



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via e-mail: [REDACTED]
MAILING DATE: June 17, 2014

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

RE: The Village at Greenbriar
License #213320

Dear: Ms. Howatch:

As a result of the Department of Public Welfare's licensing inspection on March 24, 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: THE VILLAGE AT GREENBRIAR		License Number: 21332
Address: 4244 MEMORIAL HIGHWAY, DALLAS, PA 18612		County: Luzerne
Administrator: Cheryl Howatch		Region: NORTHEAST
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 Department of L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 82 Waking Staff: 62		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/24/2014: Hummel, Jesse; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 78 Number of Residents Served: 74 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 8 Have a Physical Disability: 2	

Violation Report: 21332 - 03/24/2014 - Hummel, Jesse
 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 #1 most recently had a medical evaluation completed on 2/22/13, which was completed more than 12 months ago. A medical evaluation is required 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.

Medical eval due no later than 3/7/2014 to remain in compliance.
 Medical eval faxed to Resident #1 PCP on 1/31/2014 & fax confirmation of receipt.
 2/4/2014 - This administrator placed phone call to PCP office + message given w/o to med eval.
 2/13/2014 - Med eval again faxed for completion as well as same cover sheet stating to please complete + return.
 3/2/2014 - med eval + copy of signed MAR's returned to Home via fax - but returned with no PCP signature on 1st page of med eval + incomplete. Call placed to office as to signature and completion + re-faxed to PCP.
 3/5/2014 - Returned to Home via fax but incomplete all areas blank with only signature.
 4/15/2014 - New med eval, fax sheet, cover sheet faxed as to completing annual med eval. with fax confirmation.
 4/28/2014 - Medical eval taken to office for completion. Nurse informed of eval sent numerous times + over disc.
 4/29/2014 - Call to PCP office requested to speak with case manager. Stated will take message and get back to us.
 4/30/2014 - Staff person with Resident #1 at Appt + waited until med eval completed + Completed as of this date.

Supporting documentation of above on file at Home.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *5/2/2014*

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The above plan of correction is approved as of 6-16-14 (Date)
 Adm or designee will continue efforts to get med evals timely. Documentation will be retained. cp
 The above plan of correction was approved by OR (Initials)

Plan of correction implementation status as of 6-16-14 (Date)

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

Violation Report: 21332 - 03/24/2014 - Hummel, Jesse
 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

Department Representatives determined that Resident #1 stores and self administers Hemorrhoid cream. Based upon the most recent medical evaluation completed on 2/22/13 for resident #1, the resident is not capable of self administering medications.

Department Representatives determined that Resident #2 currently stores and self administers the following medications: Mometason Cream, Albuterol Solution, Xopenex and Lidoderm Patches. Based upon the resident's most recent medical evaluation completed on 4/18/13 the resident is not capable of self administering 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.

Resident #1 Requested that staff person leave Hemorrhoid Cream in room for use as needed. All med trained staff reeducated as to proper procedure for self administration of any medication. An ongoing medication in a Resident's room without PCP order to self administer. Staff instructed to notify nurse on duty or administrator & call will be placed to PCP as to Resident request & if capable to self administer. Administrator will monitor for compliance. Resident #2 - PCP and family aware of self administering medications. PCP completed new med eval as to capable of self administration of meds. Staff instructed as to notification to nurse or Administrator if medication is noted in a Resident room so an evaluation can be completed if capable of same. Administrator will monitor for compliance. Supporting documentation of above can file at Home

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 *5/2/2014*

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The above plan of correction is approved as of 6-16-14 (Date)
Adm On-designee will continue to assess and families of self-adm reqs when indicated. Keep documentation
 The above plan of correction was approved by OO (Initials)

Plan of correction implementation status as of 6-16-14 (Date)

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

Violation Report: 21332 - 03/24/2014 - Hummel, Jesse
 PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed a Symbicort inhaler, 2 puffs daily. Department Representatives determined through staff interviews that resident #1 was refusing this medication for an undetermined amount of time during the month of December of 2013. Medication Administration staff at the facility documented on the resident's Medication Administration Record that resident #1 in fact received the medication as prescribed when in fact the resident actually refused the medication.

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 #1 did refuse Symbicort Inhaler on days during December 2013, stating she did not need it. All med trained staff re-instructed as to proper procedure for documentation of refusal of a medication, notifying a nurse or administrator of refusal in order to notify Residents PCP. Administrator will monitor for compliance by routine meeting(s) with staff and/or nurse. Supporting documentation on file at Home.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *5/2/2014*

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The above plan of correction is approved as of <u>6-16-14</u> (Date) The above plan of correction was approved by <u><i>OS</i></u> (Initials)	Plan of correction implementation status as of <u>6-16-14</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21332 - 03/24/2014 - Hummel, Jesse
 PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed a Symbicort inhaler, 2 puffs daily. Department Representatives determined through staff interviews that resident #1 was refusing this medication for an undetermined amount of time during the month of December of 2013. Medication Administration staff at the facility documented on the resident's Medication Administration Record that resident #1 in fact received the medication as prescribed when in fact the resident actually refused the medication. The facility failed to notify the resident's prescribing physician of these medication refusals as required.

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.

All med tracked staff retrained as to procedure of Resident refusal of a medication, also to notify a nurse on duty or Administrator in order to notify Resident PCH within 24 hour of refusal. Administrator will monitor for compliance. Supporting documentation on file at Home.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CHERYL HOWATCH / Administrator* Date *5/2/2014*

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Violation Report: 21332 - 03/24/2014 - Hummel, Jesse
 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 #1 is prescribed Carvedilol 12.5 mg tablet and Losartan PO 25 mg tablets. As per the physician orders, medication administration staff are required to take the blood pressure of resident #1 prior to administering these medications. The physician's orders state to hold the medications if the resident's systolic blood pressure reading is below 100. It was determined that staff person A did not take the blood pressure reading of resident #1 prior to administering these medications in the month of February 2014. It was also determined that staff person A, after administering the medications, later documented a random blood pressure reading on the resident's Medication Administration Record without actually taking the reading. Staff person A did not follow the prescriber's orders in regards to medication administration to resident #1.

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.

Staff person A was terminated immediately at time of notification.
 All med trained staff were re-serviced as to importance of documentation of blood pressures, as well as demonstration of and by the Administrator as to how to take a blood pressure.
 Nurse on duty to monitor documentation of same on a daily basis.
 Administrator will monitor for compliance.
 On 3/3/2014 Incident report was sent to DPW to notify of above incident.
 Plan of correction initiated immediately at time of occurrence/ notification.
 Adm/ Designee will continue to monitor compliance by regular one sign - documentation to be retained by the home

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CHERYL HOWARD / Administrator* Date *5/2/2014*

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