



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 26 2014

Ms. Dianna Jones, Administrator  
Greystone Country Estates, Inc.  
424 Delaware Road  
Fredonia, Pennsylvania 16124

RE: Greystone Country Estates  
License #: 470980

Dear Ms. Jones:

As a result of the Department of Public Welfare's licensing inspection on February 25, 2014 and April 21, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period April 16, 2014 to April 16, 2015 was issued on January 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



APR 02 2014

Violation Report: 47098 - 02/25/2014 - Williams, Jason

PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION

On 2/16/14, there were 32 residents in the home, including 2 residents with mobility needs, requiring a total minimum of 34 hours of personal care services, however, on this date only 30.5 hours of personal care services were provided.

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 2A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Dianna Jones, Administrator</i>	<i>4-1-14</i>

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

The above plan of correction is approved as of <u>6-13-14</u> (Date)	Plan of correction implementation status as of <u>6-13-14</u> (Date)
The above plan of correction was approved by <u><i>MP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

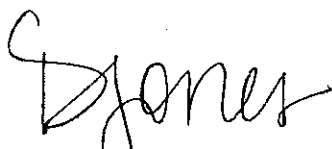
RECEIVED

APR 02 2014

WEST REGION FIELD OFFICE  
Human Services Licensing


Regulation 55 Pa Code 2600  
2600.57 (b)  
Plan of Correction

The Owner of Greystone Country Estates has changed the schedule to provide staffing hours as required by DPW. The change in schedule was effective 3-10-14. He will continue to make the changes to the schedule as necessary to provide 1 hour per day of personal care services for each mobile resident. If there is a change to any residents care needs or when a new resident is admitted the owner will adjust staffing hours. Staff will be notified in writing when staffing hours are changed via the daily staff notes written by the administrator. Please see the attached schedule for the correction of staffing hours.



Diana Jones,  
Administrator

An additional DCS worker was added to the schedule to increase staffing hours.

  
4/21/14

JSP  
6-13-14

Violation Report: 47098 - 02/25/2014 - Williams, Jason  
PCH Name: GREYSTONE COUNTRY ESTATES

APR 02 2014

1. REGULATION 55 Pa.Code §2600

2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

WEST REGION FIELD OFFICE  
Human Services

2a. DESCRIPTION OF VIOLATION

On 2/16/14, there were 32 residents in the home, including 2 residents with mobility needs, requiring a total minimum of 34 hours of personal care services, however, on this date only 30.5 hours of personal care services were provided.

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 of 10

Repeat Violation: Yes      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dianna Jones, Administrator*      Date *4-1-14*

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

The above plan of correction is approved as of 6-13-14 (Date)

Plan of correction implementation status as of 6-13-14 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

APR 02 2014

WEST REGION HEALTH CARE  
Human Services

Regulation 55 Pa Code 2600  
2600.57 (c)  
Plan of correction

The owner of Greystone Country Estates has changed the schedule to provide staffing hours for residents who have mobility needs as required by DPW. The change in schedule was effective 3-10-14. He will continue to make the changes to the schedule as necessary to provide 2 hours of personal care to each resident who has mobility needs. If there is a change to any residents care needs or when a new resident is admitted the owner will adjust staffing hours. Staff will be notified in writing when staffing hours are changed via the daily staff notes written by the administrator. Please see the attached schedule for the correction of staffing hours.



Dianna Jones,  
Administrator

JJP  
6-13-14

See 57(b)  
DJones  
4/21/14

APR 02 2014

Violation Report: 47098 - 02/25/2014 - Williams, Jason  
PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 2/16/14, there were 32 residents in the home, including 2 residents with mobility needs, requiring a total minimum of 34 hours of personal care services and 25.5 hours of personal care services during waking hours. However, on this date only 23 hours of personal care services were provided during waking hours.

