

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  
(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 April 16, 2013 until April 16, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 470980

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Ms. Monica 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 (Department) licensing inspection on February 14, 2013, 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 Human Services 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  
Director

Enclosures  
License  
Violation Report



Violation Report: 47098 - 02/14/2013 - Phillips, Joseph  
 PCH Name: GREYSTONE COUNTRY ESTATES

1. REGULATION 55 Pa.Code §2600  
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

Western Field Office  
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
 Staff person A, the home's administrator, only completed 22 hours of the required 24 hours of annual training in the 2012 training year.

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.  
 3-20-13 - The home will develop and implement an annual schedule of training for the Administrator, which includes a total of Administrator training that will be completed during the Administrator's training year. 3-5-13

See Page 2A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Monica Powell - Home</i>	Date <i>2-28-13</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3-5-13</u> (Date)	Plan of correction implementation status as of <u>3-9-13</u> (Date)
The above plan of correction was approved by <u>J</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>3-5-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation 2600.6©

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**Plan of Correction:**

Western Field Office  
Adult Protective Licensing

The home's administrator has been replaced by another administrator [REDACTED] who just completed her 100hr administrator training on February 25<sup>th</sup> 2013.

The previous administrator was unable to complete the free training provided by Temple due to illness. She did do 24hrs of training but the last 4hrs hrs were not approved DPW training. (See attached copies)

The new administrator will make every effort to attend all the free trainings provided by the DPW ongoing. However please note that only 1 training site is available to us here in north west pa without extensive travel.

Thank you

Monica L. Powell

*M L Powell*

*8 3-5-13*

Violation Report: 47098 - 02/14/2013 - Phillips, Joseph  
PCH Name: GREYSTONE COUNTRY ESTATES

1. REGULATION 55 Pa.Code §2600  
2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Wentworth Field Office  
Administrative Services

2a. DESCRIPTION OF VIOLATION  
The outside vent pipe of the clothes dryer has an accumulation of 1/4 inch of lint. There is also an accumulation of lint on the ground underneath the vent covering area about two feet by one foot.

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.

See page 3A

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Monica Powell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Monica Powell - Home*      Date *2-28-13*

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

The above plan of correction is approved as of 3-5-13  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Plan of correction implementation status as of 3-5-13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *3-5-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED  
4 3

Washington State  
Administrative Services Agency

**Violation 2600.105(g)**

**Plan of Correction:**

**The outside and inside dryer vents will be cleaned and checked daily by maintenance staff person. If he is unavailable then the ancillary staff person will check it daily.**

**All staff have been made aware of the importance and mandatory cleaning of the dryer vent after each load or before another load is put in to the dryer via staff notes to each employee and staff notes and staff meeting. (see attached).**

Thank you

*Monica Powell*

Monica Powell

*8-3-13*

Violation Report: 47098 - 02/14/2013 - Phillips, Joseph

PCH Name: GREYSTONE COUNTRY ESTATES

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's fire safety expert specified a safe evacuation time of 3 minutes and 0 seconds. The home's fire drill evacuation times exceeded the fire safety expert's specified safe evacuation time as follows:

- 1/20/12 - 6:00 a.m. - 8 minutes and 0 seconds
- 1/27/12 - 6:00 a.m. - 3 minutes and 30 seconds
- 2/16/12 - 1:30 p.m. - 3 minutes and 30 seconds

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.

*withdrawn*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*M. Powell*

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

*Monica Powell ADON*

Date *2/28/13*

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented