



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 21 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 May 14, 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 July 30, 2014 to July 30, 2015 was issued on April 23, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

SH

Enclosure  
License Inspection Summary



Violation Report: 21332 - 05/14/2014 - Harvey, Jason  
 PCH Name: THE VILLAGE AT GREENBRIAR

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

2a. DESCRIPTION OF VIOLATION

Resident #1 was not evacuated during the fire drill conducted on 2/27/14 at 5:50pm. Resident #1 was receiving hospice services and actively dying at the time of the fire drill. The home did not reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest exit or fire safe area.

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 was not evacuated during fire drill due to actively dying at that time. At time of fire drill, Hospice nurse at bedside along with two family members and a staff person from this home. Resident room located on first floor with access to exterior patio door in bedroom. Staff person(s) aware in event of true emergency, Resident would be evacuated through that door by placing on blanket + draggers, or if feasible in wheel chair + thru it. Physician + family both aware of no evacuation during drill. Acknowledgement forms signed by same. See attached. In the future, staff instructed to simulate evacuation process. Administrator will monitor compliance*

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 *6/10/2014*

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

The above plan of correction is approved as of

*7-8-14*  
 (Date)

Plan of correction implementation status as of

*7-8-14*  
 (Date)

The above plan of correction was approved by

*OP*  
 (Initials)

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

Violation Report: 21332 - 05/14/2014 - Harvey, Jason  
 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

The initial medical evaluation in the record of resident #2 was completed 4/18/2013. An annual medical evaluation had not been completed for 2014.

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 #2 - Physician is at VA.  
 Due to past experiences by this administrator to obtain medical evals timely - the process to acquire an annual med eval was initiated on 2/18/2014, even though completion date by 4/18/2014. Documentation of numerous attempts to obtain noted in Resident's file followup calls + faxes to VA on following dates: 3/13/2014, 4/4/2014, 4/14/2014, 4/16/2014, 4/24/2014, on 4/14/2014 + 4/24/2014 - med eval was hand delivered to VA for completion. Resident had appt scheduled again to VA on 5/30/2014. Resident spoke with patient advocate as to the above issue + was told to bring with him on appt. Resident stated he gave med eval to specific person + was told med eval would be mailed to facility next week (6/2/14 - 6/6/14). on 6/4/14 + 6/6/14 this administrator call patient advocate + left message on voicemail as to same. on 6/9/14 call was placed by this administrator to patient advocate with voice message that med eval required as Resident will be discharged from home due to unknown ability to meet Resident's needs. on 6/10/2014 call placed to VA Chief Staff Program Support Assistant + notified of above issue. (see attached)

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

6/10/2014

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The above plan of correction is approved as of 7-7-14  
 (Date)

Plan of correction implementation status as of 7-7-14  
 (Date)

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

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P 3 a  
8 5.

Regulation 2600.141(b)1.

Cont'd.

med eval faxed directly to same + aware  
of above occurrences.

Medical eval completed on 6/10/2014 +  
returned via fax to Home.

Resident was evaluated timely by  
physician on 4/14/2014. Lab Psm  
completed on 6/10/2014.

See attached.

Administrator will monitor for ongoing  
compliance.

CHERYL HOWATCH / Administrator

Cheryl Howatch 6/10/2014

The Village at Greenbriar

CJ 7-8-14

Violation Report: 21332 - 05/14/2014 - Harvey, Jason  
 PCH Name: THE VILLAGE AT GREENBRIAR

**1. REGULATION 55 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident # 3's Lantus Solostar 100u Insulin pen did not have a pharmacy label attached.

**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 and diabetes trained staff instructed that insulin pens must have label attached.  
 Insulin pens packaged with 5 pens per box.  
 Previously, pharmacy placed label only on box.  
 Pharmacy contacted date of inspection as to above issue. All insulin pens are now labeled individually in box as well as on box.  
 Nurse will monitor all insulin pen orders for labels.  
 Administrator will monitor for ongoing compliance  
 Corrected date of inspection*

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

*6/10/2014*

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Violation Report: 21332 - 05/14/2014 - Harvey, Jason  
 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

The following medications were not available at the time of the inspection:

- Resident #4's Benadryl cream and Cyclobenzaprine
- Resident #5's Ibuprofen

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 #4 & #5 medications were PRN's. Staff ordered meds from Pharmacy but meds did not arrive timely from Pharmacy. Pharmacy was called & notified date of inspection of resident status & faxed confirmation sheets from Home of receipt of same. Corrected date of inspection. Nurse will monitor and check all ordered/reordered medications with daily delivery from Pharmacy. Staff instructed to reorder prn medications prior to last dose & notify nurse of reorder date. Administrator will monitor for ongoing compliance.*

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  
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*CHERYL Howatch / Administrator*

Date *6/10/2014*

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