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 4A of 10

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

Signature of Legal Entity Representative (Required on EVERY Page) *D Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dianna Jones, Administrator*      Date *4-1-14*

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

The above plan of correction is approved as of 6-13-14 (Date)

Plan of correction implementation status as of 6-13-14 (Date)

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

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

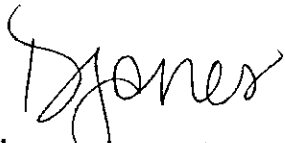
Regulation 55 Pa Code 2600  
2600.57 (d)  
Plan of Correction

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APR 02 2014


WEST REGION FIELD OFFICE  
Human Services Licensing

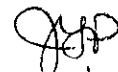
The Owner of Greystone Country Estates has changed the schedule to provide staffing hours as required by DPW. The change in schedule was effective 3-10-14. He will continue to make the changes to the schedule as necessary to provide enough care hours during waking hours. He will continue to make the changes based on the needs of our residents. If there is a change to any residents care needs or when a new resident is admitted the owner will adjust staffing hours. Staff will be notified in writing when staffing hours are changed via the daily staff notes written by the administrator. Please see the attached schedule for the correction of staffing hours.



Dianna Jones,  
Administrator

See 57(b)

  
4/21/14

  
6/13/14

Violation Report: 47098 - 02/25/2014 - Williams, Jason  
PCH Name: GREYSTONE COUNTRY ESTATES

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

RECEIVED

APR 02 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 12/11/13, currently provides unsupervised direct care but has not completed the Department approved on-line direct care competency test.

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 SA of 10

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dianna Jones, Administrator* Date *4-1-14*

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

The above plan of correction is approved as of <u>6-13-14</u> (Date)	Plan of correction implementation status as of <u>6-13-14</u> (Date)
The above plan of correction was approved by <u><i>QJP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>QJP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

APR 02 2014


WEST REGION FIELD OFFICE  
Human Services Licensing


Regulation 55 Pa Code 2600  
2600.65 (d)  
Plan of Correction

Staff person A completed the department approved online competency test on 12-12-13. Her printout of her certificate was not in her file. This was told to the inspector on site. He directed me to call Michelle Strausser at 1-877-401-8835 to see about being able to re-print the certificate from the database. A request for the information to be pulled from the database was submitted on 3-25-14.

Changes to be made for this violation are: A certificate will be printed upon completion of the online exam in multiple copies. If the certificate becomes lost or damaged, the Administrator will call the number listed above to see about getting a replacement from the database.

All staff folders have been gone through to ensure no other certificates are missing. No one else needs a replacement at this time.

 4/21/14  
Dianna Jones,  
Administrator

  
4/13/14

Violation Report: 47098 - 02/25/2014 - Williams, Jason

PCH Name: GREYSTONE COUNTRY ESTATES

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

APR 02 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At 3:00 PM, the hot water at the sink in the bathroom across from the family room measured 124.1 degrees Fahrenheit.

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 6A of 10

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Didanna Jones Administrator* Date *4-2-14*

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

The above plan of correction is approved as of 6/13/14 (Date)

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

Plan of correction implementation status as of 6/13/14 (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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APR 02 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 55 Pa Code 2600  
2600.89 (b)  
Plan of Correction

The owner of Greystone Country Estates has installed a temperature regulating valve to ensure that the hot water does not exceed 120 degrees. This valve is monitored by the maintenance department. The owner is notified with any problems or concerns with the valve.

*D Jones* 4/21/14

Dianna Jones,  
Administrator

*JJP*  
6/13/14

Violation Report: 47098 - 02/25/2014 - Williams, Jason

PCH Name: GREYSTONE COUNTRY ESTATES

APR 02 2014

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again for use in the preparation of other dishes. Leftover food shall be labeled and dated.

WEST REGION FIELD OFFICE  
Hugan Services Division

2a. DESCRIPTION OF VIOLATION

The stainless steel refrigerator in the kitchen contained a ziplock bag containing a half eaten hoagie, a half eaten avocado and some blackberries which was not labeled or dated.

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 7A of 10

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

Dianna Jones, Administrator

Date 4-1-14

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

The above plan of correction is approved as of

6/13/14  
(Date)

Plan of correction implementation status as of

6/13/14  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

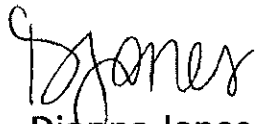
Regulation 55 Pa Code  
2600.103 (e)  
Plan of Correction

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APR 02 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

All food the is leftovers from a meal will be labeled and dated at the end of each meal. All staff that store their lunches in the refrigerator will have their container labeled and dated before they can put them into the fridge. This labeling and dating will be monitored by the administrator. This change is effective immediate. Staff will be trained on this violation at a staff meeting that will take place on 3-20-14. The Administrator will monitor the refrigerator daily to make sure that all leftovers are labeled and dated.



