COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **THE GREENBRIAR INDEPENDENT AND ASSTD LIVING COMMUNITY, I**
(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** (MAXIMUM CAPACITY)
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
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 30, 2012** until **July 30, 2013**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 213320

Robert E. Robinson
ISSUING OFFICER

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

JUL 17 2012

Ms. Cheryl Howatch, Administrator
The Greenbriar Independent and Asstd Living Community, Inc.
The Village at Greenbriar
4244 Memorial highway
Dallas, Pennsylvania 18612

Dear Ms. Howatch

As a result of the Department of Public Welfare's licensing inspection on June 11, 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,

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: THE VILLAGE AT GREENBRIAR	License Number: 213320
Address: 4244 MEMORIAL HIGHWAY, DALLAS, PA 18612	County: Luzerne
Administrator: Cheryl Howatch	Region: NORTH
Legal Entity Name: THE GREENBRIAR INDEPENDENT AND ASSTD LIVING COMMUNITY INC	
Legal Entity Address: 4244 MEMORIAL HIGHWAY, DALLAS, PA 18612	

Certificate(s) of Occupancy

C-2 LP
06/23/2004
L&I

Staffing Hours

Resident Support: 2 | Total Daily Staff: 84 | Waking Staff: 63

Type of Inspection: Full | BHA Docket Number: n/a | Notice: Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

06/11/2012: Bablarz, Florence; Hummel, Jesse

Off-Site Inspection Dates and Inspectors, If Applicable

Other Details

Partial or Full Triggers: n/a | Random Indicators: n/a

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 78

Number of Residents Served: 76

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, If Applicable:

[redacted]

Number of Residents who:

[redacted]

Violation Report: 21332 - 06/11/2012 - Babiarz, Florence
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed the window located in the common hallway of the home outside of resident room #114 to be open. The window screen has a tear measuring approximately 3 inches by 2 inches allowing insect and rodent penetration.

Department Representatives observed the sliding glass door located in the main kitchen food preparation area to be open. Department Representatives observed the screen is torn away from the top of the door frame allowing insect and rodent penetration.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Window screen outside of Room 114 has been replaced with a new screen date of inspection
Kitchen screen door replaced with new.
Maintenance instructed to check all screens in windows / doors at least monthly to ensure good repair.
This shall be monitored by administrator via checklist.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Howatch

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

Date 6/25/2012

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

The above plan of correction is approved as of 6-28-12 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 6-28-12 (Date)

- [x] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21332 - 06/11/2012 - Babiarz, Florence
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The home's emergency evacuation diagrams located throughout the facility do not include the direction of travel to the exit doors in the event of an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Emergency evacuation diagrams have been updated to include directions of travel to exit doors in event of emergency. Update completed on 6/12/2012

ADM or designee will do a monthly review of emergency evacuation diagrams to insure ongoing compliance. CH 6-28-12

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Howatt

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

Date 6/25/2012

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Violation Report: 21332 - 06/11/2012 - Babiarz, Florence
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
On 6/11/12 Department Representatives observed that the home's fire extinguishers located throughout the facility were last inspected and approved by a fire safety expert in May 2011. Fire Extinguishers are required to be inspected and approved by a fire safety expert annually.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Susquehanna Fire Equipment Company was contacted on 6/11/12. (date of inspection) as to inspection of Fire Extinguishers. Company inspected same on 6/15/12 (See attached copy of work order). Maintenance has been instructed by this administrator to contact/notify/remind Susquehanna Fire Equipment Company of inspection every May.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Howarth

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHERYL HOWARTH — **Date** 6/25/12

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Violation Report: 21332 - 06/11/2012 - Babiarz, Florence
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
Resident #1 initial medical evaluation dated 2.29.2012 did not indicate their Medical History and Activities/Social Services. These areas were left blank.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Administrator will monitor medical evaluations and encourage physicians to fully complete same.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/14/2011		

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Howarth

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHERYL HOWARTH **Date** 6/25/2012

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Violation Report: 21332 - 06/11/2012 - Babiarz, Florence
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2 annual medical evaluation dated 10.31.2011 did not indicate Medical History, Mobility Needs, Treatment/Therapies, and Activities/Social Services. These areas were left blank.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Administrator will monitor medical evaluations and encourage physician to complete all areas of same.

Violation withdrawn. The home still has a responsibility to ensure that all residents receive a medical evaluation at least once per year.
6-28-12.
CO

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Howatch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHERYL HOWATCH — Date 6/26/2012

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Plan of correction implementation status as of _____ (Date)

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Violation Report: 21332 - 06/11/2012 - Babiarz, Florence
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident #3 Hospice Pharmacia Comfort Pak expired 6.2.2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Comfort Pak for Resident #3 has been replaced with new pak. Residents Hospice agency orders sent. They were notified date of inspection of expiration date. A new Comfort Pak was sent to Home on 6/18/12. (See attached confirmation of reader). Nurse will monitor expiration dates on all Comfort Pak(s) monthly as with all other prn medications. When reviewing MAR's

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Howatka

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHERYL HOWATCA — **Date** 6/25/2012

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Violation Report: 21332 - 06/11/2012 - Babiarz, Florence
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 nata (PRN).
(13) Date and time of medication administration.
(14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record for resident #4 did not indicate a diagnosis or purpose for Ascriptin 325mg tablet and Metroprolol Tartrate 25mg tablet.

The Medication Administration Record for resident #5 did not indicate a diagnosis or purpose for Alprozolam 25mg tablet and Atenolol 25mg tablet.

The Medication Administration Record for resident #6 did not indicate a diagnosis or purpose for Loperamide 2mg tablet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Medication Administration Record(s) for Residents #4, #5, #6 were generated by Pharmacy. Pharmacy was contacted date of inspection to ensure diagnosis on all medications. All Med Trained Staff were also instructed to inform nurse if a diagnosis not noted on MAR, so a diagnosis can be documented on same. Adm or designee will do monthly reviews to insure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/14/2011		6-28-12

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Howatch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHERYL HOWATCH — **Date** 6/25/2012

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Violation Report: 21332 - 06/11/2012 - Babiarz, Florence
PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #7 is prescribed Docusate Sodium 100mg, take one capsule once a day by mouth as needed. The medication was not available in the home at the time of the inspection.

Resident #7 is prescribed Fiber Laxative Caplets, take one tablet as directed by mouth may use as needed. The medication was not available in the home at the time of the inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Above medications for Resident #7 were discontinued by Physician for non use + resident request.
Nurse will monitor prn medications for availability monthly when reviewing MAR's.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Nowatka

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHERYL NOWATKA — Date 6/25/12

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