

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE GREENBRIAR INDEPENDENT AND ASSTD LIVING COMMUNITY, INC

LEGAL ENTITY

To operate THE VILLAGE AT GREENBRIAR

NAME OF FACILITY OR AGENCY

Located at 4252 MEMORIAL HIGHWAY, DALLAS, PA 18612

(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 78

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 July 28,

2010

until July 28,

2011

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 213320

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 27 2010

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

Ms. Kristen Angelicola, Administrator
The Greenbriar Independent and Assisted Living Community, Inc.
The Village at Greenbriar
4252 Memorial Highway
Dallas, Pennsylvania 18612

Dear Ms. Angelicola:

As a result of the Department of Public Welfare's licensing inspection on June 3, 2010 and June 4, 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 cursive script that reads "Kevin T. Casey".

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 The Village at Greenbriar, 4252 Memorial Highway, Dallas, Pennsylvania 18612		CURRENT LICENSE NUMBER 213320	
INSPECTION DATE(S) (Include all dates of the inspection) June 3, 2010 and June 4, 2010		REGIONAL REPRESENTATIVE Gerald Dumas, Florence Babiarz	
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>Cheryl Hawatch</i>	DATE <i>7/14/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Colance</i>	DATE <i>7-20-10</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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions. RECEIVED JUL 15 2010	The home did not have polices and procedures on the management of reportable incidents and conditions.	<i>7/12/10</i>	<i>The Home has revised the original policy and procedure on the management of reportable incidents and conditions to include: Thru entital staff training and annual training staff will be educated on preventative steps to avoid occurrence of incidents such as medication errors, falls or other incidents in the Home. (see attached)</i>	<i>DCU 7-20-10</i>

SCRANTON FIELD OFFICE
Adult Residential Licensing

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cheryl Hawatch</i>	DATE 7/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valence</i>	DATE 7-20-10

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
85a Sanitary conditions shall be maintained.	Resident bedroom 127, which is closest to the lobby, had a strong odor of urine.	6/3/10 6/4/10	<p>Resident room has been routinely cleaned / checked twice daily - AM + PM - prior to inspection.</p> <p>Resident has history of non compliance with incontinence + personal hygiene. Family, PCP, Urologist have been involved. Prior to inspection appt made - PCP - 6/9/10 Urologist - 7/9/10</p> <p>Room professionally cleaned & as well as resident's personal belongings 6/15/10.</p> <p>Resident has been routinely instructed by family, staff, PCP + Urologist as to sanitary issue.</p> <p>Staff assists with personal care / hygiene. Housekeeping will continue to clean / check room / bathrooms as directed.</p>	DCV 7-20-10

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.103i Outdated or spoiled food or dented cans may not be used.	Two loaves of Deli Seeded Jewish Rye Bread had an expiration date of May 6, 2010. The bread was observed to have green mold on it.	<i>6/3/10 Time of Inspection</i>	<i>Administrator has developed a checklist for Bread Products upon delivery (2x weekly). All Products will be checked for dates of expiration / rotation of stock / and signed + initialed by Cook present at time + receiving delivery. (see attached)</i>	<i>DCU 7-20-10</i>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cheryl Swater</i>	DATE 7/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dumas & Babiarz</i>	DATE 7-20-10

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123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The Emergency Preparedness plan for the municipality/county in which the home is located was not posted.	6/3/10 (Time of Inspection)	The Home's Emergency Preparedness Plan for the municipality/county has been placed in the lobby on book shelf publicly displayed.	DCV 7.20-10

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<p>141a-2 The medical evaluation shall include the following:</p> <p>(1) A general physical examination by a physician, physician's assistant or nurse practitioner.</p> <p>227e The resident's assessment shall document the ability of the resident to self-administer his/her medications or the need for medication reminders or medication administration.</p>	<p>The medical evaluations for Residents #1 (admitted 2/5/10) and #2 (admitted 4/2/10) indicated residents cannot self administer their medications.</p> <p>The assessment for resident #1 (dated, 2/19/10) stated that the resident can self administer medication. Similarly, the assessment for resident #2 (dated 4/16/10) stated that the resident can self administer medication.</p> <p>Until the discrepancy is resolved, the more stringent physician's assessment applies.</p>	7/12/10	<p><i>Administrator has revised assessments for Resident #1 + #2 indicating "cannot self administer medication" as per medical eval. Administrator will monitor assessment + support plan and medical evaluation if completed by staff persons.</i></p>	<p>DOV 7-20-10</p>

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re	The medication Lorazepam for hospice resident # 3 was not listed on the medication administration record.	6/3/10. (Time of Inspection)	Administrator has re-instructed med tech(s) as to noting all medications on MAR when received from Pharmacy. <hr/> Tele call 7-20-10 administrator will review all resident medication administration records to ensure accuracy and initiate immediate steps of correction monthly. D Valencia 7-20-10	Steps have been taken to correct violation; full compliance is not verifiable 7-20-10 Date Initials (DPW) DCL

RECEIVED

JUL 15 2010

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