Dianna Jones,  
Administrator

4/21/14

  
6/13/14

Violation Report: 47098 - 02/25/2014 - Williams, Jason

PCH Name: GREYSTONE COUNTRY ESTATES

**1. REGULATION 55 Pa.Code §2600**

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**2a. DESCRIPTION OF VIOLATION**

The home only staffs one person on the 10:30 PM - 6:30 AM shift but routinely conducts sleeping hour fire drills near morning shift change when additional staff are present as follows:

- The 10/30/13 drill was conducted at 6:01 AM with 2 staff persons participating.
- The 7/20/13 drill was conducted at 6:20 AM with 2 staff persons participating.
- The 5/9/13 drill was conducted at 6:00 AM with 3 staff persons participating.

During the year 2013 no sleeping hours fire drill was conducted with the least amount of staff.

RECEIVED

APR 02 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

**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 8A of 10

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative (Required on EVERY Page) D. Jones

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dianna Jones, Administrator Date 4-1-14

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

<p>The above plan of correction is approved as of <u>6/13/14</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (initials)</p>	<p>Plan of correction implementation status as of <u>6/13/14</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>[Signature]</u></p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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APR 02 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 55 Pa Code  
2600. 132 (g)  
Plan of Correction

Sleeping hour fire drills will be routinely conducted with only one staff member. A sleeping fire drill was performed on 3-27-14 at 6 am with only one staff member in 2 minutes 52 seconds. This will be done 2x yearly as required by DPW. Staff will be trained at the next staff meeting about his subject and annually at fire safety training.

*D Jones* 4/21/14  
Dianna Jones,  
Administrator

*JJP* 6/13/14

Violation Report: 47098 - 02/25/2014 - Williams, Jason

PCH Name: GREYSTONE COUNTRY ESTATES

APR 02 2014

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building during the fire-safe area during each fire drill.

WEST REGION FIELD OFFICE  
Human Services Division

2a. DESCRIPTION OF VIOLATION

According to multiple resident interviews, residents are only evacuated to the door during fire drills that are held during cold or inclement weather.

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 9A of 10

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

Dianna Jones, Administrator

Date 4-1-14

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

The above plan of correction is approved as of 6-13-14  
(Date)

Plan of correction implementation status as of 6/13/14  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

APR 02 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 55 Pa Code  
2600. 132 (h)  
Plan of Correction

The owner of Greystone Country Estates mandates that resident do not go outside for fire drills during cold, below freezing weather. Residents and staff are brought to the exits for fire drills in sub-freezing weather. Residents and staff do go outside to the meeting place during warm weather in the spring, summer and fall seasons.

I cannot in good conscience take the residents outside during sub zero temperatures. All fire drills are surprise drills and all residents are made aware of the designated meeting place during admission.

For any questions in this matter please contact the owner, JR Powell at 724-475-4237.

Unannounced fire drills were held on 4/29/14 at 7PM, 5/9/14 at 11:25 AM and 5/16/14 at 3PM. All residents were evacuated to the homes designated meeting area away from the building. JJP 6-13-14

*[Signature]*  
Dianna Jones,  
Administrator

A policy change will be made to take all residents to an outside meeting place for every fire drill that is held. Staff will be re-educated verbally today, and in more detail at our next staff meeting. Any fire drill may be re-scheduled due to bad weather or extreme temperatures.

*[Signature]*  
4/21/14

*[Signature]*  
6/13/14

Violation Report: 47098 - 02/25/2014 - Williams, Jason

APR 02 2014

PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form, dated 4/17/13, for Resident #1 does not address the resident's mobility status, ability to self administer medication, safety around poisonous materials.

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 10A of 10

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

Dianna Jones, Administrator

Date 4-1-14

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

The above plan of correction is approved as of

6/13/14  
(Date)

Plan of correction implementation status as of

6/13/14  
(Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

RECEIVED

APR 02 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulation 55 Pa Code  
2600. 224 (a)  
Plan of Correction

The missing information from the pre-screening for resident #1 was fixed on site during the inspection. The Administrator will completely fill out the pre-screening form before the resident is admitted to Greystone Country Estates. The form will then go to the secretary to be scanned into Tabula Pro. The secretaries will double check that all information is filled out on the form. Administrator and secretary have reviewed all other pre-screening forms for residents to ensure that no other information was left out. No other forms were missing any information.

*Dianna Jones* 4/21/14

Dianna Jones,  
Administrator

*JYP*  
6/13/14