

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 4244 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 29, 2011 until July 29, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 213320

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

AUG 10 2011

Ms. Kristen Angelicola, Owner  
The Greenbriar Independent and Asstd Living Community, Inc.  
The Village at Greenbriar  
4244 Memorial Highway  
Dallas, Pennsylvania 18612

Dear Ms. Angelicola:

As a result of the Department of Public Welfare's licensing inspection on June 14, 2011 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, appearing to read 'R. Melusky'.

Ronald Melusky  
Acting Director

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, PA 18612		CURRENT LICENSE NUMBER 213320	
INSPECTION DATES (Include all dates of the inspection) 06/14/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cheryl Howatch - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Cheryl Howatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aimee [Signature]</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
29 Hospice care and services that are licensed by the Department of Health as a hospice may be provided in a personal care home.	<p>A fire drill was conducted on 5/27/11 at 11:05pm. Hospice patient resident # 1 was not evacuated from the home during the fire drill because the resident was actively dying. A fire drill was also conducted on 3/28/11 at 2:45pm in which hospice patient resident # 2 was not evacuated at the time of the fire drill but was not actively dying during the time of the drill.</p> <p>The home is not in compliance with the "Hospice Fire Drills- Statement of Policy" (effective 4/12/10) which mandates the home take the following action in order for a resident who is receiving hospice services to not be evacuated from the home when a fire drill is conducted:</p> <p style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</p> <p style="text-align: center; margin: 5px 0;">JUL 25 2011</p> <p style="text-align: center; margin: 5px 0;">SCRANTON FIELD OFFICE Adult Residential Licensing</p>	<p><i>AS OF date of inspection 6/14/11</i></p>	<p><i>Administrator will ensure all Hospice Residents are evacuated during a Fire drill. In event of actively dying Hospice Resident statement will be obtained by physician and POA that said Resident may suffer bodily injury or hastened death as a result of participation in a Fire drill. Above will be noted. on Assessment + support plan.</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <i>8/1/11</i> Initials (DPW) <i>[Signature]</i></p>

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SIGNATURE OF LEGAL ENTITY <i>Cheeryl Howatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Houston</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
SOPb1	- The home did not obtain a written statement from the physician of resident #1 and resident #2 indicating the resident was actively dying and that the resident may suffer bodily injury or a hastened death as a result of participation in a fire drill.	<i>6/16/11</i>	<i>All staff will be informed of procedure for Evacuation of Hospice Residents. During a Fire Drill upon initial staff training. All current staff aware of above at monthly ENSURE of 6/16/2011.</i>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>GA</i></p> <p style="text-align: center;">Date: <i>8-1-11</i> Initials (DPW):</p>

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SIGNATURE OF LEGAL ENTITY <i>Cheryl Howatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>June Gracia</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
SOPb10	- The most current assessment and support plan in the record of resident # 1(dated 10/8/10) and the most current assessment and support plan in the record of resident #2 (dated 1/6/11) did not address how the resident's specific needs would be addressed when fire drills are conducted.	<i>7/15/11</i>	<i>Administrator will address on assessment and support plan of Hospice Resident specific needs when Fire drills are conducted.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block; transform: rotate(-90deg); transform-origin: center;">                         Date <i>8-1-11</i> Initials (DPW) <i>CA</i> </div> <p style="font-size: small; margin-top: 5px;">Steps have been taken to correct violation; full compliance is not verifiable</p>

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SIGNATURE OF LEGAL ENTITY <i>Cheryl Howatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grosz</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
SOPb2	- Written consent was not obtained from residents #1 and resident #2 and their POA or legal guardian or health care representative indicating the resident is not to be moved during a fire drill.	<i>7-21-11</i> <i>AG</i>	<i>As previously noted, Administrator will obtain consent from Hospice Resident, POA and physician indicating resident is not to be moved during fire drill. * See attached Form</i>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <i>7/21/11</i> Initials (DPW): <i>AG</i></p> </div>

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SIGNATURE OF LEGAL ENTITY <i>Cheryl Howatch</i>	DATE 7/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 8-1-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)		DATE COMPLIANCE VERIFIED BY
SOPb5ii	- The home did not simulate a fire drill with residents #1 and #2 to determine the level of effort needed to move the resident when practicing evacuation.	7/15/11	<p><i>Administrator will simulate fire drill with Hospice Resident to determine level of effort needed to move resident when practicing evacuation. Above will be noted on Assessment + Support plan.</i></p> <p><i>Administrator will send copy of most recent fire drill log. Graziano 8-1-11</i></p>	Date 8-1-11 Initials (DPW) CA	Steps have been taken to correct violation; full compliance is not verifiable

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SIGNATURE OF LEGAL ENTITY <i>Cheryl Howatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dore Hoza</i>	DATE <i>8-1-11</i>

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85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	The home's exterior trash dumpster did not have the lid down at time of inspection. Several trash bags were observed in the container at the time of inspection.	<i>Current Staff at monthly Inservice 6/16/11</i>  <i>Reviewed by Administrator 7-21-11</i>	<i>Administrator has instructed All staff as to Regulation of Lid down on dumpster at all times. All new employees will be notified / trained as to same upon Hire + noted on Staff Training Document * See attached</i>	<i>ADH 8-1-11</i>

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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	The home's emergency exit located off of the activity room nearest to the road had erupting patio pavers creating a trip hazard.	<i>7/15/11</i>	<i>On date of inspection pavers were at Home. Repairing + adding walkways. Home unable to do so prior to date due to excessive rain/weather. Bricks noted in violation were at edge of front of patio. Since inspection bricks have been removed at edge + concrete walkway completed. *See attached pictures. Maintenance to perform monthly inspections of perimeter of Home walkways to monitor for any erupting bricks/concrete/pavement + schedule repair.</i>	<i>8-1-11</i>

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The following resident rooms did not have a bedside lamp available at time of inspection : Room # 135, Room # 131 and Room # 301.	<i>6/15/11</i>	<p><i>Room 131 - Resident was in hospital - would NOT be returning due to health. Family already began to remove some items from room. Such as lamp.</i></p> <p><i>Room 135 - Resident refuses lamp on night stand at bedside. - as per rights. Resident does have a night light located in room outside of bathroom door as per request.</i></p> <p><i>Room 301 - Lamp placed on night stand. Resident instructed as to importance of same.</i></p>	<i>8-1-11</i>

\* See attached continuation  
\* Regulations still require source of lighting. Home. ..

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SIGNATURE OF LEGAL ENTITY <i>Cheryl Nowatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	A fire drill was conducted on 5/27/11 at 11:05pm. Resident # 1 was not evacuated during the drill because the resident was actively dying secondary to an end-stage hospice diagnosis. The home did not notify the local fire department that the resident would not be evacuating when fire drills were conducted.	<i>7/15/11</i>	<i>Administrator Does Notify Fire dept with Residents receiving hospice care and residents with mobility needs. Updates sent via fax to same as circumstances arise. Going Forward - Administrator will notify Fire dept with addendum when a Hospice Resident will NOT be evacuating when fire drills are conducted - *see attached.</i>	<i>8-1-11</i> <i>AG</i>

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SIGNATURE OF LEGAL ENTITY <i>Cheryl Hovatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Rene Loziano</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)		DATE COMPLIANCE VERIFIED BY
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	132 h The home did not evacuate all residents during a fire drill on the following dates and times: 1. 7/30/10 -12:30 pm -67 residents were on site 65 residents evacuated to a fire safe area. 2. 3/28/11 - 2:45 pm - 67 residents were on site 66 resident evacuated to a fire safe area 3. 5/27/11- 11:05 pm - 69 residents were on site 67 residents evacuated to a fire safe area	<i>7-21-11</i> <i>AS</i>	<i>As previously noted - Administrator will ensure all Hospice Residents are evacuated during Fire drills unless notification by physician, POA State otherwise.</i>	<i>AS</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>AS</i> Date: <i>7/21/11</i> Initials (DPW): <i>AS</i>

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	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/06/2011</td><td>06:30 PM</td><td>6 mins 7 secs</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>03:00 PM</td><td>3 mins 55 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/28/2011</td><td>02:45 PM</td><td>7 mins 32 secs</td><td>No</td></tr> <tr><td>Apr</td><td>04/05/2011</td><td>02:15 PM</td><td>8 mins 32 sec</td><td>Yes</td></tr> <tr><td>May</td><td>05/27/2011</td><td>11:05 PM</td><td>9 mins 24 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/29/2010</td><td>01:35 PM</td><td>6 mins 50 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/30/2010</td><td>12:30 PM</td><td>5 mins 0 secs</td><td>No</td></tr> <tr><td>Aug</td><td>08/15/2010</td><td>08:15 AM</td><td>5 mins 10 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/08/2010</td><td>03:35 PM</td><td>5 mins 0 secs</td><td>No</td></tr> <tr><td>Oct</td><td>10/25/2010</td><td>02:45 PM</td><td>5 mins 23 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/23/2010</td><td>05:30 AM</td><td>7 mins 53 sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/02/2010</td><td>02:10 PM</td><td>7 mins 10 sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/06/2011	06:30 PM	6 mins 7 secs	No	Feb	02/28/2011	03:00 PM	3 mins 55 sec	No	Mar	03/28/2011	02:45 PM	7 mins 32 secs	No	Apr	04/05/2011	02:15 PM	8 mins 32 sec	Yes	May	05/27/2011	11:05 PM	9 mins 24 sec	No	Jun	06/29/2010	01:35 PM	6 mins 50 sec	No	Jul	07/30/2010	12:30 PM	5 mins 0 secs	No	Aug	08/15/2010	08:15 AM	5 mins 10 sec	No	Sep	09/08/2010	03:35 PM	5 mins 0 secs	No	Oct	10/25/2010	02:45 PM	5 mins 23 sec	No	Nov	11/23/2010	05:30 AM	7 mins 53 sec	No	Dec	12/02/2010	02:10 PM	7 mins 10 sec	No	<p style="font-size: large; margin: 0;">7-21-11</p> <p style="margin: 0;"><i>OS</i></p>	<p style="font-size: large; margin: 0;">Home evacuation time nine minutes Fifty eight seconds. From resident areas to designated areas of refuge (Fire safe areas). as per Fire inspector</p>	<p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="margin: 0;">Date <i>8-1-11</i> Initials (CPW) <i>OS</i></p>
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NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLAGE AT GREENBRIAR, 4252 MEMORIAL HIGHWAY DALLAS, PA 18612		CURRENT LICENSE NUMBER 213320	
INSPECTION DATES (Include all dates of the inspection) 06/14/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cheryl Howatch - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Cheryl Howatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Hrazian</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<p>The list of medications attached to the medical evaluation in the record of resident # 3 (dated 4/29/11) and the list of medications attached to the medical evaluation in the record of resident #4 (dated 1/2/11) were not dated or signed by the physician.</p> <p>The list of medications attached to the medical evaluation in the record of resident #5 (dated 4/5/11), resident #6 (dated 11/9/10) and resident #7 (dated 1/25/11) were not dated by the physician.</p> <p>The list of medications attached to the medical evaluation in the record of resident #8 was not dated the same date as the medical evaluation. The list of medications was dated 1/25/11 and the medical evaluation was dated 2/16/11.</p> <p>The list of medications attached to the medical evaluation in the record of resident # 9 was not dated the same date as the medical evaluation. The list of medications was dated 9/28/10 and the medical evaluation was dated 10/14/10.</p>	<p>7-21-11</p> <p>AS</p>	<p><i>Resident #3 - MED EVAL Completed + signed by md md noted "continue same medications + see attached" Print out of medications directly from md + computer + generate by same. *See attached.</i></p> <p><i>Resident #4 - med eval. Completed + signed by md + noted by md. medications "see list" - current + list of medications ordered by md. for Jan 2011 Attached + sent to Home by same. *See attached.</i></p> <p><i>Resident #5 - admitted on 3/4/11, med eval dated 4/5/11, MAR From date of admission attached + md noted "see MAR" + MAR Signed by same.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 8-1-11 Initials (DPW): AS</p>

