuating all residents in the event of an emergency on each shift.
2. On 5/17/2021, the Regional Director of Clinical Services provided education to the Executive Director and Care Services Manager on staffing requirement per PA regulation 2600.60(a).
3. Schedule will be reviewed daily by Executive Director and/or designee to ensure adequate staffing is present to meet the needs of the residents, including safely evacuating all residents in the event of an emergency on each shift.
4. Contracts for Agency usage have been secured for Clen-Moore Place and will be utilized to supplement additional staffing if necessary.
5. Executive Director and/or designee will review staffing schedule weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure that staffing is in place to protect the health, safety, and well-being of the residents. The reviews will be discussed in monthly QI meetings, where it will be determined if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.
6. On 5/25/2021 at 0530, a drill was conducted with the third shift to determine the amount of time it would take to evacuate the two individuals using hoier lifts from bed to the fire safe area. Prior to the drill staff were notified that when they heard "Code Red" the simulation would begin, and that both individuals needed to be moved from their bed to their wheelchair and to a fire safe area as quickly and as safely as possible. Once "Code Red" was stated across the two-way radio, the Executive Director started a stopwatch to keep time of the drill. The Executive Director observed the drill in full, only the two 3rd shift employees participated in transferring the two residents from bed to the fire safe area. From the beginning of the drill until both residents were in their wheelchairs in a designated fire safe area was 5 minutes and 5 seconds. The drill was announced as complete and both residents were returned to their rooms.
7. Completed: 5/25/2021

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.

Completion Date: 05/25/2021

Document Submission

Implemented

Corrected 5/25/2021