



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

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 May 15, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period July 30, 2013 to July 30, 2014 was issued on April 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 21332 - 05/15/2013 - Rushin, Julienne
 PCH Name: THE VILLAGE AT GREENBRIAR

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).

2a. DESCRIPTION OF VIOLATION

Direct Care staff person [redacted] hired 11/21/11 lived in New Mexico from 2009-2011 while attending college during the semester. The home did not complete a FBI background check within 90 days of hire according to the Older Adults Protective Services Act.

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.

Going forward, the Administrator will monitor & ensure criminal history checks including FBI background checks completed for any new employee not residing in Pennsylvania for two consecutive years. FBI background check was completed and mailed on May 16, 2013. Proof of same enclosed.

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 / Administrator* Date *5/28/13*

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

The above plan of correction is approved as of 6.18.13
 (Date)

Plan of correction implementation status as of 6.18.13
 (Date)

The above plan of correction was approved by *m*
 (Initials)

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

Violation Report: 21332 - 05/15/2013 - Rushin, Julienne
 PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records dated 6/20/12, 7/3/12, 9/4/12, 10/10/12, 11/14/12, 12/4/12, 2/4/13, 3/38/13 and 4/16/13 do not identify all the exits routes used. Only two exits are identified for each drill: "Front" and "Poolside" (back of building). Through conversation with the home's Administrator [redacted] it was determined that residents and staff evacuate from 2 additional exits. One located in the front of the building at the bottom of the stairwell and one in the "West Wing" located in the rear of the building. The home has failed to record all the exits used on the fire drill records.

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.

Going forward, the Administrator will ensure all evacuation exits utilized are documented on the fire drill log. Beginning with next monthly drill.

The administrator shall assume ongoing compliance

m
 6/18/13

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Stewart / Administrator* Date *5/28/13*

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 (Date)

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 (Initials)

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 (Date)

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- Partially Implemented - Inadequate Progress
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Violation Report: 21332 - 05/15/2013 - Rushin, Julienne
 PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

Through review of the home's fire drill records dated 6/20/12, 7/3/12, 9/4/12, 10/10/12, 11/14/12, 12/4/12, 2/4/13, 3/38/13 and 4/18/13 and conversation with the home's Administrator [redacted] it was determined that residents and staff evacuated from 2 exits in the front of the home (main entrance and stairwell) and 2 exits in the rear ("Poolside" and "West Wing") for each drill. The home has failed to alternate the fire exits used to ensure that staff and residents are prepared to respond to different fire scenarios.

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.

Administrators will ensure alternate fire evacuation exits used to prepare staff and Residents to respond to different scenarios. Documentation of same will be noted on Fire Drill Log.

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 / Administrator* Date *5/28/13*

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 (Date)

The above plan of correction was approved by *M*
 (Initials)

Plan of correction implementation status as of 6-18-13
 (Date)

- Fully Implemented
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- Partially Implemented - inadequate Progress
- Not Implemented

Violation Report: 21332 - 05/15/2013 - Rushin, Julieanne
 PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 A bottle of Fluticasone nasal spray was located in Resident [redacted] bedroom. Resident [redacted] medical evaluation dated 6/1/12 notes the resident cannot self-administer medications.

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 and staff unaware of Resident [redacted] having Fluticasone Nasal Spray in room. Administrator did meet with Resident + Resident stated had spray from hospital or rehab. Resident [redacted] verbalized understanding of medication to not be self administered. Nasal spray was given to this Administrator by Resident + will be kept in med room + administered by staff.

The Administrator shall assure ongoing compliance.

m
6/18/13

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 / Administrator* Date *5/28/13*

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Violation Report: 21332 - 05/15/2013 - Rushin, Julienne
 PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

A bottle of Gabapentin and Zolpidem was located in Resident [redacted] bedroom unlocked and accessible to other residents living in the home. [redacted] is assessed to administer medications without assistance.

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.

Resident [redacted] does have a locked box for medication in bedroom. Resident [redacted] capable of administering meds without assistance as per med list. Resident informed by this administrator of importance of all medications locked + verbalized acknowledgment of same.

The administrator shall monitor for ongoing compliance.

*M
6/18/13*

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 *5/28/13*

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