

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate GREYSTONE COUNTRY ESTATES

Located at 424 DELAWARE ROAD, FREDONIA, PA. 16124

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

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.

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

and shall remain in effect from April 16, 2012 until April 16, 2013  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 470980

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.



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

MAY 24 2012

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 April 4, 2012 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.

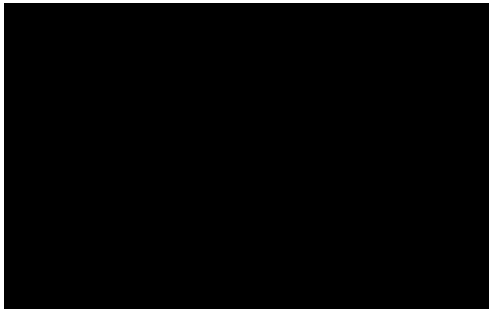
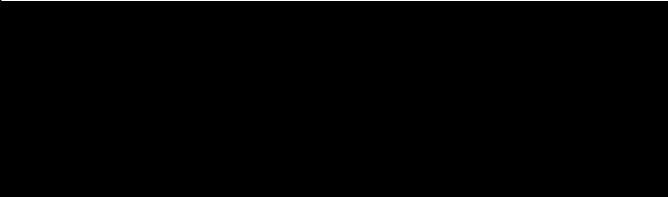
Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: GREYSTONE COUNTRY ESTATES		License Number: 470980
Address: 424 DELAWARE ROAD, FREDONIA, PA 16124		County: Mercer
Administrator: MS. MONICA POWELL		Region: WEST
Legal Entity Name: GREYSTONE COUNTRY ESTATES INC		
Legal Entity Address: 424 DELAWARE ROAD, FREDONIA, PA 16124		
<b>Certificate(s) of Occupancy</b> C-2 LP 10/17/1997 Comm.of PA Dept. L&I		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 34                      Waking Staff: 26		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/04/2012: Pollock, Susan, McAfee, Brenda		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b></p> <p>8</p> <p>Western Field Office Adult Residential Licensing</p>		
<b>Other Details</b> Partial or Full Triggers: N/A                      Random Indicators: N/A		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 45 Number of Residents Served: 28 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	<b>Number of Residents who:</b> 	
		

Violation Report: 47098 - 04/04/2012 - Pollock, Susan

**1. REGULATION 55 Pa.Code §2600**

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2. DESCRIPTION OF VIOLATION**

Staff person A was hired on 4/12/11; however, the home did not complete the required criminal history background check until 5/23/11.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*5-25-12 The Admin's trainer and any other STAFF involved with the hiring and retention of staff will complete the Older Adult Protective Services Act on-line training. Documentation of training will be kept. 5-8-12 JY*

*See page 2A.*

**RECEIVED**

APR 28 2012

Western Field Office  
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Monica L. Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Monica L. Powell*

Date

*4-26-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

5-8-12  
(Date)

Signature of Legal Entity Representative

4-26-12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *5-8-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

MP  
(Initials)

**Regulation 2600.51**

**All staff persons will have background checks performed by the Administrator within five (5) days of date of hire. The Administrator will be trained on April 28, 2012 by the current payroll accountant when she comes to the facility on April 28, 2012.**

**The Administrator's Secretary will subsequently be trained so that she may also do checks on line in case the Administrator is not available.**

**The new employee record will be reviewed for correct and dated information before it is filed in the Administrator's office.**

**A written policy/procedure is attached and included in our policy/procedure manual.**

Violation Report: 47098 - 04/04/2012 - Pollock, Susan

**1. REGULATION 55 Pa.Code §2600**

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

**2. DESCRIPTION OF VIOLATION**

On the evening of 11/9/11 resident #1 complained of pain and requested pain medication. The resident did not have any medication prescribed for pain. The home did not contact the physician and administered a skittle candy to the resident representing the candy as a pain medication.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

5-25-12 All staff persons will be educated on assisting and securing medical care if a resident's health status declines. Documentation of education will be kept. 5-9-12 y

5-25-12 The administrator or designated staff person will monitor all occurrences of a decline in health status to ensure the home secured the proper medical care for the resident through the resident's physician or emergency medical services. 5-9-12 y

See pg 3A.

RECEIVED

APR 18 2012

Western Field Office  
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*M. L. Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Monica L. Powell*

Date *4-26-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

5-9-12  
(Date)

Signature of Legal Entity Representative

4-26-12  
(Date)

The above plan of correction was approved by

*gsk*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *5-9-12 y*
- Partially Implemented - Inadequate Progress
- Not Implemented

**Violation 2600.142a**

**All placebo medications administered to any resident for pain, bowel problems, anxiety or any other complaint, will be, first, prescribed by the physician by script and, second, only given to the resident after the family has been made aware and is in agreement that the placebo is being used.**

**The Administrator will be the only person permitted to authorize use of the placebo and only after the above two steps have been completed.**

**Written documentation of the use of the placebo will be kept in the resident's chart as well as on the MAR. The script provided by the resident doctor will be kept in the resident's permanent record.**

**The policy will be effective April 26, 2012. Please see attached Policy 23 distributed to all direct care staff via paper copy in each mailbox.**

Violation Report: 47098 - 04/04/2012 - Pollock, Susan

**1. REGULATION 55 Pa.Code §2600**

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2. DESCRIPTION OF VIOLATION**

The initial assessment for resident #2, admitted 6/9/11, does not include the date it was completed.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

5-5-12 Resident #2's assessment will be updated to include the completion date. 5-8-12g

5-5-12 All STATE persons completing assessments will be educated on the proper completion of assessments. Documentation of education will be kept. 5-9-12g

see page 4A

**RECEIVED**

APR 18 2012

Western Field Office  
Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *M. L. Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Monica L. Powell* Date *4-26-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5-8-12</u> (Date)	Signature of Legal Entity Representative <u>4-26-12</u> (Date)
The above plan of correction was approved by <u><i>gpc</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented 5-8-12g <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Violation 2600.225a**

**All resident assessments are now being done via the word document provided by the DPW.**

**The LPN will work with the Administrator's Secretary to make sure the assessments are being completed in a timely manner.**

**The assessments are then printed and given to the Administrator for her approval or any additions.**

**The Administrator's Secretary will again check to make sure all items and dates are complete before filing in the resident's permanent record.**

**The document provided by the DPW does not permit you to print without all areas completed.**

**There is now a three-step plan in place to make sure this does not continue to be a problem.**