

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GREYSTONE COUNTRY ESTATES, INC.

LEGAL ENTITY

To operate GREYSTONE COUNTRY ESTATES

NAME OF FACILITY OR AGENCY

Located at 424 DELAWARE ROAD, FREDONIA, PA 16124

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 45
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 26, 2010 until June 26, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 470980

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 07 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Monica L. Powell, Administrator
Greystone Country Estates, Inc.
Greystone Country Estates
424 Delaware Road
Fredonia, Pennsylvania 16124

Dear Ms. Powell:

As a result of the Department of Public Welfare's licensing inspection on June 2, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations 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. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

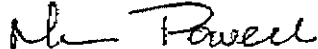

Sincerely,

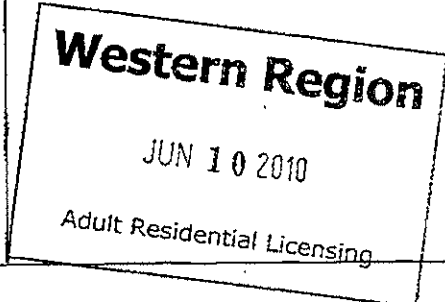
A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large initial 'K' and a stylized 'C'.

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Greystone Country Estates 424 Delaware Road Fredonia, PA 16124		CURRENT LICENSE NUMBER 470980	
INSPECTION DATE(S) (Include all dates of the inspection) June 2, 2010		REGIONAL REPRESENTATIVE B. McAfee and C. McGrail	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Honica Powell Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6-7-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-10-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department. 225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of	The assessment for resident #1 admitted on 08/01/09 was not dated. The assessment for resident #2 admitted on 01/05/10) was not completed until 02/01/10.	6-7-10 6-7-10	See attached Page 2A 	Steps have been taken to correct violation; full compliance is not verifiable 6-10-10 Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Greystone Country Estates 424 Delaware Road Fredonia, PA 16124		CURRENT LICENSE NUMBER 470980	
INSPECTION DATE(S) (Include all dates of the inspection) June 2, 2010		REGIONAL REPRESENTATIVE B. McAfee and C. McGrail	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Alan Bower</i>	DATE 6-7-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>g</i>	DATE 6-10-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION {include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur}	5 DATE COMPLIANCE VERIFIED BY DPW
admission. The administrator or designee, or a human service agency may complete the initial assessment.		6-7-10	see attached	

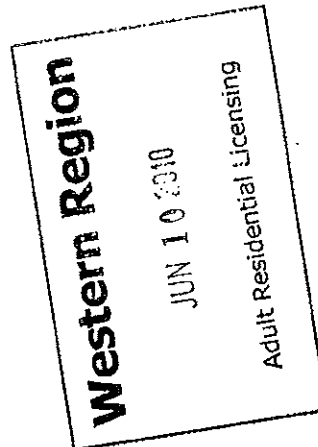
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 Adult Residential Licensing

Violation 22a3 and 225a

Page 2A

The assessment for residents 1 and 2 has been corrected with the date and initials of the Administrator on the assessment. Attached is a copy. The initial assessment will be dated upon admission by the Administrator, and the care plan will be written and dated by the designee within fifteen (15) days of the admission. The Administrator, designee and designated staff person will review new and renewal assessments to assure they are dated and signed correctly before filing in the resident record. This will ensure the violation does not reoccur.

Al Powell



**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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06/18/2010 09:29 7244750547

NAME AND ADDRESS OF PERSONAL CARE HOME Greystone Country Estates 424 Delaware Road Fredonia, PA 16124		CURRENT LICENSE NUMBER 470980	
INSPECTION DATE(S) (Include all dates of the inspection) June 2, 2010		REGIONAL REPRESENTATIVE B. McAfee and C. McGrail	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Alicia Powell</i>	DATE <i>6-7-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MC</i>	DATE <i>6-10-10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract dated 10/18/07 for resident #3 was not signed by the resident or the administrator.	<i>6-7-10</i>	<i>see attached Page 3A</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>6-6-10</i> Date <i>MC</i> Initials (DPW)

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Violation 25b



The record for resident #3 has been signed by the Administrator and dated, and the resident's signature has been corrected to reflect the resident was legally blind and unable to sign at the time of admission. A copy is attached. The Administrator, designee and designated staff person will check to make sure all signatures are correct for each new admission. Ongoing, at least one time yearly, the designated staff person shall go through all contracts to ensure all signatures are correct and dated.

Power

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Greystone Country Estates 424 Delaware Road Fredonia, PA 16124		CURRENT LICENSE NUMBER 470980	
INSPECTION DATE(S) (Include all dates of the inspection) June 2, 2010		REGIONAL REPRESENTATIVE B. McAfee and C. McGrail	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6-7-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-10-10

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The home's fire drill log indicates that one resident was not evacuated during the drills held on 03/31/10, 04/13/10, April and 05/17/10.	6-7-10	see attached p. 4A.	Steps have been taken to correct violation; full compliance is not verifiable Date: 6-10-10 Initials (DPW): J

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 Adult Residential Licensing

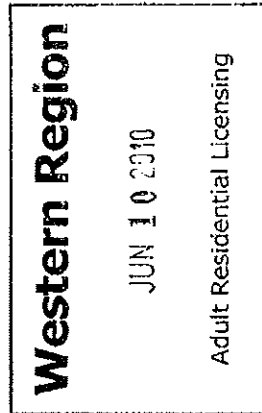
06/10/2010 09:29 7244750547 GREYSTONE PAGE 10/10

Page 4A

Violation 132h

The Administrator misinterpreted the regulation 132h regarding evacuation of a hospice resident during a fire drill. The policy has been reviewed by the Administrator, and no residents will be exempt from evacuation during monthly fire drills. A fire drill was conducted on 6/7/10 with all residents evacuated in 2.35 minutes. Please see attached documentation.

*Al
Howell
6-7-10*



VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Greystone Country Estates 424 Delaware Road Fredonia, PA 16124		CURRENT LICENSE NUMBER 470980	
INSPECTION DATE(S) (Include all dates of the inspection) June 2, 2010		REGIONAL REPRESENTATIVE B. McAfee and C. McGrail	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Alma Powell</i>	DATE 6-7-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>JA</i> 6-10-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The medical evaluation dated 09/08/09 for resident #4 and medical evaluation dated 11/10/09 for resident #5 indicated see attached under the medication section; however, there were no attachments to either medical evaluation. REPEAT VIOLATION 5/14/09	6-7-10	See attached Page 5A	Steps have been taken to correct violation; full compliance is not verifiable <i>6-10-10</i> Date <i>JA</i> Initials (DPW)

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Violation 141a2

The resident #4 and #5 medication record has been signed and dated by the attending physician. Each resident medication list will be forwarded to the doctor at the time the doctor completes the medical evaluation. A letter will be attached with each medical evaluation and medication list to the physician for the annual evaluation. The Administrator, designee and designated staff person will all check to make sure the medical evaluation and the medication record are correctly signed and dated before it is filed in the resident record. See attached medication list and signatures from doctor.

Al Powell

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JUN 10 2010
Adult Residential Licensing