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, PA 18612		CURRENT LICENSE NUMBER 213320	
INSPECTION DATES (Include all dates of the inspection) 06/14/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton, Meriam O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cheeryl Horvath - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Cheeryl Horvath</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Hoagwood</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	The list of medications attached to the medical evaluation in the record of resident # 10 was not dated the same date as the medical evaluation. The list of medication was dated 4/11/11 and the medical evaluation was dated 5/9/11.	<i>7-21-11</i> <i>AG</i>	<i>*See attached.</i> <i>Going forward, from date of inspection, Administrator will monitor all med evals for md signature and date.</i>	<i>AG</i> <i>08-01-11</i>

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, PA 18612		CURRENT LICENSE NUMBER 213320	
INSPECTION DATES (Include all dates of the inspection) 06/14/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cheryl Howatch - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Cheryl Howatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Hrosta</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	<p>The initial medical evaluation in the record of resident # 9 (dated 10/14/10) and the initial medical evaluation in the record of resident #7 (dated 1/25/11) did not specify the resident's medical history.</p> <p>The initial medical evaluation in the record of resident #11 (dated 3/8/11) does not specify treatments and therapies, if any.</p> <p>The initial medical evaluation in the record of resident # 10 (dated 5/9/11) does not specify body positioning needs, if any.</p> <p>Repeated Violations: 06/04/2010</p>	<i>6/15/11</i>	<p><i>Going forward from date of inspection, Administrator will monitor all med evals to encourage md to fully complete med eval.</i></p>	

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cheryl Howatch - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Cheryl Howatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane Groza</i>	DATE <i>B-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
143a The home shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	The Home's emergency medical plan does not include the medical facility to be used in an emergency situation. This medical plan does not indicate residents' preference of health care facilities if it is possible.	<i>7/15/11</i>	<i>Administrator has noted in Emergency medical plan that in event of emergency situation Residents has the choice to choose his/her hospital or health care source. * See attached</i>	<i>QZ 8-1-11</i>

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cheryl Howatch - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Cheryl Howatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aime Grozard</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #13 Arthritis Pain Reliever 350 mg tabs to be taken every four hours for pain as needed, had an expiration date of 4/21/11.	<i>7/8/11</i>	<i>Nurse will check all prn medications monthly for expiration dates. PRN's will be checked when monthly medications are delivered &amp; checked &amp; verified.</i>	<i>Q2</i> <i>8-1-11</i>

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cheryl Howatch - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Cheryl Howatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Gray</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #13 Arthritis Pain Reliever 350 mg tabs to be taken every four hours for pain as needed, had an expiration date of 4/21/11.	<i>7/8/11</i>	<i>Nurse will check all prn medications monthly for expiration dates PRN's will be checked when monthly meds delivered / checked verified.</i>	<i>AG</i> <i>8-1-11</i>

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, PA 18612		CURRENT LICENSE NUMBER 213320	
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SIGNATURE OF LEGAL ENTITY <i>Cheryl Howatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Higgins</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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	<ol style="list-style-type: none"> <li>1. Resident #4 did not have a diagnosis listed with their Cyanocobalmin injections 1 ml ,intramuscularly 1 time monthly</li> <li>2. Resident #8 did not have a diagnosis for their Lasix 20 mg tab to be taken 2 times a day by mouth.</li> <li>3. Resident #15 Celebrex 200 mg caps, take one cap 1 time a day did not have a diagnosis with this medication.</li> </ol>	<i>7/8/11</i>	<i>Nurse will monitor MAR's routinely when new orders are documented by med trained staff to ensure medication diagnosis listed. All med trained staff insured as to diagnosis with medications.</i>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <i>8-1-11</i> Initials (DPW) <i>CA</i></p>

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

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SIGNATURE OF LEGAL ENTITY <i>Cheryl Howatch</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Grazia</i>	DATE <i>8-1-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">JUL 25 2011</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>	<i>7-8-11</i> <i>AZ</i>		Steps have been taken to correct violation; full compliance is not verifiable Date <i>8-1-11</i> Initials (DPW) <i>DPW</i>